United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 110th CONGRESS, SECOND SESSION

Vol. 154 WASHINGTON, WEDNESDAY, MARCH 5, 2008 No. 37

House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. MOORE of Wisconsin).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 5, 2008.

I hereby appoint the Honorable GWEN MOORE to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord our God, Father of all, at times You seem to be that infinite horizon that the human heart is drawn to. In our desire to establish justice for all and a peaceful landscape where human life and family values may flourish, You draw us upward and onward.

In our work and prayer for this Nation, its protection and its security, You inspire the Members of this Chamber and all Americans to be rooted in the truth and filled with compassion and care, especially for the most vulnerable in our society. Yet each day, holy mystery that You are, You reach out to us in every situation of our lives as individuals and as a Nation.

To the extent that we are able to accept Your holy inspiration and freely offer personal gifts and common resources in response to Your hope and desire for us do we find full satisfaction in the work before us.

Be with us again this day as we aspire with all our hearts to better this Nation and accomplish Your holy will, now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr. HOLT) come forward and lead the House in the Pledge of Allegiance.

Mr. HOLT 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.

EMERGENCY ASSISTANCE FOR SECURE ELECTIONS ACT

(Mr. HOLT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOLT. Madam Speaker, so far this primary season elections have been conducted in 14 States that still use unauditable voting machines, purely electronic. I have shared in letters to my colleagues information about incidents in a number of States, one where 90 percent of the machines were not functioning in one county when the polls opened; and another State, where results from the internal paper tapes did not match results on the corresponding memory cartridges; another State, where six voting machines in a county had faulty memory cards; in a polling place in Chicago, where no touch screen machines were working; and at a polling place in Atlanta, where only one in five was working.

In counties where there are no paper records verified by their voters, the irregularities cannot be resolved. Machine failures elsewhere would have prevented voters from voting had backup paper ballots not been available. Some jurisdictions where paper ballots are required allow voting data to be verified by the voters and then used to confirm the results despite the failure of electronic memory.

There is still time before November to secure our electoral system. The Emergency Assistance for Secure Elections Act, if enacted, will provide localities what they need to do this. Please support this legislation.

FISA

(Mrs. DRAKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DRAKE. Madam Speaker, it has now been nearly 3 weeks since the Democrat majority allowed the Protect America Act to expire, and we have yet to address the resulting gap in our intelligence. That is 18 days that our intelligence professionals have been denied the information that according to the Director of National Intelligence is needed to keep our country safe.

I believe that most Members on the other side of the aisle share my concern although, sadly, there are others who do not. So, here we are in a political year, working Tuesday through Thursday, and one of the most important pieces of legislation is blocked from this floor. Why? Because it will pass.

In 2001, we asked the telecommunications industry to assist our intelligence experts in tracking terrorist movements, but now an army of trial lawyers are waiting to sue them for their patriotic acts.

It is time the Democrat leadership moves this bill and gives our intelligence community the tools they need to protect America.

Printed on recycled paper.

ON FISA, PRESIDENT AND REPUBLICANS PLAY POLITICS WITH NATIONAL SECURITY

(Mr. BRALEY of Iowa asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BRALEY of Iowa. Madam Speaker, while President Bush and congressional Republicans sit on the sideline demanding that this House rubber-stamp the Senate-passed FISA bill, House and Senate Democrats are doing exactly what's expected of us, working to iron out differences between different FISA bills passed earlier in the two Chambers.

Last November, the House passed the RESTORE Act that modernizes the FISA law by giving the intelligence community the tools it needs to track terrorists while protecting the constitutional rights of innocent Americans.

The Bush administration objects to our legislation because we oppose giving blanket immunity to telecommunications companies who turned over information about their customers. Today, our committees continue to review telecom documents so that we can ensure the companies' actions are thoroughly reviewed and they are held appropriately accountable.

Madam Speaker, despite the fear-mongering from the President, his own administration says the intelligence community still has access to all the information it did last month. We have time to get this critical legislation right, and that's exactly what we plan to do.

RESPONSIBLE SPENDING, NOT IRRESPONSIBLE TAX INCREASES

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, the budget season is upon us. Today, the Budget Committee will meet to mark up the 2009 budget resolution.

With a new year and new opportunity, I hope the majority does not resort to the Big Government policies of the past. That means no more tax increases for hardworking Americans. Taxpayers already pay enough out of their pockets to fund the Washington bureaucracy. They should not be asked to fork over more money to subsidize billions of dollars in new wasteful government spending.

Republicans and Democrats need to craft a budget that accurately reflects the needs of the American people, honors our obligation to be good stewards of taxpayer dollars, and above all, takes a realistic and proactive approach to reining in runaway entitlement spending. Future generations should not be forced to pay the price while the leadership here in Washington refuses to make the tough decisions.

In conclusion, God bless our troops, and we will never forget September the 11th.

A NEW DIRECTION IN IRAQ

(Mr. MORAN of Virginia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, Mahmoud Ahmadinejad, Iran's vitriolic, anti-American, Holocaust-denying leader, just concluded the first ever trip to Iraq by an Iranian President. Many commentators in the Middle East hailed the visit as a diplomatic success for him. Before our invasion, no Iranian President would have dared to step foot inside Iraq. He was received by Iraqi Prime Minister Nouri al-Maliki not with one, but four kisses for luck at a staged press conference with Iraqi media.

I quote Ahmadinejad: ''The Americans have to understand the facts of the region. Iraqi people do not like America.''

After 6 years in Iraq, 4,000 American lives lost, tens of thousands wounded, and $570 billion spent, this is what we have to show for it? Iran's anti-American leader being given the opportunity to try to humiliate us at a joint press conference with Iraq's leader?

Mr. Speaker, we are seeing the fruition of our strategic blunder in Iraq. The groundwork has been laid for a Shiite-dominated Iraqi theocracy, loyal to Iran and diametrically opposed to our strategic interests in the region. We can stay this course or chart a new direction that will end this failed policy and bring our troops home.

It's about time we chose a direction that is worthy of the patriotism of our troops and the sacrifices of their families.

FREEDOM IS WINNING IN IRAQ AND AFGHANISTAN

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I got a sense of what we have to show for it in Iraq this weekend. I joined a bipartisan delegation that toured the metes and bounds of Iraq and Afghanistan.

In the course of 4 days, we took off and landed 20 different times in four different types of aircraft. The one inescapable conclusion, after years of difficulty and setback in varying degrees, is freedom is winning in Iraq and Afghanistan.

In northern Iraq, we saw firsthand the Kurdish region where security, political progress and economic growth are taking hold. In central Iraq, following the military surge, al Qaeda and insurgent violence are in steep decline. Violence across the country has been reduced in the last year by more than 60 percent. It is truly extraordinary.

And the political progress is taking hold. There has been a surge in optimism in Iraq due to the passage of a de-Ba'athification law, and provincial elections could well be just around the corner this fall.

Later today, in words and pictures, I will detail our trip on my Web log at mikepence.house.gov. And I hope many of my constituents will take time to read it.

As we practice freedom here at home, Americans of good will should be encouraged to know freedom is winning in Iraq and Afghanistan.

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT

(Mrs. CAPPS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, I rise to voice my support for the Paul Wellstone Mental Health and Addiction Equity Act.

At the heart of this bill is the fact that there exists an unreasonable difference in the way society treats mental health conditions as opposed to all other health conditions. There are quite a few health professionals in Congress, and to all of us there is no distinction in the necessity of treating heart disease, bone disease, or mental health disease. They are all equally vital to our body's functioning, and that is our goal in this act.

We must finally put an end to the discrimination being practiced by insurers and others when they offer health coverage for some health conditions and not others. It's not fair to say we'll cover some parts of your health care, but we'll pick and choose which parts of your body to cover. That's bad for business. I know it's bad for health care.

I commend PATRICK KENNEDY and JIM RAMSTAD for their tireless work on this bill and seeing its coming to the floor. I encourage all of my colleagues to join me in supporting this excellent legislation.

LET AMERICANS KEEP THEIR OWN MONEY

(Mr. POE asked and was given permission to address the House for 1 minute.)

Mr. POE. Mr. Speaker, it's springtime in the city, but the trees and flowers aren't the only things growing in Washington. Federal spending is going to grow as well because springtime means Federal budget time, and this year the American taxpayer may be asked to finance the largest budget in U.S. history.

Now, in order to pay for all these expensive pigs and piglets, the government has to find a way to raise money. One option is to borrow the money. Why don't we just borrow it from the Chinese like we did in the past. Or just go into deficit spending. Or Congress can raise taxes. Yes, that's right, tax

those among us that are making money. Punish success. Tax them. Take their money and give it to Uncle Sam, who will redistribute it to more government programs.

Maybe Congress should try a novel idea: cut spending. Cut out useless programs. Tell special interest groups, no, they can't have taxpayer money for their special pork projects. Cut taxes. Let Americans keep more of their own money. Shock the country and shock the world, spend less this spring, cut taxes, and watch the economy grow because you cannot tax and spend your way to economic success.

And that's just the way it is.

□ 1015

CALLING ON CONGRESS TO REMOVE INCENTIVES FOR OUTSOURCING OF JOBS

(Mr. HALL of New York asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HALL of New York. Mr. Speaker, in the last few months, the economy has been battered. Wages have stagnated, and expenses continue to rise. Personal debt is skyrocketing, and investment for the future has become nonexistent. American families are once again paying the price for this difficulty. More and more employers are moving overseas to take advantage of cheap labor and complacent regulations in places like India.

Last month, this pernicious trend made its mark on my district when Watson Pharmaceuticals, the second largest employer in Putnam County, New York, announced that they were closing their facility and moving all their jobs to India.

The company has praised its workers. The CEO said there was nothing the workers could have done differently or better to save their jobs. But that does them no good. The pull of profits from outsourcing was just too much to ignore for another American manufacturer.

There is something very wrong when U.S. companies are only too happy to pick up and move overseas, abandoning their employees and the county and the country that has supported them for years. I hope this Congress acts swiftly to remove incentives for this kind of behavior and that CEOs of these corporations will show some patriotism and loyalty to our communities.

CONGRESS MUST FIX FISA PERMANENTLY

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, America's intelligence community has been without the tools it needs to monitor foreign terrorist communications for weeks. Last month, the Senate passed a bipartisan bill that put the necessary tools in place, but for some reason the majority will not allow a vote in the House on this broadly supported bill.

The bipartisan Senate legislation had the votes of 21 Senate Democrats. It would have permanently fixed FISA and enabled our intelligence community to monitor foreign terrorists' electronics communications effectively.

The House's refusal to consider this legislation has created bureaucratic hurdles that made our intelligence gathering on foreign terrorists unnecessarily difficult. As Senate Intelligence Chairman JAY ROCKEFELLER said last month, America's intelligence gathering capability is being degraded.

The House should not adjourn until we have passed a permanent FISA fix that protects Americans and equips our intelligence community with the tools to thwart the plans of foreign terrorists. The American people expect and deserve no less.

THE ADMINISTRATION'S DECISION TO YANK A CONTRACT FROM AN AMERICAN COMPANY AND GIVE IT TO A CONSORTIUM DOMINATED BY EUROPE

(Mr. INSLEE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, Americans across the country are infuriated today that the administration yanked a contract away from Boeing, an American company, for our air tankers and gave it to a consortium dominated by Europe, and they're infuriated for several good reasons:

Number one, why are we giving a $40 billion stimulus plan to France? It is our economy that is in danger.

Second, why, when we are suing this consortium for violation of international trade laws because of illegal subsidies, do we turn around and award them with a $40 billion contract? One agency says they're illegal; the other agency's giving them $40 billion of our taxpayer money.

Number three, and this was an insulting thing when I heard this award, the person making the award says, well, this is an American airplane. It's got an American flag on the tail. Well, you can't just go out and buy a one nickel sticker, slap it on an Airbus airplane and call it ''America.''

We have got to have a policy of procurement that's good for our economy and our security. We need to fix this disastrous administration decision.

PROTECT AMERICA—NOW

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, Americans are demanding action on an issue of paramount importance to our national security that is being carelessly ignored by this liberal majority.

Nearly 3 weeks, that's how long it's been since Democratic leadership allowed the Protect America Act to expire, removing essential tools from American intelligence officials.

Almost 3 weeks, that's how long it's been since Democrats unilaterally disarmed our Nation, leaving us more vulnerable to attack.

Americans will not be fooled by Democratic rhetoric that there's no threat or that we're prepared enough, safe enough with pre-9/11 intelligence gathering capabilities. They know we are not adequately prepared. They know we cannot be prepared when Congress, this House, takes crucial tools away from those who are charged with keeping us safe.

This careless and irresponsible course of action must not stand. Americans will not stand down and they won't give up until the House does what's right, does what the Senate has already done, and that is to protect the people and the stability of our great Nation.

Mr. Speaker, vote on the Protect American Act today.

EMBRYONIC STEM CELL RESEARCH

(Ms. DEGETTE asked and was given permission to address the House for 1 minute.)

Ms. DEGETTE. Mr. Speaker, embryonic stem cell research has the potential to cure diabetes, Parkinson's, paralysis, and so many other diseases and injuries. Over the past few months, we've seen some amazing new discoveries from adult stem cells and others from embryonic stem cells.

Some have claimed that the recent discoveries using induced pluripotent cells means that we no longer need to continue embryonic stem cell research. I disagree and so does the scientific community.

When we develop new tools, we don't throw out the old ones. Why should it be different when it comes to medical research? We need to support cell-based research in all types of venues. We need to find out what will not just be best for scientific advances but what will help with medical advances as well.

It's time that we develop a new framework for considering all forms of ethical stem cell research. We need to continue embryonic stem cell research as well as all other ethical forms of regenerative medicine research. And we need to have a central mechanism for ethics control over all of this research.

PROVIDING THE TOOLS TO PROTECT AMERICA

(Mr. BOUSTANY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOUSTANY. Mr. Speaker, for more than 2 weeks, our national intelligence community has lacked the capability to track terrorists quickly.

Despite the known threats against this Nation, the House Democratic leadership has said there's no urgency on updating our Nation's intelligence laws. The FISA law dates back to the Carter administration, and that was almost 30 years ago, and they argue we should not update the law now?

It's no coincidence that the United States has been free from attack at home since September 11, 2001. Violent extremist terrorists are a threat, and that threat must be stopped. Congress must give our intelligence officers the tools and techniques they need to meet the long-term challenges.

Two weeks have passed since our national security community lost the ability to track intelligence without going through slow and burdensome bureaucratic hurdles. That's more than 2 weeks of terrorist communications that will never be recovered.

I am committed to providing responsible and appropriate tools to our intelligence community to protect and defend Americans at home and abroad. I urge my colleagues to do the same and pass the bipartisan FISA bill today.

THE PEACE CORPS

(Mr. FARR asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, I rise this morning to commemorate the creation of the Peace Corps. Forty-seven years ago this month, March 1961, President Kennedy called upon Americans to serve abroad. Since that time, nearly 200,000 Americans have responded to that call, including five sitting Members of Congress. They left behind the comforts of family and friends and decided to forego high-paying jobs to share their abilities with people across the globe.

Peace Corps volunteers work in the poorest communities of the world's poorest countries, where they build lasting relationships, inspire young people to become leaders, and simply make good friends. Peace Corps volunteers improve America's standing worldwide, one community at a time.

Today I have introduced a bill to reauthorize the Peace Corps and to double its size by the year 2012. I look forward to bipartisan support for the Peace Corps and ask all Members to join the Returned Peace Corps Volunteer Members of Congress who cosponsored the Peace Corps reauthorization.

FINANCIAL CRISIS FACING OUR NATION WILL REQUIRE BIPARTISAN EFFORT

(Mr. WOLF asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WOLF. Mr. Speaker, I testified last week before the Budget Committee about the enormous fiscal challenge we face as a Nation and offered a bipartisan solution to respond to outgoing U.S. Comptroller David Walker's characterization of a ''tsunami of spending and debt levels that could swamp'' our Nation. We must come together across the aisle, and if we don't get our financial house in order and make the sacrifices necessary today, we will hurt our children and our grandchildren.

JIM COOPER and I have joined efforts, a Democrat and a Republican, calling for a national bipartisan commission that will put everything on the table, entitlement spending, other Federal program spending, and tax policy, and come up with recommendations to put our country on a sustainable path. Nothing would be off limits for discussion and recommendations by the commission members. Congress would be required to vote up or down on the plan. If other viable bipartisan solutions are presented, we should look at those too.

I urge Members, I beg Members on both sides of the aisle to come together to take this issue to heart. Let's work together to take the necessary actions to save this country.

IMPORTANCE OF STEM CELL RESEARCH

(Mr. PERLMUTTER asked and was given permission to address the House for 1 minute.)

Mr. PERLMUTTER. Mr. Speaker, I rise today because I believe there is promise in all forms of stem cell research but especially in embryonic stem cells. Currently, this administration's prohibition of Federal funding for embryonic stem cell procurement is ridiculous.

I campaigned on this issue because people suffering from diabetes, Parkinson's, Alzheimer's, and epilepsy deserve a government that fights for them. Researchers who care about finding cures to these debilitating diseases need every resource available. That is why I promise to fight until funding flows from Washington to the lab benches in scientific institutions across the country.

Federal funding is essential for embryonic stem cell research and for progress in curing these tough diseases. Mr. Speaker, it is time that we got on track and we stop fighting science in this country.

FISA

(Mr. KAGEN asked and was given permission to address the House for 1 minute.)

Mr. KAGEN. Mr. Speaker, ladies and gentlemen, the American public needs to know about misrepresentation. This morning we have heard a misrepresentation of reality about the FISA bill.

We passed a FISA bill that guarantees that we protect not only our Nation but our constitutional rights. Every single Member of Congress has sworn to uphold our United States Constitution, and that means we have judicial oversight, oversight of our administration and the executive branch that may reach far too deep into our personal lives. No administration has the constitutional right to listen in on U.S. citizens. And at no time has FISA gone dark. Our intelligence community has at all times been listening in on conversations of those who seek to destroy our freedom and our rights.

Fellow Americans, understand this: The FISA conversation you're hearing here on the floor is all about a smokescreen. We have been protecting America each and every minute of the day.

DEMOCRATS WILL CONTINUE TO PUSH FOR NEW DIRECTION IN IRAQ TO BRING TROOPS HOME

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, as we prepare to mark the unfortunate 6-year anniversary of the war in Iraq, a war that is being financed by deficit spending, it's important to recognize the serious effects this war is having on our military. Our generals are warning that our military has been stretched and strained too far.

Perhaps that's why in a recent poll of 3,400 present and former military officers, 88 percent of them said that the demands of the war in Iraq have ''stretched the U.S. military dangerously thin.'' This is the worst readiness crisis since the Vietnam War, and military officers are justifiably worried about military preparedness. Military personnel are so concerned that nearly three-quarters of the officers surveyed in that recent poll said that their civilian leaders are setting ''unreasonable goals for the military'' in Iraq. And due to multiple deployments, the Army is facing a shortage of officers and enlisted personnel.

Mr. Speaker, the 110th Congress is listening to the military. We will continue to push for a new direction, a new change, and an end to the war in Iraq.

□ 1030

PRESIDENT SEVERELY OUT OF TOUCH WITH CONCERNS OF RISING OIL PRICES

(Mr. CARDOZA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARDOZA. Mr. Speaker, it is clear that President Bush is out of touch with today's consumer. First, he refused to accept that the economy was heading in a downturn. Now, it takes a reporter's question for him to realize that gas prices in this country will soon reach $4 a gallon at the pump. Despite being reported in newspapers around the Nation, President Bush has told reporters last week that he didn't realize that $4 gas was possible. The President's energy record leaves a

great deal to be desired. Since he took office, gas prices have doubled, and home heating costs have tripled.

While President Bush remains out of touch, House Democrats acted last week to ease some of that burden. We passed legislation that repeals unnecessary tax subsidies to big oil companies, which reported record profits last year and last month. Instead, the subsidies will go towards tax incentives for clean, renewable energy.

Mr. Speaker, President Bush should recognize that his energy policy has failed the American people, and that he should join us in supporting legislation that will reduce our dependence on foreign oil.

GORHAM PAPER MILL

(Mr. HODES asked and was given permission to address the House for 1 minute.)

Mr. HODES. Mr. Speaker, the people of Gorham, New Hampshire are hurting. Over 160 workers will lose their jobs at the Fraser Paper Mill next month. Decades ago, the paper industry was thriving throughout Coos and Grafton Counties in New Hampshire. But with new trade policies that ship our jobs oversees, these jobs are disappearing faster, and towns across northern New Hampshire are hurting.

In February, Fraser Paper announced that it will lay off 167 jobs from their facility in Gorham. The news broke just months after the Wausau Paper Mill closed its doors in Groveton and left 303 workers without jobs, and nearly 2 years after Fraser Paper shut down its Berlin site, which resulted in the loss of 250 jobs in the region. I will visit Coos County this Friday to meet with workers in Gorham, Groveton, and Berlin to hear their stories.

I am working to take action to stand up for these working families and their communities. We have already helped with the bipartisan economic stimulus plan that puts more money in the hands of working families, and boosts our economy, but the people of Gorham and the surrounding communities and workers in America need additional help.

I plan on submitting legislation to keep mills and business and jobs like these in New Hampshire. I urge my colleagues to stand with me and stand with our working men and women.

STEM CELL DEBATE

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute.)

Mr. LANGEVIN. Mr. Speaker, in recent months, researchers have created apparent embryonic stem cells from reprogrammed adult skin cells. This is an exciting new breakthrough, known as induced pluripotent stem cells, or iPS, which is an important and incredible milestone. However, it should not halt our efforts towards embryonic stem research. The iPS method is still in its earliest stages, and there is widespread debate among the scientific community as to the safety and effectiveness of its practical application.

Embryonic stem cell research remains the gold standard for potential therapeutic use. Further, it has laid the foundation of scientific knowledge that has made these recent discoveries possible. We should not abandon one area of research just because we have made progress in another. We must continue our investment, both public and private, into all areas of responsible stem cell research, whether that is adult stem cell research, embryonic stem cell research, or this new, exciting iPS method. It is the right thing to do. It offers great potential to offering cures for millions of people suffering from some of life's most challenging chronic conditions and diseases. The hope of millions of Americans depends on it.

ON FISA, PRESIDENT AND REPUBLICANS PLAY POLITICS WITH NATIONAL SECURITY

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, neither the public nor the press are buying into the scare tactics coming out of the White House and the Republican leadership here on Capitol Hill about the expiration of the President's supposed Protect America Act. Here are just a few of the editorial examples in papers from around the Nation.

The St. Louis Post-Dispatch wrote that, ''The President's assertion that our country is in more danger of an attack is patently ridiculous.'' The Miami Herald writes that, ''Once again, the administration has claimed that if it doesn't get its way, the terrorists win. Unfortunately, the administration is resorting to exaggeration and hyperbole to make its case.'' The Syracuse Post Standard concluded that ''Congress should take the time to get this legislation right.''

Mr. Speaker, Congressional Democrats are serious about passing a strong FISA law that gives our intelligence community the legal tools necessary to protect our national security, and that is why bicameral negotiations continue. But, unfortunately, Republicans refuse a seat at that table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CLAY). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RECONSTRUCTION AND STABILIZATION CIVILIAN MANAGEMENT ACT OF 2008

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1084) to amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 to build operational readiness in civilian agencies, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1084

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 ''Reconstruction and Stabilization Civilian Management Act of 2008''.

SEC. 2. FINDINGS.

(a) FINDINGS.—Congress finds the following:

(1) In June 2004, the Office of the Coordinator for Reconstruction and Stabilization (referred to as the ''Coordinator'') was established in the Department of State with the mandate to lead, coordinate, and institutionalize United States Government civilian capacity to prevent or prepare for post-conflict situations and help reconstruct and stabilize a country or region that is at risk of, in, or is in transition from, conflict or civil strife.

(2) In December 2005, the Coordinator's mandate was reaffirmed by the National Security Presidential Directive 44, which instructed the Secretary of State, and at the Secretary's direction, the Coordinator, to coordinate and lead integrated United States Government efforts, involving all United States departments and agencies with relevant capabilities, to prepare, plan for, and conduct reconstruction and stabilization operations.

(3) National Security Presidential Directive 44 assigns to the Secretary, with the Coordinator's assistance, the lead role to develop reconstruction and stabilization strategies, ensure civilian interagency program and policy coordination, coordinate interagency processes to identify countries at risk of instability, provide decision-makers with detailed options for an integrated United States Government response in connection with reconstruction and stabilization operations, and carry out a wide range of other actions, including the development of a civilian surge capacity to meet reconstruction and stabilization emergencies. The Secretary and the Coordinator are also charged with coordinating with the Department of Defense on reconstruction and stabilization responses, and integrating planning and implementing procedures.

(4) The Department of Defense issued Directive 3000.05, which establishes that stability operations are a core United States military mission that the Department of Defense must be prepared to conduct and support, provides guidance on stability operations that will evolve over time, and assigns responsibilities within the Department of Defense for planning, training, and preparing to conduct and support stability operations.

SEC. 3. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the United States Agency for International Development.

(2) AGENCY.—The term ''agency'' means any entity included in chapter 1 of title 5, United States Code.

(3) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate.

(4) DEPARTMENT.—Except as otherwise provided in this Act, the term ''Department'' means the Department of State.

(5) PERSONNEL.—The term ''personnel'' means individuals serving in any service described in section 2101 of title 5, United States Code, other than in the legislative or judicial branch.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of State.

SEC. 4. AUTHORITY TO PROVIDE ASSISTANCE FOR RECONSTRUCTION AND STABILIZATION CRISES.

Chapter 1 of part III of the Foreign Assistance Act of 1961 (22 U.S.C. 2351 et seq.) is amended by inserting after section 617 the following new section:

''SEC. 618. ASSISTANCE FOR A RECONSTRUCTION AND STABILIZATION CRISIS.

''(a) ASSISTANCE.—

''(1) IN GENERAL.—If the President determines that it is in the national security interests of the United States for United States civilian agencies or non-Federal employees to assist in reconstructing and stabilizing a country or region that is at risk of, in, or is in transition from, conflict or civil strife, the President may, in accordance with the provisions set forth in section 614(a)(3), subject to paragraph (2) of this subsection but notwithstanding any other provision of law, and on such terms and conditions as the President may determine, furnish assistance to such country or region for reconstruction or stabilization using funds under paragraph (3).

''(2) PRE-NOTIFICATION REQUIREMENT.—The President may not furnish assistance pursuant paragraph (1) until five days (excepting Saturdays, Sundays, and legal public holidays) after the requirements under section 614(a)(3) of this Act are carried out.

''(3) FUNDS.—The funds referred to in paragraph (1) are funds made available under any other provision of law and under other provisions of this Act, and transferred or reprogrammed for purposes of this section, and such transfer or reprogramming shall be subject to the procedures applicable to a notification under section 634A of this Act.

''(b) LIMITATION.—The authority contained in this section may be exercised only during fiscal years 2008, 2009, and 2010, except that the authority may not be exercised to furnish more than $100,000,000 in any such fiscal year.''.

SEC. 5. RECONSTRUCTION AND STABILIZATION.

Title I of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a et seq.) is amended by adding at the end the following new section:

''SEC. 62. RECONSTRUCTION AND STABILIZATION.

''(a) OFFICE OF THE COORDINATOR FOR RECONSTRUCTION AND STABILIZATION.—

''(1) ESTABLISHMENT.—There is established within the Department of State the Office of the Coordinator for Reconstruction and Stabilization.

''(2) COORDINATOR FOR RECONSTRUCTION AND STABILIZATION.—The head of the Office shall be the Coordinator for Reconstruction and Stabilization, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

''(3) FUNCTIONS.—The functions of the Office of the Coordinator for Reconstruction and Stabilization shall include the following:

''(A) Monitoring, in coordination with relevant bureaus and offices of the Department of State and the United States Agency for International Development (USAID), political and economic instability worldwide to anticipate the need for mobilizing United States and international assistance for the reconstruction and stabilization of a country or region that is at risk of, in, or are in transition from, conflict or civil strife.

''(B) Assessing the various types of reconstruction and stabilization crises that could occur and cataloging and monitoring the non-military resources and capabilities of agencies (as such term is defined in section 3 of the Reconstruction and Stabilization Civilian Management Act of 2008) that are available to address such crises.

''(C) Planning, in conjunction with USAID, to address requirements, such as demobilization, disarmament, rebuilding of civil society, policing, human rights monitoring, and public information, that commonly arise in reconstruction and stabilization crises.

''(D) Coordinating with relevant agencies to develop interagency contingency plans and procedures to mobilize and deploy civilian personnel and conduct reconstruction and stabilization operations to address the various types of such crises.

''(E) Entering into appropriate arrangements with agencies to carry out activities under this section and the Reconstruction and Stabilization Civilian Management Act of 2008.

''(F) Identifying personnel in State and local governments and in the private sector who are available to participate in the Civilian Reserve Corps established under subsection (b) or to otherwise participate in or contribute to reconstruction and stabilization activities.

''(G) Taking steps to ensure that training and education of civilian personnel to perform such reconstruction and stabilization activities is adequate and is carried out, as appropriate, with other agencies involved with stabilization operations.

''(H) Taking steps to ensure that plans for United States reconstruction and stabilization operations are coordinated with and complementary to reconstruction and stabilization activities of other governments and international and nongovernmental organizations, to improve effectiveness and avoid duplication.

''(I) Maintaining the capacity to field on short notice an evaluation team consisting of personnel from all relevant agencies to undertake on-site needs assessment.

''(b) RESPONSE READINESS CORPS.—

''(1) RESPONSE READINESS CORPS.—The Secretary, in consultation with the Administrator of the United States Agency for International Development and the heads of other appropriate agencies of the United States Government, may establish and maintain a Response Readiness Corps (referred to in this section as the 'Corps') to provide assistance in support of reconstruction and stabilization operations in countries or regions that are at risk of, in, or are in transition from, conflict or civil strife. The Corps shall be composed of active and standby components consisting of United States Government personnel, including employees of the Department of State, the United States Agency for International Development, and other agencies who are recruited and trained (and employed in the case of the active component) to provide such assistance when deployed to do so by the Secretary to support the purposes of this Act.

''(2) CIVILIAN RESERVE CORPS.—The Secretary, in consultation with the Administrator of the United States Agency for International Development, may establish a Civilian Reserve Corps for which purpose the Secretary is authorized to employ and train individuals who have the skills necessary for carrying out reconstruction and stabilization activities, and who have volunteered for that purpose. The Secretary may deploy members of the Civilian Reserve Corps pursuant to a determination by the President under section 618 of the Foreign Assistance Act of 1961.

''(3) MITIGATION OF DOMESTIC IMPACT.—The establishment and deployment of any Civilian Reserve Corps shall be undertaken in a manner that will avoid substantively impairing the capacity and readiness of any State and local governments from which Civilian Reserve Corps personnel may be drawn.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of State such sums as may be necessary for fiscal years 2007 through 2010 for the Office and to support, educate, train, maintain, and deploy a Response Readiness Corps and a Civilian Reserve Corps.

''(d) EXISTING TRAINING AND EDUCATION PROGRAMS.—The Secretary shall ensure that personnel of the Department, and, in coordination with the Administrator of USAID, that personnel of USAID, make use of the relevant existing training and education programs offered within the Government, such as those at the Center for Stabilization and Reconstruction Studies at the Naval Postgraduate School and the Interagency Training, Education, and After Action Review Program at the National Defense University.''.

SEC. 6. AUTHORITIES RELATED TO PERSONNEL.

(a) EXTENSION OF CERTAIN FOREIGN SERVICE BENEFITS.—The Secretary, or the head of any agency with respect to personnel of that agency, may extend to any individuals assigned, detailed, or deployed to carry out reconstruction and stabilization activities pursuant to section 62 of the State Department Basic Authorities Act of 1956 (as added by section 5 of this Act), the benefits or privileges set forth in sections 413, 704, and 901 of the Foreign Service Act of 1980 (22 U.S.C. 3973, 22 U.S.C. 4024, and 22 U.S.C. 4081) to the same extent and manner that such benefits and privileges are extended to members of the Foreign Service.

(b) AUTHORITY REGARDING DETAILS.—The Secretary is authorized to accept details or assignments of any personnel, and any employee of a State or local government, on a reimbursable or nonreimbursable basis for the purpose of carrying out this Act, and the head of any agency is authorized to detail or assign personnel of such agency on a reimbursable or nonreimbursable basis to the Department of State for purposes of section 62 of the State Department Basic Authorities Act of 1956, as added by section 5 of this Act.

SEC. 7. RECONSTRUCTION AND STABILIZATION STRATEGY.

(a) IN GENERAL.—The Secretary of State, in consultation with the Administrator of the United States Agency for International Development, shall develop an interagency strategy to respond to reconstruction and stabilization operations.

(b) CONTENTS.—The strategy required under subsection (a) shall include the following:

(1) Identification of and efforts to improve the skills sets needed to respond to and support reconstruction and stabilization operations in countries or regions that are at risk of, in, or are in transition from, conflict or civil strife.

(2) Identification of specific agencies that can adequately satisfy the skills sets referred to in paragraph (1).

(3) Efforts to increase training of Federal civilian personnel to carry out reconstruction and stabilization activities.

(4) Efforts to develop a database of proven and best practices based on previous reconstruction and stabilization operations.

(5) A plan to coordinate the activities of agencies involved in reconstruction and stabilization operations.

SEC. 8. ANNUAL REPORTS TO CONGRESS.

Not later than 180 days after the date of the enactment of this Act and annually for each of the five years thereafter, the Secretary of State shall submit to the appropriate congressional committees a report on the implementation of this Act. The report shall include detailed information on the following:

(1) Any steps taken to establish a Response Readiness Corps and a Civilian Reserve Corps, pursuant to section 62 of the State Department Basic Authorities Act of 1956 (as added by section 5 of this Act).

(2) The structure, operations, and cost of the Response Readiness Corps and the Civilian Reserve Corps, if established.

(3) How the Response Readiness Corps and the Civilian Reserve Corps coordinate, interact, and work with other United States foreign assistance programs.

(4) An assessment of the impact that deployment of the Civilian Reserve Corps, if any, has had on the capacity and readiness of any domestic agencies or State and local governments from which Civilian Reserve Corps personnel are drawn.

(5) The reconstruction and stabilization strategy required by section 7 and any annual updates to that strategy.

(6) Recommendations to improve implementation of subsection (b) of section 62 of the State Department Basic Authorities Act of 1956, including measures to enhance the recruitment and retention of an effective Civilian Reserve Corps.

(7) A description of anticipated costs associated with the development, annual sustainment, and deployment of the Civilian Reserve Corps.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BERMAN. Mr. Speaker, I yield myself 6 minutes.

Mr. Speaker, I want to first thank our colleague and friend from California, a valuable member of the Appropriations Committee, an individual who has always had a long-term interest in the issue of capacity building in our international relations effort, Congressman SAM FARR, who introduced this vitally important legislation and who has an unwavering commitment to restoring the strength and expertise of U.S. civilian agencies.

Since the end of the Cold War, the United States has been engaged in a stabilization or reconstruction operation once every 18 to 24 months. During the same period, the backbone of America's diplomatic and development might, the State Department and the U.S. Agency for International Development, has been substantially weakened by staff cuts, hiring freezes and consolidation.

Despite new hires, there are only 6,600 professional Foreign Service officers in the State Department. According to Secretary of Defense Gates, this is less than the personnel of one carrier battle group, and allegedly less than the number of active military band members.

Likewise, at a time when the United States is engaged in two massive stabilization and reconstruction efforts and countless other emergencies, USAID, America's premier development agency, barely has 1,000 Foreign Service officers. Compare that number to the height of the Cold War, when it had more than 4,500 Foreign Service officers with expertise in engineering, agricultural development, rule of law, and civil administration. In essence, we have created a situation where those who are best suited for complex stabilization missions simply aren't there.

Mr. Speaker, this personnel imbalance is unacceptable and dangerously shortsighted. Stabilization operations require expertise in smart skills, such as job creation, rule of law programs, fortification of police forces, and good governance training, which lies within America's civilian agencies. Amazingly, at a time we need to call on this expertise the most, the U.S. Government capacity for these skills is at its weakest.

We need look no further than Iraq to see the dangers of overburdening our military with stabilization and reconstruction activities for which they were not trained, nor for which they are best suited. As Secretary Gates aptly observed, ''Brave men and women in uniform have stepped up to the task, with field artillerymen and tankers building schools and mentoring city councils, usually in a language they don't speak. But it is no replacement for the real thing, civilian involvement and expertise.''

The U.S. needs experienced police officers to train local Iraqi counterparts. We need USAID personnel to assist with municipal administration, sewage treatment, banking, electricity, and thousands of other tasks. This bill aims to successfully address upcoming threats and prosecute the long-term fight against terror by fortifying the U.S. Government's civilian capacity to deal with instability, particularly in areas where terrorists thrive.

The Reconstruction and Stabilization Civilian Management Act of 2008 authorizes the establishment of a Readiness Response Corps to plug the gap regarding civilian capacity. The corps will include active and standby components composed of Federal employees, and a reserve component made up of civilian experts from State and local governments and nongovernmental organizations.

To effectively establish the corps, the bill includes several innovative personnel provisions which ensure that the State Department and other Federal employees will not be prejudiced by joining the corps and that the Secretary of State will have unambiguous authority to hire personnel appropriate for the corps, including experts from Federal, State and local agencies. The bill also authorizes the President to use up to $100 million in any given fiscal year for the purposes of furnishing assistance to stabilize and reconstruct a country or region at risk.

Finally, the bill codifies the establishment of an Office of the Coordinator for Reconstruction and Stabilization within the Department of State.

Mr. Speaker, we expect this bill to accomplish two key goals. In the short term, the bill will ease the burden on the Armed Forces by allowing the State Department to deploy civilians in crisis situations previously staffed by the military. In the long term, the bill will enable the U.S. Government to project ''smart power'' in situations that cry for such civilian expertise.

For these reasons, I thank my colleague, Mr. FARR, for introducing this legislation, and I urge all of my colleagues to support this legislation.

I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 1084, the Reconstruction and Stabilization Civilian Management Act. I want to thank Chairman BERMAN; the gentleman from California (Mr. FARR), the author of the bill; and my dear friend, Mr. SAXTON, the lead Republican cosponsor of the legislation, for working to reach the bipartisan agreement before us.

The text we are considering today was finalized in consultation with the State Department and the White House. It provides the President and Secretary of State with the basic authorities they have been seeking for expanding reconstruction and stabilization activities in order to assist countries whose descent into internal crisis may endanger the national security interests of the United States.

The legislation formally creates and gives full legislative support to the 4-year-old office of the Coordinator for Reconstruction and Stabilization. It also provides the President with the authority to create a Federal Response Readiness Corps and a volunteer Civilian Reserve Corps, a proposal based on a December 2005 Presidential directive and which enjoys the support of a broad cross-section of U.S. agencies.

These new corps will work to prevent future conflicts overseas and ensure that we are better prepared to effectively address post-conflict scenarios in countries that are important to our Nation's security interests. The hope is that, by preorganizing and training qualified civilian personnel, any future reconstruction and stabilization operations can be better coordinated and

more effective in order to free up our Armed Forces to better focus on strategic military and security objectives.

It is important to note that the text before us provides these authorities in a limited, careful manner, subject to greater congressional oversight. In contrast with the original text and other proposed drafts, there are several things that today's suspension text does not do: It does not mandate specific funding levels, and limits funding authorities to a 3-year trial period, from fiscal year 2008 through 2010; it does not create additional budget drawdown authority for emergency peacekeeping assistance; it does not mandate a minimum number of Civilian Reserve Corps personnel; and it does not include special personnel authorities such as waivers to allow dual compensation of Federal retirees or an increase in the premium pay cap.

Although we are attempting to create a system that is better equipped to intervene more effectively in foreign crises, we are not intending to lower the threshold for U.S. involvement in such situations. This is not an invitation to ''nation building.'' For this reason, the amended text requires a Presidential national security interest determination and advance congressional notification before any deployment of the corps to a country in crisis.

□ 1045

We also intend that these activities be conducted in a transparent and fiscally responsible manner. Toward that end, the text includes an annual worldwide cap of $100 million on all reconstruction and stabilization assistance provided under the act.

In order to mitigate the potential domestic impact, the text we are considering today mandates that the Civilian Reserve Corps be staffed in a way that does not diminish the capacity of State or local governments from which the volunteers may be drawn. It also charges the Office of the Coordinator to avoid duplication with other U.S. foreign assistance activities. Finally, it requires enhanced reporting to Congress on the structure, operation and cost of core operations, their relations to other U.S. foreign assistance efforts, and any impact on U.S. domestic readiness and capabilities.

I am gratified that we are able to reach this compromise, and look forward to working together in the future to ensure the success of this and other U.S. foreign assistance programs. I urge my colleagues to support this bipartisan measure.

Mr. Speaker, I reserve the balance of my time.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 4 minutes to the chief sponsor of this legislation, the gentleman from California (Mr. FARR).

(Mr. FARR asked and was given permission to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, I would like to thank Chairman BERMAN and Ranking Member ROS-LEHTINEN for their leadership and vision on this issue. I would also like to thank the Foreign Affairs Committee staff for their meticulous work. We have a better bill on the floor for it.

This legislation is important because future stabilization operations are going to rely on a different set of skills, different than we currently have. We talk about stabilization and peace building, but how exactly do you do that? That is what this bill is about.

It is a bill that allows the Secretary of State, working with the Secretary of Defense, to essentially bring the core of people that have the talent, have the linguistic talent, the knowledge talent, the experience of careers, to come together to form an emergency response team, much like we have in the domestic program with FEMA.

Even Secretary of Defense Gates has noted that future conflicts will be fundamentally political in nature and will require an application of all elements of national power, not just the Defense Department. On another occasion, Secretary Gates called for more resources to be given to our civilian agencies, so that they will have the civilian professionals capable of carrying out reconstruction and stabilization operations.

Why would the Secretary of Defense ask for more money to go to the State Department and to USAID? It is because he sees the future threats and our capacity to deal with them and understands that a safer and more secure and more peaceful world depends upon adequately funding our civilian agencies. He knows that the best way to avoid war is to stabilize countries by creating stakeholders for peace in those countries.

USAID, our foremost development agency, has the expertise, but lacks the manpower and regular training to conduct stabilization operations. With this bill, USAID will receive additional personnel to implement stabilization operations. The State Department will also be enhanced as it takes on the role of coordinator of these complex operations.

Again, I appreciate all the hard work that went into this bill to get it to the floor. I appreciate the strong backing from Secretary Gates and from Secretary Rice. I would also like to thank Congressman SAXTON, my colleague, for his stalwart support and his work on H.R. 1084. It is my earnest hope that improved American civilian capabilities will yield fewer and shorter conflicts and will build a more peaceful and prosperous world. In order to do that, I need your vote, and I ask for that for the betterment of America and the world.

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers and I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to my colleague, the gentlewoman from California (Mrs. Davis).

Mrs. DAVIS of California. Mr. Speaker, I rise today in strong support of H.R. 1084. In today's security environment, it is absolutely essential that we authorize the creation of the Response Readiness Corps and Response Readiness Reserve within the State Department and USAID. This legislation is a vital step toward achieving a proper balance between civilian and military efforts in stabilization and reconstruction missions.

Iraq and Afghanistan have really highlighted a need for better interagency coordination and a more robust civilian capacity. As someone who went to Iraq early and saw a void of adequate civilian support, I know that we need to improve the civilian apparatus for future stability in reconstruction efforts. In Iraq and Afghanistan, we have relied on the military to act as diplomats, help build government capacity and conduct combat missions, all at the same time.

Simply put, stability and reconstruction have fallen too heavily on our military in recent years. Unable to tap into a viable, full-scale deployable civilian force, our great men and women have been asked to perform jobs outside of their area of expertise. Congress must, must do a better job of marshalling all elements of national power in support of U.S. goals abroad and ensure that future missions are not military-centric, but joint interagency efforts. Part of this effort must be greater capacity within civilian agencies, a bench to pull from when contingencies arise. This legislation by my friend from California will help do just that.

Congress must also be thinking about how to capture the skills and lessons learned from military personnel and civilians who have served on PRTs or other interagency projects in Iraq and Afghanistan. These individuals now have vital skills that could be used to help train Federal civilian employees deploying to zones of conflict.

Mr. Speaker, H.R. 1084 gets us on the right path, and I encourage all of my colleagues to support this legislation.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to a gentleman who has been very interested in this whole process of capacity building, the gentleman from Arkansas (Mr. SNYDER).

Mr. SNYDER. Mr. Speaker, people in Arkansas want to be safe and they want to feel safe. Everyone in America wants to be safe and have a strong national defense. National security means a strong military. National security also means that all the tools in our tool box must be available, including the capacity and availability of the civilian side of our government.

Mr. FARR has been leading this charge, along with Mr. SAXTON, and I appreciate the great work of Mr. BERMAN stepping into his new role, to bring forth this issue that all the tools of U.S. strength must be available. As Mrs. DAVIS was pointing out, we have a lot of work to do beyond this bill in terms of the coordination of all our different agencies.

I was talking to one of my constituents who is a civilian working in Iraq, and she said, You know, I sometimes think the differences in conflicts between the agencies of the U.S. Government are greater than the differences between us and the Iraqis. I think that really brings home the issues and challenges that we have.

But this bill today is a great step towards making sure that we have all the tools in our tool box that we need for our national security, and I applaud its passage today.

Mr. BERMAN. Mr. Speaker, before I yield back my time, I would like to include for the RECORD an exchange of letters regarding H.R. 1084 between the gentleman from California, the chairman of the Committee on Oversight and Government Reform (Mr. WAXMAN), and me.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, March 4, 2008.

Hon. HOWARD L. BERMAN,
Acting Chairman, Committee on Foreign Affairs, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN BERMAN: I am writing to confirm our mutual understanding with respect to the consideration of H.R. 1084, the Reconstruction and Stabilization Civilian Management Act of 2008.

As you know, on February 27, 2008, the Committee on Foreign Affairs ordered H.R. 1084 reported to the House. The Committee on Oversight and Government Reform (Oversight Committee) appreciates your effort to consult regarding those provisions of H.R. 1084 that fall within the Oversight Committee's jurisdiction, including matters related to the federal workforce.

In the interest of expediting consideration of H.R. 1084, the Oversight Committee will not separately consider this legislation. The Oversight Committee does so, however, with the understanding that this does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

I respectfully request your support for the appointment of outside conferees from the Oversight Committee should H.R. 1084 or a similar Senate bill be considered in conference with the Senate. I also request that you include our exchange of letters on this matter in the Report by the Committee on Foreign Affairs on H.R. 1084 and in the Congressional Record during consideration of this legislation on the House floor.

Thank you for your attention to these matters.

Sincerely,

HENRY A. WAXMAN,
Chairman.

COMMITTEE ON FOREIGN AFFAIRS,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 4, 2008.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Oversight and Government Reform, Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1084, the Reconstruction and Stabilization Civilian Management Act of 2008, which authorizes the President to provide assistance to stabilize and reconstruct a country or region that is at risk of, in, or is in transition from, conflict or civil strife, and establishes a Response Readiness Corps and Civilian Reserve Corps to respond to such country or region.

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Oversight and Government Reform. I acknowledge that the Committee will not seek a sequential referral of the bill and agree that the inaction of your Committee with respect to the bill does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

Further, as to any House-Senate conference on the bill, I understand that your Committee reserves the right to seek the appointment of conferees for consideration of portions of the bill that are within the Committee's jurisdiction, and I agree to support a request by the Committee with respect to serving as conferees on the bill (or similar legislation).

I will ensure that our exchange of letters is included in my Committee's report on the bill and in the Congressional Record during consideration on the House floor of H.R. 1084, and I look forward to working with you on this important legislation.

Cordially,

HOWARD L. BERMAN,
Acting Chairman.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of 1084, the Reconstruction and Stabilization Civilian H.R. Management Act of 2008, introduced by my distinguished colleague from California, Representative FARR.

This important legislation will amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 in order to build operational readiness for civilian agencies.

Since the end of the cold war, the United States has consistently been engaged in stabilization or reconstruction operation at the average interval of once every 18 to 24 months. However, despite the United States' ever increasing stabilization efforts around the world, U.S. Agency for International Development, USAID), the most significant dipolmatic and development organ of the United States Government, has been substantially weakened due to staff cuts, hiring freezes, and consolidation. This is absolutely unacceptable.

In a time where the U.S. has mounted a global war on terror, arguably destabilizing more regions than not, it is imperative that American diplomatic missions reflect American global involvement. This important legislation authorizes the Secretary of State, in consultation with the Administrator of USAID, to establish a Response Readiness Corps to provide stabilization and reconstruction activities in foreign countries or those with expertise in engineering, agricultural development, rule of law, and civil administration required for the complex stabilization missions of today are simply not there. At a time regions that are at risk, in, or are in transition from, conflict or civil strife (up to 250 personnel to serve in the Corps, and such other personnel as the Secretary may designate from the Department and USAID).

I have said time and time again that what the United States needs is a new diplomatic offensive, a diplomatic surge. That being said, there are only 6,600 professional Foreign Service officers today in the State Department. According to Secretary of Defense Robert Gates, the number of professional Foreign Service officers is less than the personnel of one carrier battle group. In a time when the United States is engaged in two massive stabilization and reconstruction efforts and countless other emergencies, USAID has less than 1,000 Foreign Service officers, as opposed to during the height of the Cold War when there were more than 4,500 Foreign Service officers. In essence, we have created a situation where those with expertise in engineering, agricultural development, rule of law, and civil administration required for the complex stabilization missions of today are simply not there. At a time when we need to call on this expertise the most, the U.S. Government capacity for these skills is at its weakest.

This legislation seeks to alleviate some of this total lack of diplomatic and developmental capacity. The aim of this bill is to successfully address upcoming threats and prosecute the long-term fight against terror by fortifying the United States Government's civilian capacity to deal with instability, particularly in areas where terrorist and terrorism thrive. This legislation will authorize the Secretary to establish a Readiness Response Corps in order to alleviate the gap in civilian capacity. This Corps will include active, as well as standby, components composed of Federal employees. Furthermore, it includes a reserve component consisting of civilian experts from State and local governments as well as non-governmental organizations.

The current American diplomatic and developmental strategy simply does not sufficiently meet the needs of today's world. This bill will amend the Foreign Assistance Act of 1961 to authorize the President to transfer or reprogram up to $100 million in any given fiscal year for the purposes of furnishing assistance and permitting the export of goods and services to assist in stabilizing and reconstructing a country or region that is in, or is in transition from, conflict or civil strife. It also amends the State Department Basic Authorities Act of 1956 in order to establish within the Department of State an absolutely essential Office of the Coordinator for Reconstruction and Stabilization.

I strongly support this legislation that will ease the burden on the Armed Forces by allowing the State Department to deploy civilians in crisis situations previously staffed by the military. Our men and woman in uniform have accomplished what we asked them to do and it is time that the U.S. Government responsibly and appropriately addresses the stabilization and reconstruction situations that persist, despite our inaction, throughout the world. I urge my colleagues to join me in supporting this extremely important and timely piece of legislation.

Mr. BERMAN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and pass the bill, H.R. 1084, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING TAIWAN'S FOURTH DIRECT AND DEMOCRATIC PRESIDENTIAL ELECTIONS IN MARCH 2008

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 278) supporting Taiwan's fourth direct and democratic presidential elections in March 2008, as amended.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 278

Whereas the United States and Taiwan share common ideals and a clear vision for the 21st century, where freedom and democracy are the foundations for peace, prosperity, and progress;

Whereas Taiwan has dramatically improved its record on human rights and routinely holds free and fair elections in a multiparty system, as evidenced by Taiwan's first democratic presidential election in 1996, second in 2000, and third in 2004;

Whereas the democratic and open presidential elections in 2000 mark the first transfer of power from one party to another in Taiwan's history;

Whereas Taiwan has demonstrated its unequivocal support for human rights and a commitment to the democratic ideals of freedom of speech, freedom of the press, rule of law, and free and fair elections routinely held in a multiparty system;

Whereas Taiwan is one of the strongest democratic allies of the United States in the Asia-Pacific region;

Whereas it is United States policy to support and strengthen democracy around the world;

Whereas, with its stable democratic system and impressive economic prowess, Taiwan stands apart from many equally young democracies whose freedom and liberty have been severely challenged; and

Whereas the United States Congress has organized congressional delegations to witness the electoral process in thriving democracies, including elections in Taiwan: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—

(1) the United States Government should reaffirm its unwavering commitment to Taiwan's democracy and security; and

(2) international delegations should be encouraged to visit Taiwan for the purpose of witnessing the presidential elections in March 2008.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BERMAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the concurrent resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BERMAN. Mr. Speaker, I rise in strong support of this resolution, and yield myself 5 minutes.

I would like first to thank the ranking member of the full committee, Ms. ROS-LEHTINEN, for introducing this important resolution.

The United States' relationship with Taiwan speaks to the great importance of democracy in our foreign policy. Over the past 60 years, the U.S.-Taiwan relationship has undergone dramatic changes, but it is Taiwan's development of democracy that underpins the strong U.S.-Taiwan friendship we enjoy today.

Initially our relations were defined by a shared strategic purpose of containing the spread of communism in Asia. This Cold War imperative served our strategic goals, but compelled us to cooperate with an authoritarian dictatorship in Taipei that failed to respect basic human rights. With the normalization of relations with Beijing in 1973, the Cold War's strategic landscape changed, and, over time, could have threatened to diminish the importance of the U.S.-Taiwan partnership. But Taiwan's commitment to democracy prevented such a split.

As the PRC liberalized and opened up to the world economically, Taiwan's political system evolved from authoritarianism to one of the strongest democratic systems in Asia, and in the process the U.S.-Taiwan relationship transformed from one based solely on shared interest to one based on shared values.

Today Taiwan is a flourishing, multiparty democracy that respects human rights, upholds the rule of law and holds competitive elections, including presidential elections in 1996, 2000, and 2004. This remarkable political evolution proves beyond any doubt that the notion of ''Asian values,'' which was used to justify one man or one party rule, is a complete fallacy. Democracy, freedom and human rights are universal values to which all human beings aspire.

This resolution recognizes Taiwan's strong democratic system by supporting Taiwan's fourth democratic presidential election, which will take place in March of this year, and by encouraging delegations from around the world to visit Taiwan to witness the election process.

□ 1100

It is important to note, however, that this resolution should not be construed as taking a position on the referendum regarding Taiwan's membership in the United Nations under the name Taiwan, which is also being held in conjunction with the presidential election. The purpose of this resolution is to honor the U.S.-Taiwan friendship by celebrating Taiwan's democracy. I strongly support this resolution and encourage my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

I would also like to thank Ranking Member ROS-LEHTINEN for authoring this great piece of legislation, the resolution.

I would like to take this opportunity also to offer our varied Asian American communities, Taiwanese, Chinese, Vietnamese, Korean, and Singaporean, belated wishes for good fortune in the lunar new year which began last month. I wish all these communities health, long life, and prosperity as they welcome the Year of the Rat, a year which brings hard work, activity, and renewal. We also expect hard work and much activity in the months ahead in what promises to be a dynamic 2008.

Taiwan faces a very competitive campaign in the next 2 weeks before the March 22 presidential election. No one is able to predict the final outcome. That in itself is an indication of a thriving democracy.

Those skeptics who once said that democratic values would never thrive in a Chinese cultural context need to look no further than Taiwan. Free and fair elections in Taiwan bear a significance which reaches far beyond the shores of one island.

Taiwan, through its maturing democratic institutions, stands as a shining example for other Asian states struggling with the introduction of representative forms of government and the rule of law. Taiwan's free elections, however, have the greatest impact on those who are still yearning to breathe free in the vast Chinese mainland just across the narrow Taiwan Strait.

Taiwan's young democracy faces constant military threat and intimidation from neighboring China. Yet in spite of these belligerent threats and the constant saber-rattling by Beijing, Taipei has continued to stand tall for freedom. Taiwan's evolving and dynamic democracy serves as a beacon of hope for those still suffering under oppression in the Communist Chinese mainland.

Taiwan's democracy is a torch which shines ever brighter, far outshining the Olympic torch of the Chinese regime which hopes this year to use sports to achieve propaganda victory. Freedom shines brighter than any medal, Mr. Speaker.

Today, I ask my colleagues to join me in giving their strong, enthusiastic support to this resolution which welcomes Taiwan's fourth direct and democratic elections as part of our ongoing efforts to promote democracy around the world and in the Asian region in particular. I wish the people of Taiwan continued peace, prosperity, and liberty in this Year of the Rat, and in the years and decades ahead.

Mr. Speaker, I reserve the balance of my time.

Mr. BERMAN. Mr. Speaker, I am pleased to yield to my friend from American Samoa, the chairman of the Asian Subcommittee, Mr. FALEOMAVAEGA, 5 minutes.

(Mr. FALEOMAVAEGA asked and was given permission to revise and extend his remarks.)

Mr. FALEOMAVAEGA. Mr. Speaker, last month the House Foreign Affairs

Committee marked up House Concurrent Resolution 278, and I would like to thank the distinguished chairman of the House Foreign Affairs Committee, Mr. BERMAN, and also our senior ranking member, Ms. ROS-LEHTINEN, for agreeing to removal of certain language suggesting that the People's Republic of China is currently threatening or intimidating Taiwan as it seeks to hold democratic elections.

Mr. Speaker, I visited Taiwan twice in the past year, and most recently in November I met with their President and Premier and even their presidential candidates. I can assure my colleagues that elections are in full swing in Taiwan with no intimidation from the People's Republic of China. In fact, quite the opposite. Taiwan's current administration has hung signs and posters on government buildings, including the presidential palace, urging Taiwan's accession to the United Nations, a policy which the United States does not support and which this administration also opposes.

Mr. Speaker, I appreciate Chairman BERMAN's comments before the House Foreign Affairs Committee in marking up this resolution, and I quote, ''Passage of this bill should not be construed as taking a position on the referendum regarding Taiwan's membership in the United Nations, which the Government of Taiwan plans to hold in conjunction with the election.''

I would like to associate myself with Chairman BERMAN's position and remarks as, again, this administration has made it clear that it does not support a vote on the referendum being held in conjunction with the election.

Mr. Speaker, Taiwan has come a long way. It was only until 1996 that they had their first elected President of the people of Taiwan. Taiwan ranks among the top 10 of our trading partners of the world and, ironically, Taiwan currently holds a $100 billion trade relationship with the People's Republic of China. Many people don't realize this.

Given the nature of this debate, Mr. Speaker, it is my intent to be in Taiwan this month to monitor or to observe the upcoming elections. I think it is important for Members to observe firsthand the process and meet the leaders in Taiwan and Beijing before being so quick to condemn the People's Republic of China.

Mr. Speaker, while Hong Kong is a different case, we should not forget that it was China, not Britain, that wrote into the Basic Law of Hong Kong provisions for Hong Kong to hold democratic elections ultimately based on universal suffrage.

I support Taiwan's right to hold democratic elections which started, as I said earlier, about 10 years ago; but I do not believe it will be in the best interest of our country to support the position of Taiwan's current administration which has attempted to push for independence, which is contrary to the U.S. position on one China, two systems. Whatever political relationship Taiwan and China want to work out peacefully, I believe that this is what we should also be supporting. Therefore, in no way should passage of this resolution be construed to be anything than what it is. This is a resolution to congratulate Taiwan's efforts to build a greater foundation for democracy and its upcoming presidential elections. It is my understanding that the U.S. does not and should not take a position on which candidate the people of Taiwan should elect. It is up to the people of Taiwan to determine who will best represent their interests, and we will support the will of the people.

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. CHABOT), the ranking member of the Committee on Small Business and a longstanding friend of Taiwan.

Mr. CHABOT. I thank the gentleman for yielding.

I rise as one of the founding members of the Congressional Taiwan Caucus, and I also want to thank the gentlelady from Nevada, SHELLEY BERKLEY, for her leadership in that capacity as well, as well as our colleagues ROBERT WEXLER and DANA ROHRABACHER who are the other founding members.

I most recently traveled to Taiwan this last January, the week prior to the Legislative Yuan Elections, and I rise in support of House Resolution 278, a resolution recognizing Taiwan's fourth direct democratic presidential election to be conducted later this month. This resolution sends the right message at the right time.

As one of the very few democracies in Asia, Taiwan should be recognized for its courage and commitment to allow its citizens to choose its future. It is a democracy that maintains a multiparty political system, and one that recognizes and respects individual liberty and human rights.

Just across the Taiwan Strait is the People's Republic of China. It most certainly is not a democracy. It maintains an abysmal human rights record. It does not recognize the rule of law. It practices religious persecution. It warehouses political prisoners. It carries out a coercive abortion policy. And it has more than 800 missiles pointed directly at Taiwan. It is against this backdrop that Taiwan forges on with its elections.

I am disappointed that the stronger language contained in the introduced version of the bill, which referenced the acts of intimidation and pressure by China, were eliminated. It is better to speak the truth rather than to worry about offending China's sensitivities. Intimidation, pressure, and outright bullying will not go away by ignoring it or by being silent about it.

Notwithstanding this concern, I am supportive of the resolution, and I would urge its passage today.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 2 minutes to the gentlelady from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Mr. Speaker, I congratulate the chairman for obtaining this position. I know he is going to do a remarkable job.

Mr. Speaker, I rise in support of this resolution and in support of a United States ally and a fellow democracy.

For over 50 years, Taiwan and the United States have enjoyed a strong political and economic partnership. In the last two decades, we have watched Taiwan blossom into one of the world's leading democracies, holding a number of open, fair, and internationally approved elections. Its constitution guarantees fundamental freedoms and civil liberties, and ensures all citizens have a voice in local and national affairs.

Mr. Speaker, in an age of terrorism and political violence, it is absolutely imperative that the United States stand up for and stand with peaceful and free countries around the globe. We must make certain that our fellow democracies can determine their own destinies at the ballot box without fear of attack or violence.

This resolution calls on our government to reaffirm its unwavering commitment to Taiwan's democracy and security. One way for us to do this is to support this election and avoid being seen as taking sides. Only by standing firmly with a democratic Taiwan can we uphold the principles, our principles, of promoting peace and democracy worldwide. I urge support for this resolution.

Mr. POE. Mr. Speaker, today the House considers a timely resolution supporting Taiwan's fourth direct and democratic presidential elections which will take place in just a few weeks. I am pleased to be a cosponsor of this resolution.

In 1979, Congress passed the Taiwan Relations Act, which caused our Government to consider Taiwan in nearly all respects a sovereign partner. President Ronald Reagan reinforced this stance in 1982 when he publicly reiterated the US position regarding Taiwan's sovereignty. Since that time, the United States and Taiwan have enjoyed increasingly close relations, and our two countries maintain a strong strategic alliance. Today Taiwan remains one of the strongest democratic allies of the United States in the Asia-Pacific region.

The United States and Taiwan share a common vision of freedom and democracy. Since Taiwan's first democratic presidential election in 1998, Taiwan has successfully held routine, free, and fair elections in a multiparty system. As a beacon of democracy in the Asia-Pacific region, Taiwan deserves recognition and support from the United States.

I am pleased to rise in strong support of Taiwan's continued commitment to democratic elections. Now is the time for the United States to reaffirm its unwavering commitment to Taiwan's democracy and security. For an ally that shares our values of freedom, security and prosperity, we can do nothing less.

And that's just the way it is.

Mr. BILIRAKIS. Mr. Speaker, I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the

rules and agree to the concurrent resolution, H. Con. Res. 278, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CONDEMNING THE ONGOING PALESTINIAN ROCKET ATTACKS ON ISRAELI CIVILIANS

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 951) condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 951

Whereas more than 4,000 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations since Israeli forces withdrew from there in 2005;

Whereas, since January 1, 2008, terrorists have fired nearly a thousand rockets and mortar shells into Israel;

Whereas the near-daily rocket fire has been targeted primarily and intentionally at civilian communities in Israel, such as Sderot and Ashkelon, making life in such areas agonizing;

Whereas the terrorist rockets have hit homes, schools, buildings, roads, power lines, and other such infrastructure in Israel;

Whereas these unprovoked rocket and mortar attacks have murdered over a dozen Israelis, inflicted hundreds of casualties, produced thousands of cases of shock and post-traumatic stress, especially among children, and caused severe disruption of daily life;

Whereas these deliberate cross-border rocket and mortar attacks on civilian populations constitute a blatant violation of human rights and international law;

Whereas those responsible for launching rocket attacks against Israel routinely embed their production facilities and launch sites amongst the Palestinian civilian population, utilizing them as human shields;

Whereas intentionally targeting civilian populations and the use of human shields violates international humanitarian and human rights law;

Whereas numerous reports have cited the copious amounts of sophisticated weapons, small arms, and weapons manufacturing materials that have been smuggled into Gaza through Egypt;

Whereas public reports have cited the role of Iran and Syria in providing material support and training to those carrying out rocket and other terrorist attacks from Gaza;

Whereas public reports have referenced the increased flow of ammunition, explosives, and higher-grade weapons into the Gaza Strip as a result of Hamas' breach of the 12-kilometer security fence separating Gaza from Egyptian Sinai on January 23, 2008;

Whereas it was reported that after the breach of the Egyptian-Gaza border, many Palestinian terrorists who had trained in Syria and Iran returned to Gaza;

Whereas the fielding and use of longer-range rockets by Hamas and other terrorist organizations to reach larger Israeli cities represents a dangerous expansion of the organizations' offensive capabilities and an escalation of the terrorist attacks on Israel;

Whereas the Government of Israel's military operations in Gaza only target Hamas and other terrorist organizations;

Whereas the inadvertent inflicting of civilian casualties as a result of defensive military operations aimed at military targets, while deeply regrettable, is not at all morally equivalent to the deliberate targeting of civilian populations as practiced by Hamas and other Gaza-based terrorist groups; and

Whereas the situation in the Gaza Strip remains a threat to international security and regional stability: Now, therefore, be it

Resolved, That the House of Representatives—

(1) strongly condemns—

(A) Hamas, which controls Gaza, and other Palestinian terrorist organizations for the ongoing rocket attacks on Israeli civilians and continued human rights violations;

(B) state sponsors of terror, such as Iran and Syria, for enabling Palestinian terrorist organizations to carry out attacks against innocent Israeli civilians; and

(C) the use of innocent Palestinian civilians as human shields by those who carry out rocket and other attacks;

(2) expresses condolences to the families of the innocent victims on both sides of the conflict;

(3) supports the sovereign right of the Government of Israel to defend its territory against attacks;

(4) expresses sympathy and support for innocent Palestinian civilians who reject all forms of terrorism and desire to live in peace with their Israeli neighbors but who continue to be utilized as human shields by terrorist organizations;

(5) considers rocket attacks against Israel and the fostering of terrorism in the Palestinian territories as direct and serious impediments to the achievement of Israeli-Palestinian peace;

(6) calls on the President to—

(A) direct the United States Permanent Representative to the United Nations to introduce a resolution within the United Nations Security Council condemning Palestinian rocket and other attacks against innocent Israeli civilians; and

(B) direct the Secretary of State to raise this issue in all applicable bilateral and international fora;

(7) calls on responsible countries and United States allies in the Middle East to officially and publicly condemn Palestinian rocket attacks and other terrorist actions against Israel; and

(8) reaffirms the strong and unyielding friendship between the Governments and the people of Israel and the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BERMAN. Mr. Speaker, I rise in strong support of this resolution and I yield myself as much time as I may consume.

Mr. Speaker, when this resolution came before the Foreign Affairs Committee last week, the situation in Gaza was deteriorating, and that deterioration continued apace. We have since amended this measure to reflect the latest facts, but the fundamental realities remain the same: Israel has a right to exist free from terror. Terrorist Hamas, which controls Gaza, does not accept this right. The United States will now and always stand firmly by Israel's side, committed to its survival; and we oppose all forms of terrorism and incitement meant to undermine the quest for peace.

Nearly every day, shrapnel-filled rockets launched from Gaza rain down on Israeli communities, shocking the residents with their explosive power and expanded range. Israel has answered the deadly downpour by placing pressure on the Hamas leadership and their henchmen who launch these missiles. But because these thugs cravenly place the men, women, and children in Gaza in harm's way by using civilian communities as a base, counterstrikes have lamentably caused civilian injuries and deaths, along with the deaths of the terrorists.

□ 1115

The casualties are far too numerous, since even one innocent life lost is one too many.

And so, as we show our support with this resolution for the people of Israel, we also express our sympathy with the overwhelming majority of Gazans who only want a decent life but whose terrorist leaders have contemptuously sentenced them to mayhem.

In August 2005, the Israeli Government removed all Jewish settlements from the Gaza Strip and evicted Israeli families from their homes in hopes of injecting life into a moribund peace process. Israel's hope, and the hope of all who wish for peace in the region, was that Gaza would prove to be the fertile ground from which Palestinian statehood would emerge.

But since that time, Hamas has seized control of Gaza. It responded to good-faith efforts at peace not with reciprocal concessions or conciliatory gestures but with a relentless terrorist offensive.

In more than 2 years of rocket attacks, Israel has suffered countless casualties, including more than a dozen deaths, and serious damage to property and infrastructure. But perhaps worst of all has been the untold psychological trauma and interruption of all aspects of daily life. Reportedly, 90 percent of the children in the community of Sderot have suffered from post-traumatic stress syndrome. The beachside city of Ashkelon, until recently out of range for the simple rockets that Hamas could muster, has now been

slammed by more than a dozen sophisticated missiles, next to the city hall, in the marina, leaving craters and shattered lives all around. This is a city of 120,000 people. The range of the rockets is increasing, and if the terrorists are not stopped, we all know that casualties likewise will increase.

For now the attacks are continuing unabated, and they are destroying what hopes remain of an Israeli-Palestinian peace. That is why this resolution unambiguously recognizes and reaffirms Israel's sovereign right to defend its citizens and territory.

We need also to recognize that Hamas and other Palestinian terrorist groups are not operating in a vacuum. They rely on the material and logistical support of nations like Iran and Syria. The international community must condemn Iranian and Syrian behavior and take all possible steps to halt it.

Much of the material for these rockets is smuggled into the Gaza Strip through Egyptian territory. We must prevail upon our friend Egypt, which has made invaluable contributions to peace in the years past, to do much more to end this smuggling.

This resolution therefore calls on all nations, including Egypt, to take affirmative, transparent and verifiable steps to stop the flow of rockets and related materials to the Palestinian territories.

Mr. Speaker, we can only condemn the policy of Hamas and its supporters to continue the brutal, cynical, and unprovoked attacks on Israel, and we must recognize this policy for the terrorist crime it is.

I commend the gentleman from New Jersey (Mr. GARRETT) for introducing this resolution, and his cosponsors as well, and I urge my colleagues to vote ''aye.''

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H. Res. 951, which does not merely condemn the ongoing Palestinian rocket attacks on Israeli civilians, but also clearly articulates that the United States stands shoulder to shoulder with the people of Israel in their time of need.

Since the inception of the Palestinians' latest war against Israel, which started in September of 2000, Palestinian suicide bombers have struck at crowded buses, hotels, cafes, and other civilian targets, shedding innocent blood in Jerusalem, Tel Aviv, and other communities.

Additionally, during the war in Lebanon during the summer of 2006, Hezbollah rockets rained down on Israeli civilian populations, claiming dozens of innocent lives. And then, Mr. Speaker, there is Sderot and other Israeli communities bordering Gaza where every day ordinary people must cope with the fear that a rocket could fall at any moment, killing or maiming them and their loved ones.

Last month, as the international press covered a Palestinian demonstration against Israel, Hamas and other Palestinian jihadist groups launched rockets that struck Sderot and elsewhere. The scene was terrifying. A father of four died of shrapnel wounds after a rocket struck his car, and a 10-year-old boy lay severely injured after being struck in a supermarket as his 8-year-old sister tried to comfort him. These are just a few instances of Israeli suffering in the border communities broadcast internationally, but the trauma endured by innocent Israeli civilians in such attacks has been ongoing and extensive.

The psychological impact from continued rocket attacks has affected all segments of the population. However, the brutal impact has been most vivid on the Sderot children. Reports indicate that almost one-third of the people between the ages of 4 and 18 have suffered post-traumatic stress disorder, and I have spoken to some children that were under this situation. Many more exhibit feelings of severe anxiety and feelings of helplessness that warn of more serious problems to come. And, Mr. Speaker, the rockets continue to fall.

With the help of Iran and Syria, Hamas and its accomplices are developing, acquiring, and firing rockets with longer range, more accurate lethality. It is an unfortunate situation, Mr. Speaker, and we have to do something. Yet, even though Palestinian extremists continue to target innocent men, women, and children in clear violation of international law, the response of other nations and other international bodies, such as the United Nations, has often been openly hostile to the Israelis, the very people under attack.

In multiple U.N. forums, not a word is uttered about the Hamas rockets falling from the sky, and Israel is denounced for inflicting suffering on Gaza when it defends itself against those who attack its citizens, including through an economic blockade, a blockade which does not apply to food, medicine, and other vital necessities.

While the European Union earlier this week denounced Israel's actions against those who launch rockets against the Israeli people, it said next to nothing about the countless Israeli victims of Palestinian violence. Therefore, Mr. Speaker, it is vital that Congress takes a stand against this double standard.

This resolution states that the Palestinian extremists behind the rocket attacks against Israeli civilians are in clear violation of international humanitarian standards as they not only brutally target civilian populations, but use peace-loving Palestinian civilians as human shields against Israel's self-defense measures.

Furthermore, this resolution calls on the President to direct the U.S. permanent representative to the U.N. to introduce a resolution at the U.N. Security Council condemning Palestinian rockets and other attacks against innocent Israeli civilians and direct the Secretary of State to raise this issue in all applicable bilateral and international fora.

Finally, this resolution sends a message to the very people under daily attack by these rockets, our Israeli friends and allies, that the Congress of the United States stands firmly behind them in their struggle against Palestinian extremists. Mr. Speaker, I strongly urge my colleagues to support this critical resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 2½ minutes to the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Mr. Speaker, I thank the gentleman for yielding and thank him very much for his leadership on this important issue.

Mr. Speaker, in the summer of 2005, Israel voluntarily withdraw from the Gaza Strip. Making incredibly painful concessions, the Israeli Government forced its own citizens to abandon their homes, businesses, and synagogues in Gaza in the hope that the Palestinians would use this opportunity to build a functioning state, to demonstrate that they were capable of self-governance.

Instead, Hamas burned down those homes and businesses and used Gaza as a missile launching pad to attack Israelis who live on undisputed Israeli territory. Hamas does not want a Palestinian state. Its mission is to destroy Israel. That is painfully clear.

First, it was Sderot, just a few kilometers from the Gaza, a constant barrage of short-range, imprecise missiles falling indiscriminately and occasionally hitting a school or a home or a child in Sderot.

Now Hamas has longer range missiles acquired from Iran, and they have now hit Ashkelon, a thriving city of 120,000 men, women, and Israeli children. What next? Tel Aviv? Jerusalem? How many Israelis have to die before Israel is justified in defending its citizens?

Instead of applauding Israel for standing up to Hamas, the world denounces this democracy at every turn. When the Israelis finally cut off, after much provocation and extraordinary constraint, cut off the water and electricity to Gaza in an effort to weaken Hamas' grip, the world called it a human rights violation. And when Israel goes after Hamas, a terrorist organization that purposely puts its own civilians in harm's way and has vowed to destroy Israel, they are called war criminals. Abu Mazen likened Israel's action to the Holocaust. Abu Mazen is a Holocaust denier, and he has the audacity to liken survival of the State of Israel to the Holocaust? What nation in the world provides electricity and water to its enemy so they can lob missiles back at them?

Mr. Speaker, I applaud the Israeli Government for standing up to Hamas and for doing what every state would

do in their position: defend their citizens. And I find it astonishing that the United States Congress must periodically affirm Israel's right to exist and Israel's right to defend itself against terrorist attacks. I urge support for this resolution.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on the people of Israel.

When Israel withdrew from Gaza back in 2005, there was hope that this was an opportunity for peace. Sadly, this has not been the case. Instead, Hamas and other terrorist groups, with the support of Iran and Syria, have fired more than 4,000 rockets and mortar shells into Israel from Gaza, killing, maiming, and traumatizing innocent Israeli civilians. This unprovoked disregard for human life must be condemned in the strongest possible terms.

I support passage of this resolution, H. Res. 951, and urge my colleagues to do so as it supports the sovereign right of Israel to defend its territory and stop the rocket attacks on its citizens. It further calls on all nations, including Egypt, to take affirmative steps to stop the flow of rockets and other materials and equipment used by terrorists into Gaza and other Palestinian territories. Finally, it reaffirms the strong and unyielding friendship between the governments and the people of Israel and the United States.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. ENGEL), the chairman of the Western Hemisphere Subcommittee.

Mr. ENGEL. Mr. Speaker, I rise in strong support of H. Res. 951. I am the lead Democrat on the resolution, and I am proud to be the lead Democrat, and I am glad it is a bipartisan resolution.

This resolution condemns the Palestinian rocket attacks on civilians in the south of Israel and supports Israel's right to self-defense. I ask my colleagues: When are these horrendous, unprovoked attacks going to stop?

□ 1130

Last week a student at Sapir College in Sderot was killed, and one other person wounded by shrapnel after a Kassam rocket fired from the Gaza Strip by Palestinians hit the western Negev campus. The rocket that struck the college's parking lot was one of a barrage of six fired 1 week ago, two of which landed in Sderot.

I've been in Sderot. It is a good town. There are good people there, and they live in fear.

According to the Jerusalem Post, a total of 22 Kassam rockets were launched in the south of Israel on that day from the Gaza Strip. In fact, Mr. Speaker, more than 4,000 rockets and mortars have been fired at Israel from Gaza since Israel withdrew in 2005. And my colleagues have mentioned that Israel withdrew from Gaza in 2005. People say there should be land for peace in the settlement. Well, Israel gave up land, didn't get peace. It's not land for peace, it's land for war, and it's got to stop.

Today, longer range Palestinian rockets are hitting larger Israeli cities, representing a serious escalation in Hamas' terror war against Israel. The Hamas rockets simply continue the pattern of indiscriminate attacks on innocent men, women and children, which has been the strategy of the Palestinian terror groups for decades. They represent a blatant violation of human rights and international law by intentionally targeting civilian populations and using human shields to hide the rockets.

I am further concerned by the source of these weapons of terror. Published reports indicate that Iran and Syria have provided material support and training to those carrying out the rocket attacks. I was pleased to be the author of the Syria Accountable Act, and we must make sure that Syria is held accountable, and Iran as well.

The world stood with the U.S. after the terrorist attacks of September 11, and we must strongly support our friend and ally, Israel, at this time. The people of Israel must know that we will stand shoulder to shoulder with them as they seek to defend themselves against the terror.

It is important to point out that Israel's military response has been carefully calibrated to halt the rocket fire, surgically eliminate the terrorists firing the rockets, and ensure the safety of Israeli citizens, while at the same time making every effort to limit Palestinian civilian casualties. In this, the Israelis have my full support.

Finally, Mr. Speaker, H. Res. 951 takes a firm stand against the Palestinian rocket attacks and condemns Hamas and other Palestinian terrorist organizations carrying out the terrorism. It holds Syria and Iran responsible for their roles enabling the terrorist organizations and offers America's strong support to our ally, Israel, as it responds in self-defense.

Mr. Speaker, rocket attacks against Israel must end. We must support this resolution.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. SHAYS).

Mr. SHAYS. Mr. Speaker, I rise in support of H. Res. 951, sponsored by Congressmen GARRETT and ENGEL, condemning the rocket attacks on innocent Israelis in Sderot and Ashkelon.

Israel is our greatest ally and our best friend. Our nations share a strong commitment to freedom and democracy. We have worked together in confronting the serious and very real threat posed by Islamist terrorists.

The tensions and violence between Israelis and Palestinians have gone on far too long. Hamas, a violent terrorist organization, has squandered every opportunity to demonstrate it can coexist peacefully with Israel by promoting suicide bombings on innocent civilians and by firing thousands of rockets into neighboring Israeli cities.

The terrorist attacks on Israeli citizens are no different than the cowardly attacks on the World Trade Center and Pentagon. Clearly, Israel has the right and the obligation to defend its citizens and status as a nation.

Unless Hamas recognizes the State of Israel, ceases incitement, and permanently disarms and dismantles its terrorist infrastructure, the United States cannot work with this terrorist government, nor can Israel.

Israel has the right to exist free from terror. Its people, who can never and will never forget Hitler's Germany, have every right to expect the world will uniformly condemn Hamas.

I urge the resolution's adoption and thank the gentleman from California (Mr. BERMAN) for bringing this to the floor.

Mr. BERMAN. Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CANTOR).

Mr. CANTOR. Mr. Speaker, I commend those sponsors of the bill who brought this piece of legislation to the floor. And I rise to recount a story that I was told in August when I was in Israel with several of our colleagues. We visited a young family who was then living in Sderot. And the mother told a story about the pain that her children are living through and about the requirement that her kids now understand that wherever they go throughout their day, they must first know where the safe room is because they will know ultimately that rocket will sound and the kids will have to scurry to safety.

But what touched me the most about the story of this young family was the mother, again, explained how 2 years ago they uprooted their family from Gush Katif, a community in the south of Gaza when Israel pulled out of the Gaza Strip. And it was then that her children asked her, why, Mother? Why do we have to do this? And she explained to the children that they have to do this to give peace a chance so that they and the people of Israel could live in peace and live a normal life. And now where are they?

Clearly, a contagion of fear has spread across their community. But they should ask, what is it that they've done wrong to live under these kind of conditions?

And frankly, whatever conclusion the world comes to, we know now that the only crime they've committed is trying to live in freedom in a Jewish state. And that is what Hamas is going after, because for Hamas and their terrorist allies, the primary objective is to destroy Israel.

But important to all of us in this Congress is the fact that what befalls

Israel in its struggle against Hamas, its rockets and other attacks have severe implications for us in America and the rest of the civilized world. The Israeli people are squaring off against an arm of the radical Islamic movement that includes al Qaeda in Iraq, al Qaeda in northwest Pakistan and Afghanistan, as well as Hezbollah in Iran. Hamas' success and ability to win sympathy from the world will only motivate and encourage these various movements.

So, Mr. Speaker, as the United Nations engages in its denunciation of Israel's acts of defense, we in America must unite in solidarity with our only democratic ally in the Middle East, Israel.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, more than 4,500 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations since Israeli forces withdrew from there in 2005.

Nearly 1,000 of these rockets and mortar shells have been launched into Israel just since New Year's Day this year. The near daily rocket fire has been targeted primarily and intentionally at civilian communities in Israel, such as Sderot and Ashkelon, and the rockets being used are getting bigger and traveling farther. Some rockets have blown through living room ceilings, crashed through classrooms and downed power lines. And as a result, Israel has suffered dozens of casualties, hundreds of shock victims, thousands of traumatized children.

I've heard from Ruthie Eitan, a professor at Sapir College in Israel, just a mile from the Gaza Strip, who told us how the entire campus lives in constant terror. It would be like any college town in America, except this college has been hit with hundreds of rockets since the year 2000, and the barrage is not stopping. In fact, just last week, one of the students died shortly after sustaining massive wounds to his chest from a rocket in a parking lot on campus.

Ruthie tells us that many of Sapir's classrooms and auditoriums are unusable, either because of past rocket damage or from being in the line of future rocket fire. But somehow life attempts to go on.

But for Ruthie and thousands like her, we introduced this resolution to condemn in the strongest possible terms the ongoing Palestinian rocket attacks on Israeli civilians and to support the sovereign right of the Government of Israel to defend its territory and to stop the rocket attacks on its citizens.

And perhaps most importantly, Mr. Speaker, we reaffirm the strong and unyielding friendship between the governments and the people of Israel and the United States.

I strongly urge support of all my colleagues for H. Res. 951.

Mr. BERMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the author of this measure, the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. I thank the gentleman for yielding the time.

Mr. Speaker, today the United States Congress will stand up for the people of Israel by sending a message to the terrorists and also to those countries that aid them. Rocket attacks and intentional violence against innocent civilians will not be tolerated. Israeli communities like Sderot and Ashkelon have sustained terrible, egregious damage, and the citizens have suffered from serious injuries, even fatalities. I should point out that oftentimes Palestinians as well, those who do not support the violence, are also victims of the crossfire. It is time that this brutality come to an end for all people.

Passing this resolution today truly is just a stepping stone to help end those egregious, aggressive acts of Palestinian terrorists and ensuring that innocent civilians in Israel can live together and live peacefully. It is violent Palestinian groups and terrorist organizations that must be held accountable for their horrific acts. Organizations such as Hamas, the Islamic Jihad and the Popular Resistance Committee, the PRC, need to understand that when they attack the people of Israel, the United States and other countries and the U.S. House of Representatives will not remain silent. Unjust actions like this must not go unpunished.

Today, we have a gentleman from one of those communities, Sderot, with us here in the House, in the House galleries. If he was here on the floor with us, he could share with us the life-and-death circumstances that he and his family and his neighbors and his community experience on a day-to-day basis.

As we are here on the floor of this House, in the safety of this city and of this community and of this country, we have to think about the men and women, think about the children who are back there right now, the children who, for all we may know, are in their safe rooms cowering, wondering when the next attack may be coming.

Many of those members of the community have already made the decision that it is just unbearable to live under that threat, under the constant pressure of not knowing when the next attack, when the next missile strike will come. And upwards around 20 percent of the country or the community has left, fled the area to safer havens, wherever they may be.

If this was an incident occurring in our country, along the borders of the United States, would we sit idly by while our neighboring country or the terrorists within that were lobbing rockets into it, into our territory? I think not.

It is for that reason that it is so unfortunate that other portions of the world community, parts of the U.N., have condemned Israel for taking defensive measures such as they have here.

I come to the floor today with my colleagues as well from both sides of the aisle and I appreciate the bipartisan support, to say, who will condemn the attackers?

Well, Mr. Speaker, I will. We will. This House of Representatives will, and this country will. Rest assured that I will continue to ensure that the Islamic radicals are held responsible for launching these vicious attacks, and also that countries like Iran, Egypt and Syria, which support terrorists and allow this activity to continue, should be held accountable as well.

I will join with my colleagues from both sides of the aisle to continue this fight until the global community joins in with the U.S. in condemning terrorism and its violent acts.

Mr. BILIRAKIS. Mr. Speaker, I really urge strong support for this resolution. We can't put up with this any longer. And I really appreciate this resolution. I want to thank the author and the chairman on this. And I urge strong support, as I said.

Mr. WEXLER. Mr. Speaker, I rise today in strong support of House Resolution 951, condemning the ongoing Palestinian rocket attacks on Israeli civilians and unequivocally supporting Israel's right to defend its citizens against this continuous threat.

As you know, nearly a quarter of a million Israeli citizens living in Sderot, Ashkelon, and other cities and towns close to Gaza are under attack daily and are living in a constant state of fear. It is critical that Congress stand with Israelis who are under constant threat of rocket attacks perpetrated by Hamas. To that end, I am proud to stand with my colleagues as a sponsor of this resolution and as an unequivocal supporter of Israel's right to defend itself against this constant threat.

The international community must join with the United States in condemning the thousands of rockets that have been maliciously launched from Gaza by Hamas since Israeli forces withdrew from Gaza in 2005. It is unconscionable for the United Nations or any nation to chastise Israel while rockets reign down unabated. Instead of criticizing Israel, the United Nations and the international community should be condemning Hamas and their deadly attacks. The international community, which has been largely silent on these attacks, should publicly condemn Hamas, which is intentionally targeting civilian communities in Israel when it fires these rockets. These attacks have led to dozens of casualties, thousands of shock victims, and an uncountable number of children who have been traumatized and will live in fear for years to come. The international community should also support Israel's right to go on the offensive in Gaza in an effort to eliminate Hamas' terrorist infrastructure and destroy Hamas' ability to continue this campaign of terror.

Unfortunately, the rocket attacks continue, and the threat Hamas poses to Israelis with more sophisticated rockets still looms. As a close friend and ally of Israel and a staunch

defender of freedom around the world, America must stand with Israel in its efforts to end these attacks and defend Israel's right to live in peace free from rocket attacks.

The resolution we are debating today clearly expresses my support as well as that of my colleagues for Israel's right to defend itself against the deadly threat Hamas poses, and encourages Palestinians who reject Hamas and all forms of terrorism to denounce these attacks and dismantle the terrorist infrastructure in Gaza. This resolution also squarely places direct responsibility for these attacks on Hamas, and reaffirms the unyielding friendship between the governments and the people of Israel and the United States. As Israel faces the terrorist threat of Hamas, I will continue to encourage my colleagues in Congress to join me in supporting Israel's right to self defense. The plea of Israelis under this constant threat has been heard in Congress, and House Resolution 951 is a clear statement that Congress and the American people stand with the Israelis at this difficult time.

Mr. ACKERMAN. Mr. Speaker, from time to time, I've heard some of our colleagues wondering why there are so many resolutions about Israel, and the Palestinian-Israeli conflict. Why, they may wonder, do we have to take up these issues? Doesn't everyone already know that the Congress supports Israel? And it's true, American support for Israel is overwhelming, it is bi-partisan, and it is nearly universal in Congress. But sadly, we are the exception in the world.

Around the globe, there have been protests going on about the situation in Gaza. What may not be known is that these demonstrations are not about the rockets that have been falling on Israeli civilians. These protests are not against Hamas. These protests are not about the absurdity of expecting Israel to provide electricity and fuel to the people attacking them.

These protests are against Israel and its right of self-defense. They are against demanding that Hamas stop the terror. They are against putting responsibility on the shoulders of Hamas for the welfare of the people in Gaza.

To us, in the United States, such protests seem perverse. People who intentionally fire artillery rockets at civilians are properly called ''war criminals.'' People who deliberately seek the death of the innocent are not called ''militants,'' or ''activists,'' or ''guerillas.'' They are properly called ''terrorists,'' and it is hard for us to imagine that these are not universal beliefs.

But they're not. What we have seen in the past, and are seeing again is an offensive and deplorable double standard: Every nation is obliged to protect its citizens—except the Israelis; they should be patient and exercise restraint. Every nation is entitled to fight terrorism—except the Israelis; they should have a dialogue with the people who call for their extermination. Every nation is entitled to use force defend itself—except the Israelis; they should only use force if there won't be civilian casualties.

Mr. Speaker, we all mourn the loss of innocent life, and the sympathy of decent people is not limited by nationality. The American people are concerned about both Israeli and Palestinian lives. But that concern is not a excuse to dispense with judgement. There is guilt and there is innocence; and there is aggression and there is self-defense. Refusal to acknowledge, or to insist on these distinctions is not only immoral, but dangerous.

And that is why the business in Gaza is the business of this House. America, as a leader among the community of nations, has an obligation to stand up in defense of certain values. And it is never so essential to do so than when those values are under attack, and that is what is happening right now.

That is why we have to condemn Hamas. That is why we have to condemn the rockets that are still falling on Israeli towns and cities. That is why we have to stand with a democratic ally. That is why we have to declare again and again from this house that the people of Israel—no less than any other people—are entitled to live in peace and security. Certainly we Americans would accept nothing less for ourselves.

Mr. POE. Mr. Speaker, I rise today in support of H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on Israeli civilians.

Since January 1st of this year, Palestinians have fired more than 450 mortar shells into Israel. Let's put that number into perspective, that's 7 shells a day or 45 shells a week every week since the beginning of this year.

Since the Israeli forces withdrew from the Gaza Strip in 2005, more than 4,000 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations.

This rocket fire has intentionally targeted civilian communities in Israel and made life for these people a living nightmare.

Even folks at the U.N.—an institution that has consistently where Israel is consistently discriminated against—have condemned these acts of violence. John Holmes, the U.N. undersecretary general for humanitarian affairs, said recently ''We condemn absolutely the firing of these rockets. There's no justification for it. They are indiscriminate, there's no military target.''

Did you hear that no military targets. Hamas rulers in the Gaza Strip are intentionally injuring and killing innocent civilians. In recent years 12 people have been killed and dozens have been wounded. In fact, just last an 8 year old boy lost his leg in one of the attacks. These acts of brutality have to stop.

These acts of terror are unacceptable and it's about time the world community collectively expresses its opposition to Palestine's rocket attacks on innocent civilians and supports the sovereign right of Israel to defend its territory and stop the rocket attacks.

And that's just the way it is.

Mrs. McCARTHY of New York. Mr. Speaker, I rise today to express my strong support for H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes. I am proud to have been a cosponsor of this resolution and helped gather support for its consideration on the House floor today.

This resolution is very timely as Israel faces new and increasing threats to its security. Palestinian rockets have been fired from Gaza and hit Israeli communities on an almost daily basis. More than 200,000 Israeli citizens are within range of these Palestinian rockets.

In 2005, as part of an effort to move the peace process forward, Israel removed all of its civilian and military personnel from the Gaza Strip. There was hope that a Palestinian state could emerge and co-exist peacefully alongside Israel. However, Hamas has taken control and instead of working toward peace and efforts to improve the lives of the Palestinians, has decided to inflict terror upon Israel. In recent weeks, the Israeli communities of Sderot and Ashkelon have been especially hard-hit, resulting in numerous casualties and psychological trauma to its citizens.

Furthermore, just this week, UN Secretary-General Ban Ki-moon told the Security Council that Hizbullah has 30,000 rockets in southern Lebanon—10,000 of the rockets are long-range and 20,000 are short-range. Israel faces many threats on multiple fronts.

The resolution before us appropriately condemns the rocket attacks on Israeli citizens and supports the right of the Israeli government to stop the rocket attacks on its citizens. While Israel has shown restraint in dealing with the Palestinians, along with a willingness to work towards peace, the Israeli citizens who are under attack are looking toward their government to protect them. We must support the efforts of the Israeli government to keep its people safe.

I am grateful that we have the opportunity to consider this resolution on the House floor and send a strong message that attacks against Israeli citizens are not acceptable. Israel is one of America's closest allies and we must do all that we can to ensure the security of the state of Israel and its people. Terrorism is not acceptable here and is not acceptable around the world. Americans, Israelis, and others should be free to live their lives without fear of being attacked. Children should be able to go to school and not have to worry about a Palestinian rocket attack.

I urge all of my colleagues to stand up for safety and security and send a message to the International community. Pass H. Res. 951.

Mr. MORAN of Virginia. Mr. Speaker, over the past few days we have witnessed the Annapolis peace process come unraveled. There have been grave escalations between Israel and Hamas. These are a symptom of failed policies, irresponsible actions, and a lack of strategic thinking. Further escalation of the violence in Gaza may deal a fatal blow to the credibility and viability of any peace process. It would further erode support for the peace process. It would further erode support for the peace process among both Israelis and Palestinians.

No one can help but feel deep concern for the residents of Israeli communities near Gaza, who have been suffering from a campaign of Qassam rocket attacks. Israel has the right and must take measures to protect its citizens, as well as to seek to free its captured soldier Gilad Shalit. But excessive response that endangers innocent lives and threatens emergency care and services in hospitals is likely to cause graver harm than good.

Certainly Hamas understands that its crude rockets, while able to create fear and suffering in Sderot and, now, Ashkelon, can neither destroy Israel, nor break its economic blockade—just as Israel's citizens and military leaders appreciate that while its air force and army can achieve lethal short-term tactical gains in Gaza, this strategy has only enhanced popular support for Hamas, coalesced West Bank sympathy for the Gazan population, and harmed any realistic chances for lasting peace.

I firmly believe that any realistic, sustainable resolution to this crisis will require all parties including the United States to engage, directly or indirectly, to achieve a ceasefire. For that reason, I would prefer that the resolution before us were focused not on condemning one side, but rather on supporting more constructive and balanced efforts to achieve a meaningful cease fire and constructive engagement. I believe that any resolution of this conflict needs to recognize and address the current humanitarian crisis facing the people of Gaza. How many more innocent Israelis and Palestinians will die or be wounded before our country attempts a more productive policy approach?

While the Bush Administration has recently become more proactive in its efforts to attain a ceasefire, stabilize Gaza, and re-build Palestinian national unity, the policy of not including all parties and of blockading Gaza, risks making our country less and less relevant. We need more constructive leadership on all sides.

Mr. MCDERMOTT. Mr. Speaker, today I will vote "Present" on H. Res. 951.

Its stated purpose is "condemning the ongoing Palestinian rocket attacks on Israeli civilians and for other purposes." Everyone in this House, including me, condemns these rocket attacks. If that had been all that H. Res. 951 expressed, of course I would vote in favor.

But as so often happens in resolutions that concern matters of bipartisan and overwhelming support, vague and ill-considered "other purposes" were added. The United States needs the cooperation and involvement of nations throughout the region, including Syria and Iran, if we are to help bring about a stable and lasting peace to Lebanon, Iraq, and to help crack down on the very smuggling that is enabling these rocket attacks.

The State Department has repeatedly met with representatives of Iran and Syria to engage them, and is pursuing difficult diplomatic tracks with both countries. I applaud these efforts and recognize the difficult job State has. Injecting Congress into this mix, as expressed in this Resolution, at this point in time, is not helpful.

By not simply condemning the rocket attacks coming from Gaza and declaring our solidarity with the Israeli civilians threatened by them, by not simply condemning those in Gaza who are bombarding Israeli civilians, but drawing in the governments of Iran and Syria, we could diminish our diplomatic course and, at the same time, inflame tensions.

Who does this help? How does this contribute to resolving problems in the region? Why did a House vote on what should have been a simple statement turn into a complicated effort to add to difficulties with Iran and Syria?

I strongly condemn these rocket attacks; let there be no doubt about that. At the same time, I strongly support our State Department and its efforts to find a path to a lasting peace in the region. Let's not do anything that might interfere with that difficult yet vital goal.

Mr. FATTAH. Mr. Speaker, I have always been a strong supporter of Israel and I am pleased with the friendship that the United States has forged with the people and government of Israel. I am appalled at the current situation in Israel and heavily condemn the ongoing Palestinian rocket attacks on Israeli civilians.

For three years, over 4,000 rockets and mortar shells have been fired at Israel from the Gaza strip by Hamas and other terrorist organizations. These destructive terrorist rocket attacks have crippled Israel's infrastructure, traumatized and injured its citizens, and severely disrupted ongoing daily life. I can only offer my unending support of Israel in its sovereign right to defend its territory and people.

I would like to join in with the rest of my colleagues in expressing my disapproval of the terrorist rocket attacks on Israel, and I look forward to the day that peace is restored to the region.

Mr. BILIRAKIS. I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, we have no further speakers.

I do want to congratulate the gentleman from New Jersey for presenting this. The passage of time since he introduced it has only made the logic of it even more compelling. I join my colleagues on both sides of the aisle in urging passage.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 951, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1145

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 4191, by the yeas and nays;

H. Con. Res. 278, by the yeas and nays;

H. Res. 951, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

WRIGHT BROTHERS-DUNBAR NATIONAL HISTORICAL PARK DESIGNATION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4191, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from West Virginia (Mr. RAHALL) that the House suspend the rules and pass the bill, H.R. 4191.

The vote was taken by electronic device, and there were—yeas 407, nays 4, not voting 17, as follows:

[Roll No. 91]

YEAS—407

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Feeney
Ferguson
Filner
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick

Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—4

Broun (GA)
Flake
Paul
Shadegg

NOT VOTING—17

Brady (TX)
Brown-Waite, Ginny
Conyers
Doggett
Fattah
Gonzalez
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Rangel
Renzi
Reyes
Rush
Tanner
Woolsey

□ 1211

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: ''To redesignate the Dayton Aviation Heritage National Historical Park in the State of Ohio as the ''Wright Brothers-Dunbar National Historical Park'', and for other purposes.''.

A motion to reconsider was laid on the table.

SUPPORTING TAIWAN'S FOURTH DIRECT AND DEMOCRATIC PRESIDENTIAL ELECTIONS IN MARCH 2008

The SPEAKER pro tempore (Mr. HOLDEN). The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 278, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 278, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 1, answered ''present'' 1, not voting 17, as follows:

[Roll No. 92]

YEAS—409

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Paul

ANSWERED ''PRESENT''—1

Davis (KY)

NOT VOTING—17

Brown-Waite, Ginny
Conyers
Doggett
Feeney
Gonzalez
Herger
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Rangel
Renzi
Reyes
Rush
Tanner
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 1218

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. HERGER. Mr. Speaker, on rollcall No. 92, I was inadvertently detained. Had I been present, I would have voted "yea."

CONDEMNING THE ONGOING PALESTINIAN ROCKET ATTACKS ON ISRAELI CIVILIANS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 951, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 951, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 1, answered ''present'' 4, not voting 19, as follows:

[Roll No. 93]

YEAS—404

Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Paul

ANSWERED ''PRESENT''—4

Abercrombie
Capuano
McDermott
Moran (VA)

NOT VOTING—19

Brown-Waite, Ginny
Buyer
Cardoza
Conyers
Doggett
Gonzalez
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Pence
Rangel
Renzi
Reyes
Rush
Tanner
Weldon (FL)
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are 2 minutes remaining in this vote.

□ 1226

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''Condemning the ongoing Palestinian rocket attacks on Israeli civilians by Hamas and other Palestinian terrorist organizations, and for other purposes.''.

A motion to reconsider was laid on the table.

Stated for:

Mr. PENCE. Mr. Speaker, I was detained during a vote on March 5, 2008. Had I been present, I would have voted in the following manner: Rollcall No. 93 (On Motion to Suspend the Rules and Agree, as Amended—H. Res. 951)—''yea.''

Mr. FATTAH. Mr. Speaker, had I been present for the vote on H. Res. 951, I would have voted ''yea.''

HONORING MARGARET TRUMAN DANIEL AND HER LIFETIME OF ACCOMPLISHMENTS

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 292) honoring Margaret Truman Daniel and her lifetime of accomplishments.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 292

Whereas Margaret Truman Daniel was born to Bess and Harry S. Truman on February 17, 1924, in Independence, Missouri;

Whereas Margaret, a loving daughter, wife, mother, and friend, passed away on January 29, 2008, after leading an interesting and eventful life rooted in the strong will and independent spirit of her mother and father;

Whereas Margaret grew up in Missouri and moved to Washington when her father became a United States Senator for Missouri, during which time she attended The George Washington University;

Whereas Margaret became First Daughter when Vice President Harry S. Truman, the former Missouri Senator, was sworn into office after the passing of President Franklin D. Roosevelt;

Whereas, on April 21, 1956, Margaret married newspaperman Clifton Daniel in Independence, Missouri, at Trinity Episcopal Church, the same church in which her parents were married;

Whereas after graduating from The George Washington University in 1946 with a degree in history, Margaret pursued a singing career, which featured performances at Constitution Hall and Carnegie Hall;

Whereas, in 1953, after the Truman presidency, Margaret moved to New York City to work with the National Broadcasting Company, working on such shows as Edward R. Murrow's ''Person to Person'' and cohosting a talk show program with Mike Wallace;

Whereas, in 1955 and 1956, she acted as hostess on a radio program called ''Weekday'', and in 1965 cohosted a half-hour special events program broadcast live from Philadelphia;

Whereas, in 1966, Margaret conducted a radio program called ''Authors in the News'', a 5-minute interview with prominent writers which was broadcast every weekday on more than 100 radio stations;

Whereas, as a novelist, Margaret wrote 23 books, including best-selling mysteries and biographies;

Whereas Margaret exhibited a deep commitment to public service, serving as secretary to the Board of Trustees of the Truman Scholarship Foundation, as a member of the Board of Directors of the Truman Library Institute, as a member of the Executive Committee on the Truman Centennial Committee, and as a constant advocate for Presidential libraries;

Whereas, in 1984, Margaret received the Harry S. Truman Public Service Award;

Whereas for Missourians and countless others, Margaret will be forever respected and considered a ''real'' person, who grew up in Independence, Missouri;

Whereas Margaret Truman Daniel was an intelligent, independent, and gracious woman who made our Nation proud as she flourished in every aspect of her life; and

Whereas Margaret in every sense carried on the Truman family legacy and is survived by 3 sons, Clifton Daniel, Harrison Daniel, and Thomas Daniel, as well as 5 grandchildren, and is pre-deceased by her husband, Clifton Daniel, and a fourth son, William Daniel: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress honors Margaret Truman Daniel and her lifetime of accomplishments.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, it is my pleasure now to yield such time as he may consume to the sponsor of this legislation, the gentleman from Missouri (Mr. CLEAVER).

Mr. CLEAVER. First of all, Mr. Speaker, let me thank the committee and the work that has been done by Chairman DAVIS. All nine members of the Missouri delegation joined together to support this concurrent resolution.

As I think all people in this Nation know, Harry Truman was from Independence, Missouri, a part of the district that I currently represent, and we are very, very pleased and proud that Harry Truman not only rose to become President of the United States in 1948, but he contributed to our community in a number of ways.

And his daughter, Margaret Truman Daniel, was not a person who had her sights on becoming an individual in Washington who would garner a great deal of attention, but it was bestowed on her. And when her father chose to run for President, she actually traveled around with him on the ''Whistlestop'' campaign.

□ 1230

Once he became President, she did all of the things that the offspring of Presidents will in fact do. But she had more to offer than just being the President's daughter. She ended up being a great singer. She performed at the Metropolitan Opera, she was on the old ''Ed Sullivan Show,'' and then eventually had her own television show in Philadelphia, a daily show in Philadelphia.

She was such a factor in our community that on February 23, my colleague from Missouri, IKE SKELTON, and I, along with all the members of the Truman family, buried her at the Harry Truman Library, alongside her parents in Independence, Missouri.

And so it is my hope that Congress can make its expression of support of Margaret Truman Daniel by passing this concurrent resolution.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume

I would like to submit my whole statement for the RECORD and be a little more brief.

Mrs. Margaret Truman Daniel, as has been stated, was the daughter of Harry Truman, who was one of the fighting Presidents of the United States, and his daughter, Margaret, was also a very strong young lady. As has been mentioned, she became a vocalist, had her own television show. She went to George Washington University, and in 1944, the same year her father was elected Vice President, she earned her first degree. In 1946, one year after her father was sworn in as President of the United States, Margaret graduated with her bachelors in history. At the age of 16, she became a singer, taking voice lessons from a friend in Independence, and after graduating from GW, she pursued her career as a vocalist.

She was a very outstanding young lady, accomplished a great deal, and was a credit to not only her mother and father but her country. She was highly regarded. She married a gentleman from the New York Times, and they, I think, had four children and three or four grandchildren. She was a very fine lady, and I think it's appropriate we honor her today with this.

I rise today to urge passage of this resolution honoring one of the great first-daughters of American history, Mrs. Margaret Truman Daniel.

Born to Harry and Bess Truman on February 17, 1924, in Independence, Missouri, Margaret Truman spent the majority of her childhood in her hometown until, in 1934, her father was elected to the United States Senate.

Through the remainder of her primary school years, she split her education between Independence and Washington before graduating in 1942.

That year she enrolled in George Washington University and in 1944, the same year her father was elected Vice President, she earned her associates of art. In 1946, one year after her father was sworn in as President of the United States, Margaret graduated with her bachelors in history.

At the age of 16 Margaret began taking voice lessons from a friend in Independence and after graduating from GW, she actively pursued her career as a vocalist.

Making her concert debut in 1947 with the Detroit Symphony Orchestra, Margaret Truman embarked on a career that included several national tours and appearances at Constitution Hall and Carnegie Hall.

Never shirking her duties as first-daughter, she always made time to break from her blossoming career to help her father, including frequent trips with him during his successful 1948 "Whistlestop" reelection campaign.

After her father left the White House in 1953, Margaret took her vocal talents to New York City, where she spent a number of years working in both radio and television. While in New York, Miss Truman met Clifton Daniel, an assistant editor for the New York Times, and the two were wed in 1956 in Independence. The Daniels were the proud parents of four boys and grandparents of five.

Beyond singing, Margaret Truman enjoyed a successful career as a writer. Completing her first book in 1956, she is probably best known for her Capital crime series novels, most of which took place in Washington, DC. She also published a number of biographies and nonfiction books relating to her parents and her time in the White House.

After her husband's retirement in 1977, Margaret spent the remainder of her years in New York.

She maintained her deep commitment to public service until the time of her death, serving on the board of trustees of the Truman Scholarship Foundation and as a member of the board of directors of the Truman Library Institute, among other worthy bodies. In 1984, she was the recipient of the Harry S. Truman Public Service Award.

On January 29, 2008, at the age of 83, Margaret Truman Daniels passed away in Chicago.

She will live on in the hearts of this country not only as a dedicated first-daughter and public servant, but also as a passionate vocalist, talented writer, and loving mother and grandmother. Let us honor this tremendous American with swift and unanimous passage of this resolution.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he might consume to the distinguished gentleman from Missouri, the chairman of the Armed Services Committee, Representative IKE SKELTON.

Mr. SKELTON. I certainly thank the gentleman.

Mr. Speaker, it is with great admiration for a remarkable Missourian that I support this concurrent resolution. This measure was introduced by Congressman EMANUEL CLEAVER, which honors the life of my late friend, Margaret Truman Daniel.

Margaret was a loving daughter, wife, mother, an accomplished vocalist, journalist and author. She was filled with the unique Truman spirit, and personified the plainspoken, no-nonsense nature of so many Show-Me-State residents. The qualities that defined Margaret as a person were instilled by her parents, President Harry S Truman and his wife, Bess. Throughout her life, Harry and Bess provided a steady hand and unfailing support and

love which allowed Margaret to flourish

But Missouri itself played a meaningful role in Margaret's life. She was always a proud Missourian. On one occasion, she returned to Independence and spoke about Missouri's influence on her. She stated, ''Even till today, I feel it in my bones. Although I have now spent much more of my life in Washington and New York than in Missouri, it is Missouri that has molded my character, my conduct, my sentiments, and yes, my prejudices; Missouri and its people, its customs, its attitudes, and its habits. These are ingrained in me.'' She added, speaking of her many Missourian artifacts and pictures in her home, ''So you see that on every hand I'm reminded of my Missouri, Jackson County, Independence heritage. I couldn't forget it even if I wanted to.''

Through the years, I had the great pleasure of working with Margaret on several occasions that honored her father's life. Her efforts gave added meaning to President Truman's legacy. Margaret was gracious, intelligent, wise, witty, and spirited. Truly her father's daughter. I was pleased that our paths crossed, as they did, during her lifetime.

She will long be remembered as an inspiration to those who knew her and to all Missourians. I was honored to call Margaret Truman Daniel my friend.

Mr. BURTON of Indiana. Mr. Speaker, I yield back the remainder of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I am pleased to join my colleagues in the consideration of H. Con. Res. 292, which acknowledges and seeks to honor the late Margaret Truman Daniel for her lifetime of achievements and accomplishments. H. Con. Res. 292 was introduced by Representative EMANUEL CLEAVER of Missouri on February 12, 2008, and was considered by and reported from the Oversight Committee on February 26, 2008, by voice vote.

This measure has the support of over 50 Members of Congress, and provides our body a collective opportunity to both recognize and pay tribute to one of America's remarkable and accomplished first daughters, the Honorable Margaret Truman Daniel.

Margaret Truman Daniel was born on February 17, 1924, in Independence, Missouri, to the parents of former President Harry S Truman and first lady Elizabeth ''Bess'' Virginia Wallace. In fact, she was the couple's only child. A public school student up until the time of her father's election to the U.S. Senate in 1934, Margaret Truman Daniel would later attend George Washington University, beginning in the fall of 1944, which was the same year her father was elected Vice President.

Ms. Truman Daniel graduated from George Washington University in 1946, receiving a bachelor of arts degree in history. It was her father, who had been President since April 12, 1945, that delivered the commencement address at Ms. Truman Daniel's graduation ceremony and presented her with her diploma.

Beyond her role as the daughter of an American President, Margaret Truman Daniel was a talented vocalist and skillful journalist in radio and print media throughout much of the 1950s. It was around this time that Ms. Truman Daniel would meet her husband, Clifton Daniel, with whom she would later raise four boys, Clifton, William, Harrison and Thomas.

The 1984 recipient of the Harry S Truman Public Service award, presented annually by the City of Independence to an outstanding American citizen, and an acclaimed author, Margaret Truman Daniel was able to touch the hearts and minds of so many people in our country before passing away on January 28 of this year.

I am sure, Mr. Speaker, that all of us agree and concur in the passage of this resolution.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in proud support of H. Con. Res. 292, as offered by my distinguished colleague from Missouri, Congressman EMANUEL CLEAVER. This resolution recognizes and honors the lifetime accomplishments of Margaret Truman Daniel. Margaret Truman Daniel, a singer and an author, was the one and only child of the late President Harry S Truman. Margaret Truman Daniel deserves no better tribute than that of being honored by members of the United States Congress.

Mrs. Margaret Truman Daniel was born on February 17, 1924, in Independence, Missouri. When Margaret Daniel Truman was 16 years old, she began taking voice lessons in Independence, Missouri, from Mrs. Thomas J. Strickler, a family friend. Mrs. Daniel graduated from George Washington University in 1946 and received a bachelor of arts degree in history. Her father. President Harry S Truman, took office one year before on April 12, 1945, gave her commencement address, and presented her with her diploma. She made her first outdoor appearance as a singer on August 23, 1947 at the Hollywood Bowl before a crowd of approximately 20,000 people with Eugene Ormandy conducting the orchestra. She later had her first concert on October 17, 1947, in Pittsburgh, Pennsylvania.

Mrs. Margaret Truman Daniel married Clifton Daniel on April 21, 1956, at the Trinity Episcopal Church in Independence, Missouri. They had four children; Clifton Truman, born June 5, 1957; William Wallace, born May 19, 1959 (died September 4, 2000); Harrison Gates, born March 3, 1963; and Thomas Washington, born May 28, 1966. The Daniels' family has five grandchildren.

Mrs. Margaret Truman Daniel was the author of 23 novels, non-fiction and fiction, including two biographies on her parents' lives. The biographies, Harry S Truman (1972) and Bess W. Truman (1986), described the lives of the former President and former First Lady from the perspective of their only daughter, Margaret Truman Daniel. After her father's death in 1972, Mrs. Daniel worked as an advocate for presidential libraries. Mrs. Margaret Truman Daniel died in Chicago, Illinois, at the age of 83 on January 29, 2008.

It is not often in American history where the nation has the opportunity to witness the only child of a President of the United States become a singer and a novelist. Mrs. Margaret Truman Daniel was widely known for these accomplishments but to many Americans she was so much more. She deserves to be honored today by our Nation.

Today, I seek to offer my condolences for her death, and also recognize her lifetime accomplishments. For these reasons, I strongly support H. Con. Res. 292 and urge all Members to do the same.

Mr. Davis of Illinois. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 292.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

CYNDI TAYLOR KRIER POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4774) to designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the ''Cyndi Taylor Krier Post Office Building,'' as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4774

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

SECTION 1. CYNDI TAYLOR KRIER POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, shall be known and designated as the ''Cyndi Taylor Krier Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Cyndi Taylor Krier Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I now yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I join Representative LAMAR SMITH and his fellow colleagues from the Lone Star State of Texas in considering H.R. 4774, as amended, which renames the postal facility in San Antonio, Texas, after the Honorable Cyndi Taylor Krier. As stated, the measure at hand was first introduced by Congressman SMITH on December 18, 2007, and is cosponsored by all members of the Texas congressional delegation. The measure was referred to the Committee on Oversight and Government Reform, where it was amended and then passed by voice vote on February 26, 2008.

H.R. 4774 would help to recognize the life and service of Cyndi Taylor Krier by renaming the post office on John Saunders Road in San Antonio, Texas, in her honor. A remarkable public servant, Ms. Krier has given over 25 years of her life in government service, with positions on the Federal, State and local levels in the executive, legislative and judicial branches of government.

Born July 12, 1950, in Beeville, Texas, Cyndi Taylor Krier became the first woman ever elected as Bexar County judge, where she represented 1.4 million people in the metropolitan area of San Antonio, Texas. She was reelected as county judge in 1994 and 1998 without opposition.

Mr. Speaker, I ask that we pay tribute to the contributions made by this great American citizen and pass H.R. 4774, as amended.

I reserve the balance of my time.

Mr. BURTON of Indiana. Mr. Speaker, I yield to my colleague from Texas (Mr. SMITH), the sponsor of the bill, such time as he may consume.

Mr. SMITH of Texas. First of all, I thank my friend from Indiana (Mr. BURTON), the former chairman of the Government Reform Committee, for yielding me time. I also want to thank the gentleman from Illinois (Mr. DAVIS) for bringing this bill to the House floor today.

Mr. Speaker, today we honor Cyndi Taylor Krier, a distinguished public servant who has spent more than a quarter of a century in local, State and Federal public office in the executive, legislative and judicial branches of government.

Cyndi Krier began her public service career when she became the first woman from Bexar County elected to the Texas senate. She represented Bexar County in the State senate from 1985 to 1992, serving on the Finance, Education, Jurisprudence, and Natural Resources Committees. She then became the first woman elected Bexar County judge. She served as county judge from 1992 to 2001, representing more than 1.4 million people in the San Antonio metropolitan area.

Cyndi Krier also was a regent for the University of Texas system from 2001 to 2007, overseeing the University of Texas' nine academic and six health campuses, and serving as vice chairman of the board and as chairman of the academic affairs committee.

Cyndi Krier's family has strong ties to the United States Postal Service. Her grandfather served as postmaster in Dinero, Texas, until his death in 1956, and was succeeded by her grandmother, who served as postmaster for more than 20 years. Her mother served the United States Postal Service in Beeville, Texas, for more than 30 years as a clerk, rural route delivery person, and civil service examiner.

I encourage my colleagues to join me in recognizing the accomplishments of a good friend, Cyndi Taylor Krier, by supporting H.R. 4774, to designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the Cyndi Taylor Krier Post Office Building.

Mr. Speaker, again, it gives me great pleasure to have introduced this bill and to see it considered by the House today.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

I rise today to urge passage of this bill honoring a tremendous citizen of the great State of Texas for her continued dedication to improving her region, state, and country—the Honorable Cyndi Taylor Krier.

A native of Texas, Cyndi Krier has proudly followed in the footsteps of a long line of public servants. Her grandfather served as the postmaster in Dinero, Texas, until his death in 1956 and was succeeded by his wife, Cyndi's grandmother, who served as postmaster for an additional 20 years. Additionally, Cyndi's own mother served the USPS in Beeville, Texas, for more than 30 years.

Earning both her bachelor's and law degrees from the University of Texas, Austin, Mrs. Krier was elected to the State Senate in 1984 and went on to serve two terms, until 1992.

In 1992, Mrs. Krier became the first woman and first Republican ever elected as Bexar County Judge. In this capacity she worked to "Build a Better Bexar County."

Throughout her career as judge, she focused on youth education programs, broad-based ethics reform, recycling and conservation, competition for country and contracts and controlling government spending. She was successfully reelected twice in 1994 and 1998.

In 2001, Governor Rick Perry appointed her to a six-year term on the University of Texas System Board of Regents. She served in various capacities on the board including as vice chairman and as Chairman of the Academic Affairs Committee.

Throughout her career, Mrs. Krier has remained active in the community outside of her professional duties. Whether through her work with the United Way, serving as Chairman of the UT Austin Ex-Student Association or the number of statewide task forces helping to plan for the future of Texas, Judge Krier has consistently demonstrated her commitment to improving others' lives.

I urge swift passage of this bill designating the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the "Cyndi Taylor Krier Post Office Building," to honor this dedicated, passionate, and tireless public servant.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

Mr. BURTON of Indiana. Mr. Speaker, I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 4774, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURTON of Indiana. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1245

RECOGNIZING AND HONORING EARL LLOYD FOR BECOMING THE FIRST AFRICAN-AMERICAN TO PLAY IN THE NATIONAL BASKETBALL ASSOCIATION LEAGUE

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 286) expressing the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African-American to play in the National Basketball Association League 58 years ago.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 286

Whereas Earl Lloyd was born in Alexandria, Virginia on April 3, 1928;

Whereas Earl Lloyd first developed his passion for basketball at the city of Alexandria's segregated Parker-Gray High School;

Whereas Earl Lloyd was drafted by the NBA in 1950 as a ninth round pick by the Washington Capitols;

Whereas on October 31, 1950, Earl Lloyd became the first African-American to play in the NBA;

Whereas Earl Lloyd dissolved the color barrier in the NBA 3 years after Jackie Robinson had done the same in baseball;

Whereas Earl Lloyd proudly put his professional career on hold and served in the Army for 2 years before returning to the NBA;

Whereas Earl Lloyd played 560 NBA games and won a championship before retiring in 1960;

Whereas in 2003, Earl Lloyd was inducted into the Naismith Memorial Basketball Hall of Fame; and

Whereas the newly constructed basketball court at T.C. Williams in his home town of Alexandria was named in his honor: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African-American to play in the National Basketball Association League 58 years ago.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman

from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he may consume to the author of this legislation, JIM MORAN from Virginia.

Mr. MORAN of Virginia. Mr. Speaker, I thank my good friend Mr. DAVIS, and also his excellent staff assistance provided by William Miles and Roberto Valencia. I very much appreciate the work that has gone into this.

I rise in support of H. Con. Res. 286. It recognizes and honors Earl ''Big Cat'' Lloyd for tearing down the color barrier and becoming the first African American to play in the National Basketball Association.

Earl Lloyd was born in Alexandria, Virginia, on April 3, 1928, at a time in our Nation's history when racial prejudice was intense.

Mr. Lloyd developed his passion for the game of basketball as a star at the segregated Parker-Gray High School. This was well before Parker-Gray was joined with George Washington High School into T.C. Williams, which subsequently has been made famous by the movie ''Remember the Titans.''

He was twice named an All-American at West Virginia State College, where he led his collegiate alma mater to two conference and tournament championships, including the school's only undefeated season in 1947–1948. I am told our colleague ED TOWNS was actually recruited by West Virginia State or played with them, but, anyway, he has some connection. But this is about Earl Lloyd.

Drafted by the Washington Capitols in 1950, Mr. Lloyd played his first game in the NBA on October 31, 1950. Imagine. This was the first time that the NBA actually allowed somebody to play in the NBA who could actually jump. Over the course of nine seasons, interrupted by a 2-year stint in the Army, Mr. Lloyd played in 560 games, helping carry his team to an NBA championship in 1955. Mr. Lloyd later became the NBA's first African American assistant coach, and went on to be the head coach of the Detroit Pistons.

When I spoke to Earl yesterday, he wanted to acknowledge this honor on behalf of all the great African American players along the way who never got a chance to play in the NBA solely because of their race. His mom used to tell him, ''Earl, never fold up your tent, never give up, and never disappoint the people who love you.'' He had just returned from the Central Intercollegiate Athletic Association Tournament. For decades, that used to be called the Colored Intercollegiate Athletic Tournament. How easy it is to forget the way things used to be, even in our lifetimes.

I trust that this resolution will receive the unanimous support of my colleagues, and I thank the dozens of Members who were willing to sign on as cosponsors. Mr. Lloyd deserves this recognition.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would just like to ask of the bill's sponsor if he would mind adding my name as a cosponsor of the bill.

Mr. MORAN of Virginia. Done. We would be very proud of that.

Mr. BURTON of Indiana. Mr. Speaker, the reason I want to do that is because I remember ''Big Cat.'' When I was a boy, I remember when he broke into the NBA, and he was an outstanding basketball player.

The prejudice that occurred back in those days was unbelievable. I played sports at Shortridge High School, and we used to go down to a place called St. Andrews and we played against some really great basketball players who understood how the game was to be played.

Big Cat said, and I just read his biography, his background here, said it was tougher playing basketball on the grass courts and the asphalt courts than it was when he went into college and the NBA, and I can attest to the fact that that was pretty rough basketball.

We played against a guy, he probably doesn't remember me very well, but we played against a guy named Oscar Robertson back in the fifties who was a pretty good basketball player from Indiana. And ''Biscuit'' Williams and Herschel Turner and some of the other guys that had to endure the prejudices of that time were really outstanding basketball players. You have to give an awful lot of credit to people who were willing to fight and overcome the racial prejudice and barriers that existed at that time.

So Big Cat gets my vote, along with Oscar Robertson and all these other guys. I really admire them for what they went through, and I also admire them for their basketball ability. I am telling you, some of those guys were unbelievable. Oscar Robertson was the only guy I ever saw play basketball who could go in five different directions at once and hit a shot without touching the rim. He was unbelievable. And Big Cat was in that league as well.

Mr. Speaker, I rise today in support of H. Con. Res. 286, honoring the accomplishments of Lloyd, the first African-American man to play in the NBA.

How strange it must seem to young people that a league now 80 percent populated by African-American players once didn't allow them.

But before Earl Lloyd signed with the Washington Capitols in 1950, that wasn't the case.

Mr. Speaker, I don't want to take away anything from the well-chronicled accomplishments of Jackie Robinson. But in some ways, it must have been more difficult to do what Earl Lloyd did.

Baseball is played on a big field, and the players are rarely close enough to the fans to hear their comments.

Basketball is played in a room—sometimes not all that big of a room. Players wear what amounts to glorified underwear. In basketball, players hear the comments that get directed at them.

But Earl Lloyd was used to that. Raised in Alexandria, Virginia, Lloyd honed his skills on the tough playgrounds of this very city, Mr. Speaker. He once said college and even pro basketball were easy after the education he'd received on the Banneker and Parkview playgrounds in Washington, DC.

Mr. Speaker, Earl Lloyd did not accomplish what he did because of his skin color. And how did he do it? He helped his teams win. At West Virginia State, he led his team to two conference championships and one runner-up finish. In the pros, after being drafted by Washington, he played six seasons with the Syracuse Nationals.

In 1955, the Nationals won the NBA title, making Lloyd the first African-American man to own an NBA championship ring.

Today, he works in community relations for the Bing Group, which was founded by another D.C. basketball legend—Dave Bing.

He continues to contribute and make his community proud.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

Mr. Speaker, I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I always knew that Representative DAN BURTON was indeed a superstar. I just didn't get a chance to watch him play. Of course, ED TOWNS often talks about his days as a star athlete and basketball player.

But as a member of the House Committee on Oversight and Government Reform, I am pleased to join my colleagues in the consideration of H. Con. Res. 286, which acknowledges sports legend Earl Lloyd for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago.

H. Con. Res. 286 was introduced by our colleague, Representative JIM MORAN of Virginia, on January 29, 2008, and was considered by and reported from the Oversight Committee on February 26, 2008, by voice vote. The measure has the support of over 85 Members of Congress and provides our body a chance to reflect on and remember another individual's inspiring story as part of our country's long history of racial integration.

Mr. Lloyd's participation in the 1950–51 professional basketball season marked the integration of the National Basketball Association, which has since then become one of the most diverse professional sporting leagues in the world.

A native of Alexandria, Virginia, Earl Lloyd has long been recognized as

one of the NBA's early defense greats. Earl Lloyd, also known as ''Big Cat,'' played college basketball at West Virginia State College before being selected in the ninth round of the 1950 NBA draft by the Washington Capitols. Under Lloyd's leadership, West Virginia State became the only undefeated college team in the United States during the 1947–48 season.

After his years with the Washington Capitols, Lloyd joined the Syracuse Nationals and became the first black player to win an NBA championship. Later, with the Detroit Pistons, he was the first African American to be named an assistant coach and the first to be named the bench coach.

Mr. Speaker, let us also note that although Lloyd was the first to play in an NBA game, there were actually three African Americans to enter the NBA in the 1950–51 season. During this season, Charles ''Chuck'' Cooper played with the Boston Celtics, and Nat ''Sweetwater'' Clifton became the first African American to play for the New York Knicks.

Even today, as we continue to see African Americans break barriers and become the first in an array of fields from athletics to business, Presidential campaigns to research and discovery, let us take an opportunity to look back on what occurred 58 years ago to make our Nation a more perfect Union.

Therefore, Mr. Speaker, I urge passage of H. Con. Res. 286, which expresses the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association.

Mr. DAVIS of Virginia. Mr. Speaker, I join in honoring Earl "Big Cat" Lloyd, a Northern Virginia native who rose to become the first black player in the history of the NBA.

Earl Lloyd grew up in Alexandria, learned his basketball on the always-competitive playgrounds of Washington, DC. He played his high school ball at the segregated Parker-Gray High in Alexandria. Today, of course, all students in the city attend T.C. Williams High. The merger of the three high schools that existed then served as the plot line for the movie "Remember the Titans." Today, the basketball court in the recently rebuilt T.C. Williams is named for him.

Lloyd actually was one of 3 African-Americans to enter the NBA at the same time. It was only because his team played its first game a day before the Boston Celtics unveiled Charles Cooper and 4 days before the New York Knicks' Nat "Sweetwater" Clifton made his debut that it was Lloyd who broke the color barrier.

Lloyd scored 6 points in that game on Halloween night of 1950 and averaged 8.4 points and 6.4 rebounds over his 560-game, 8-season career. But he, Cooper and Clifton endured the taunts, showed the class and provided the quality of play that paved the way for Michael, Magic, Kareem and all the rest who came behind. He also served as the first African-American assistant coach when he worked for the Detroit Pistons for two seasons after retiring as a player.

It also should be noted that Lloyd, a member of the National Basketball Hall of Fame, took 2 years out of his career to serve in the U.S. Army. His job these days—community outreach for a concern headed by Dave Bing, another product of the playgrounds of Washington, DC., to make good in the pros—seems a hand-and-glove fit for a man who, throughout his life, has made everyone around him better.

His play on the court made all his teammates better—he led his college team to two conference titles and his pro team to one NBA championship. His class on and off the court made those who signed him and helped him start his NBA career look smart. And his professional accomplishments make his teachers in those segregated schools in Alexandria, his professors at West Virginia State, his family and all those responsible for his upbringing and education justifiably proud.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H. Con. Res. 286 recognizing and honoring Earl Lloyd, the first African-American to play in the National Basketball Association.

Earl Lloyd was born April 3, 1928, in Alexandria, Virginia. It was at the city of Alexandria's segregated Parker-Gray High School that Lloyd began to develop his passion and skills for basketball. He began his collegiate career playing at West Virginia State College, a historically black college at the time. Before entering the NBA, Earl Lloyd earned titles for All-Conference and All-American for his tremendous basketball skills.

On October 31, 1950, Earl Lloyd integrated the NBA. Three years prior to Lloyd's integration of the NBA, Jackie Robinson became the first African-American to play Major League Baseball in 1947. Jackie Robinson has received national iconic status for breaking baseball's color barrier, yet Earl Lloyd has been overlooked for breaking that same barrier in basketball. Lloyd once said, "In 1950 basketball was like a babe in the woods, it didn't enjoy the notoriety that baseball enjoyed." It is now 2008 and the NBA is long out of the woods and the time is long overdue for us to recognize and honor one of its pathfinders, Earl Lloyd. He is responsible for lighting that path and since then many great African-Americans have traveled the road paved by Earl Lloyd.

Earl Lloyd's journey was beset with people yelling cruel and derogatory words. He used their insults to fuel his passion to excel. He proved that African-Americans could successfully enter into the National Basketball Association. He should continue to be a source of inspiration to all and for this reason he should be commemorated.

This accomplishment must be saluted as Mr. Lloyd's life serves as an inspiration to many, both athletes and non-athletes.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 286.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. DAVIS of Illinois. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MAJOR ARTHUR CHIN POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5220) to designate the facility of the United States Postal Service located at 3800 SW. 185th Avenue in Beaverton, Oregon, as the ''Major Arthur Chin Post Office Building''.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5220

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

SECTION 1. MAJOR ARTHUR CHIN POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 3800 SW. 185th Avenue in Beaverton, Oregon, shall be known and designated as the ''Major Arthur Chin Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Major Arthur Chin Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, it is my pleasure to yield such time as he may consume to the author of this legislation, the gentleman from Oregon (Mr. WU).

Mr. WU. Mr. Speaker, I thank the gentleman.

Mr. Speaker, the history of America is the history of ordinary individuals who rise to extraordinary challenges and who volunteer their service in times of dire need. I rise today to recognize one such American, Major Arthur Chin.

Arthur Chin was born in Portland, Oregon in 1913. As a young man, he helped form a flying club, the Chinese Aero Club, a group of Chinese Americans who trained to fly fighter aircraft. He grew very concerned about Japan's invasion of China's northeastern provinces in 1931, and he volunteered to serve in the Chinese Air Force in 1932. Although he was safe at home in Oregon and did not need to do this, he saw the threat of fascist invasion and

the need to face it down, and he volunteered himself to face this challenge, not only to China, but to the world.

After receiving advanced fighter training, Major Chin was ultimately assigned to the 28th Fighter Squadron, and he saw his first aerial combat in 1937, four years before America entered the war. Soon he was credited with having shot down his first enemy aircraft of the war. Though he and his comrades were almost always outnumbered, Chin and his fellow aviators fought valiantly, and by mid-1939 he had downed five enemy aircraft, making him one of the first American fighter aces of the Second World War.

But Arthur Chin's heroism was not without personal sacrifice. He was shot down three times, and on December 27, 1939, he was badly burned when his Gloster Gladiator took enemy fire and exploded. Chin spent the next years of his life enduring a painful recovery in hospitals in China, India and the United States.

After America entered the war, he returned to service in 1944 as a major in the United States Army Air Force. Major Chin spent the remainder of the war flying desperately needed supplies from India to China over the Himalayas, the air route now known as ''the hump.'' For his extraordinary service, Arthur Chin received numerous medals and awards, including the Distinguished Flying Cross.

□ 1300

After the war, he returned to his native Portland where he raised a family and worked for the postal service in Beaverton. Arthur Chin passed away in September of 1997, and following his death he was honored as one of the first inductees into the American Combat Airmen's Hall of Fame.

Mr. Speaker, it is altogether fitting that we should recognize Major Arthur Chin, both a former postal worker and a genuine war hero, with a post office named in his honor. It is an appropriate memorial to an individual who courageously answered the call of duty, whether at home or abroad, and who returned home to continue serving his country as a postal worker. I strongly urge my colleagues to support this bill.

Mr. BURTON of Indiana. Mr. Speaker, I will submit the majority of my remarks for the RECORD.

I would just like to say that after reading about this gentleman, Mr. Chin, I think it is a great honor for him to receive having his name put on this post office. But he earned it. He really earned it. When you read about his exploits, as my colleague just mentioned, you can see why people like this deserve recognition.

Mr. Speaker, I rise today to honor the memory of a great American, Arthur Chin, who passed away in 1997 at the age of 85.

Angered by the Japanese invasion of China's northeastern provinces, Mr. Chin sailed to China along with other Chinese-American flyers to volunteer for the Chinese Air Force in 1932. After enlisting in the Chinese Air Force, Mr. Chin fought in many aerial battles against the more experienced Japanese.

Mr. Chin excelled in his military career and rose through the ranks to become a major in 1939. By this time, he had been shot down and wounded three times, and was severely burned when his Gloster Gladiator was hit by enemy fire at 3,000 feet and exploded.

Amazingly, he survived but he spent five years recovering in hospitals all over the world. Despite the extensive healing process, Mr. Chin valiantly flew again.

He transported supplies from India to China over the Himalayas until the end of the war.

After the war, Mr. Chin briefly flew for China National Airways Corporation in China until the Communists took over in 1949.

Upon returning to the United States, Mr. Chin settled back in his hometown of Portland, Oregon where he took a job with the United States Postal Service.

Because of his outstanding military service, he was awarded numerous medals, including the prestigious Distinguished Flying Cross. Soon after his death, Mr. Chin was also honored as one of the first American aviators inducted into the American Combat Airmen's Hall of Fame.

In recognition of his years of selfless public service to his State and country, I believe it is fitting to name a post office in Beaverton, Oregon, in Mr. Chin's honor.

I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I join my colleagues in consideration of H.R. 5220, which renames the postal facility in Beaverton, Oregon after the legendary Major Arthur Chin.

The measure being considered was first introduced by Congressman DAVID WU of the State of Oregon on January 29, 2008, and is cosponsored by all members of the Oregon congressional delegation. The measure was referred to the Committee on Oversight and Government Reform, and on February 26, 2008, our committee approved the bill by voice vote.

H.R. 5220 allows us to pay homage to the service of Major Arthur Chin, whose tale of heroism and dedication should be known by every American. Born in the city of Portland, Oregon, which lies in the congressional district of my dear friend, Representative DAVID WU, on October 23, 1913, Arthur Chin is best known for his service as a member of the Guangdong Provincial Air Force which was the first and original group of American volunteer combat aviators to fight in World War II.

An American-born citizen of Chinese descent, Major Chin is deemed America's first World War II ace, and in appreciation for his valiant service he has been awarded the Distinguished Flying Cross. This is in addition to having received the Five Star Medal, Six Star Medal, the Awe-Inspiring Medal 3rd Grade, and the list goes on.

Major Chin's public service didn't cease with the end of the war. After being honorably discharged from the military in 1945, Major Chin returned to private life in his hometown of Portland, Oregon. It appears that Major Chin actually worked at the Beaverton Post Office before retiring in 1980. Major Chin passed away on September 3, 1997 in Portland, only a month before his October 4 Hall of Fame of the American Airpower Heritage Museum induction ceremony.

Mr. Speaker, given Major Chin's illustrious background, I agree that it is only befitting that we pass H.R. 5220 and name the U.S. postal facility on 185th Avenue in Beaverton, Oregon after this great American citizen.

Mr. DAVIS of Illinois. yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5220.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5400) to designate the facility of the United States Postal Service located at 160 East Washington Street in Chagrin Falls, Ohio, as the ''Sgt. Michael M. Kashkoush Post Office Building''.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5400

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

SECTION 1. SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 160 East Washington Street in Chagrin Falls, Ohio, shall be known and designated as the ''Sgt. Michael M. Kashkoush Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Sgt. Michael M. Kashkoush Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

As a member of the House Committee on Oversight and Government Reform, I stand with my colleagues from the Buckeye State of Ohio in consideration of H.R. 5400, which renames the postal facility in Chagrin Falls, Ohio, in honor of Sergeant Michael M. Kashkoush.

H.R. 5400 comes to us with widespread support from the Ohio congressional delegation, yet the measure was first introduced by my colleague, Representative STEVE LATOURETTE, back on February 12, 2008. The measure was taken up by the Oversight Committee on February 26, 2008, where it was passed by the panel by voice vote.

H.R. 5400 calls for honoring Sergeant Kashkoush's service to our country by naming the post office in his hometown of Chagrin Falls after him.

Assigned to the 3rd Intelligence Battalion, III Marine Expeditionary Force, Okinawa, Japan, Sergeant Michael M. Kashkoush succumbed to his death on January 23, 2007, as a result of fatal wounds received while conducting combat operations in Iraq's Anbar province.

Born and raised in Chagrin Falls, Ohio, Sergeant Kashkoush was a graduate of Chagrin Falls High School, where he was instrumental in taking the school's football and wrestling teams to winning seasons before electing to enlist in the Marine Corps after graduation. Sergeant Kashkoush was only 24 years old when he died in the line of duty as a counterintelligence/human intelligence specialist attached to the 2nd Battalion, 8th Marine Regiment, 2nd Marine Division.

Mr. Speaker, in honor of Sergeant Kashkoush's sacrifice and service to America, let us pass without reservation H.R. 5400.

I reserve the balance of my time.

Mr. BURTON of Indiana. Mr. Speaker, I yield to my good friend, Mr. LATOURETTE of Ohio, a very fine Congressman, for such time as he may consume.

Mr. LATOURETTE. I thank the gentleman from Indiana for yielding.

Mr. Speaker, I first want to thank Chairman WAXMAN and Ranking Member DAVIS for moving this legislation expeditiously through the committee and on to the floor today. And I want to thank the other Mr. DAVIS from Illinois and Mr. BURTON for so ably managing it today as well.

Mr. Speaker, Michael Kashkoush grew up in Michigan, and then he moved to Chagrin Falls to start high school. He was the beloved son of Marwan and Mary Jane Kashkoush.

He spent his freshman and sophomore years in Chagrin Falls, and then moved with his family to London for a year and returned to Chagrin for his senior year, graduating in 2001.

Michael was like many young men. His high school years had been about girls, friends, lifting weights, sports, and parties. He started college with great intentions, but didn't find it a good fit for that moment in his life and, after 2 years, he announced to his parents that he wanted to join the Marines. The exceptionally bright and capable young man said that he had led a soft life and wanted to be a marine because ''they're the toughest and most disciplined in the world.'' The Marines were the matching puzzle piece for this gifted former high school wrestler and football player.

Michael's father urged him to finish college and instead attend officers school, but Michael believed he could not lead unless he knew what it was that the grunts had to do. Marwan Kashkoush stood behind his son's choice.

Michael was an exemplary marine and was promoted to sergeant in 2005 in counterintelligence/human intelligence. He had never spoken Arabic, but at the Defense Language Institute in 6 short months he mastered the language. He had a limitless future in the Marines.

In 4 short years, the United States Marine Corps made Michael Kashkoush a man. They gave his self-described ''soft life'' purpose. He was very proud of his military service to our country. On January 23, 2007, just 10 days after being sent to Iraq, he died while conducting combat operations in Anbar province.

Earlier this year, Michael's father and stepmother, Phoebe Brockman Kashkoush, wrote to me and asked me if I would introduce this piece of legislation in honor of Michael. It was a wonderful idea, and it is a perfect one for Chagrin Falls, Ohio.

Chagrin Falls is a small, tight-knit community where neighbors are close and there is a genuine sense of community. It is a place where there are almost as many American flags as front porches, and when one of their own died, it deeply touched the community.

Chagrin Falls, a town of about 4,000 people, turned out en masse for the funeral services, and some 600 people crammed into St. Joan of Arc Catholic Church, where they sang a joyful, tearful rendition of Don McLean's ''American Pie.'' The Jaycees adorned street posts with hundreds of flags, and more than 300 people walked the half-mile trek from the church down South Franklin Street in blustery snow to Michael's final resting place.

It is fitting, Mr. Speaker, that the Chagrin Falls Post Office be named in honor of Sergeant Michael Kashkoush, and it is a wonderful remembrance for a family who has lost so much.

The father who first resisted his son's plan to enlist credits the Marines with changing his life. He said, ''They built me my best friend.''

Mr. BURTON of Indiana. Mr. Speaker, I was looking at the picture of Mr. Kashkoush, and all I can say is he exemplifies the thousands of young men and women who have gone to serve their country in Afghanistan, Iraq, and elsewhere in the world. And we just can't say enough about young people like that who go out there and risk their lives to protect our freedoms. I am very happy that my colleague from Ohio took the time to introduce this legislation, and I am very happy to support that.

I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5400.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. DAVIS of Illinois. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PROVIDING FOR APPOINTMENT OF JOHN W. MCCARTER AS A CITIZEN REGENT OF THE BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTION

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and pass the Senate joint resolution (S.J. Res. 25) providing for the appointment of John W. McCarter as a citizen regent of the Board of Regents of the Smithsonian Institution.

The Clerk read the title of the Senate joint resolution.

The text of the Senate joint resolution is as follows:

S.J. RES. 25

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That, in accordance with section 5581 of the Revised Statutes (20 U.S.C. 43), the vacancy on the Board of Regents of the Smithsonian Institution, in the class other than Members of Congress, occurring because of the expiration of the term of Walter E. Massey of Georgia, is filled by the appointment of John W. McCarter of Illinois, for a term of 6 years, effective on the date of the enactment of this resolution.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on the RECORD on this Senate joint resolution being considered today.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BRADY of Pennsylvania. I yield myself such time as I may consume.

Mr. Speaker, Senate Joint Resolution 25 would appoint John W.

McCarter, Jr. as a citizen regent of the Smithsonian for a 6-year term. Mr. McCarter is currently the president and CEO of the Field Museum in Chicago, which is one of our Nation's great cultural institutions.

Mr. McCarter has had a diverse background in government and business in addition to his role in heading one of the Nation's great museums. A native Chicagoan, he previously was senior vice president of Booz Allen & Hamilton, president of DeKalb Corporation, and was budget director of the State of Illinois under Governor Richard B. Ogilvie. He was a White House Fellow during the administration of President Lyndon Johnson.

Mr. McCarter brings a wealth of useful skills to the board. As an experienced museum director, he may prove especially valuable in helping to implement governance reforms at the institution.

Passage of this joint resolution would fill a vacancy on the Smithsonian Board of Regents that has lasted for nearly 1 year. It continues the necessary process of bringing new blood into the Smithsonian Institution. Passage now would allow Mr. McCarter to join the board in time for a vote to appoint a new Secretary, which is expected later this month.

There is still one vacancy remaining among the citizen regents of the Smithsonian. I urge the board to send Congress a recommendation soon, so we can bring it back up to full strength.

I urge approval of the joint resolution.

I reserve the balance of my time.

Mr. EHLERS. I yield myself such time as I may consume.

Mr. Speaker, I also rise in support of S.J. Res. 25, the appointment of John W. McCarter as a citizen regent of the Smithsonian Institution's Board of Regents.

The previous speaker, the Chair of the House Administration Committee, has pointed out the outstanding record of Mr. McCarter and what he has done. He is the ideal appointee to the board of the Smithsonian.

□ 1315

Mr. McCarter combines extensive experience as director of the Field Museum, which is a responsibility very similar to that of the Smithsonian Museum, although perhaps on a smaller scale. His experience in the day-to-day operations of the Field Museum will hold him in good stead on the Smithsonian Board. Furthermore, he has considerable experience in the private sector, and that experience will also be most helpful in the operation of the Smithsonian.

Mr. Speaker, we have had some problems with the Smithsonian during the past few years, with both the previous secretary and with some of the enterprises the Smithsonian has engaged in. I would volunteer that Mr. McCarter is precisely the sort of person we need to straighten out the operations of the Smithsonian, to serve with his unique knowledge in the field of museums, and also his role in business. I believe he is going to make an outstanding addition to this board. I am very confident that we should appoint him, and that he will be a well-qualified, highly capable addition to the board charged with protecting the Nation's Attic, as we fondly call the Smithsonian. I urge all of my colleagues to support this resolution.

Mr. Speaker, I yield back the balance of my time.

Mr. BRADY of Pennsylvania. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the Senate joint resolution, S.J. Res. 25.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate joint resolution was passed.

A motion to reconsider was laid on the table.

CAPITOL VISITOR CENTER ACT OF 2008

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5159) to establish the Office of the Capitol Visitor Center within the Office of the Architect of the Capitol, headed by the Chief Executive Officer for Visitor Services, to provide for the effective management and administration of the Capitol Visitor Center, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5159

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Capitol Visitor Center Act 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—ADMINISTRATION AND MANAGEMENT OF CAPITOL VISITOR CENTER

Subtitle A—Description of Facility

Sec. 101. Description and purposes of Capitol Visitor Center.
Sec. 102. Oversight of committees.
Sec. 103. Special rule for certain spaces in the Capitol Visitor Center.

Subtitle B—Office of the Capitol Visitor Center; Chief Executive Officer for Visitor Services

Sec. 111. Establishment.
Sec. 112. Appointment and supervision of Chief Executive Officer for Visitor Services.
Sec. 113. General duties of Chief Executive Officer.
Sec. 114. Acceptance of gifts and volunteer services.
Sec. 115. Special rules regarding certain administrative matters.

TITLE II—RELATED SERVICES PROVIDED AT CAPITOL VISITOR CENTER

Subtitle A—Related Services Described

Sec. 201. Gift shop.
Sec. 202. Food service operations.
Sec. 203. Licenses and other agreements for operations or other functions.

Subtitle B—Capitol Visitor Center Revolving Fund

Sec. 211. Establishment; accounts.
Sec. 212. Deposits in the Fund.
Sec. 213. Use of monies.
Sec. 214. Administration of Fund.

TITLE III—TREATMENT OF CAPITOL GUIDE SERVICE

Subtitle A—Transfer to Office of the Capitol Visitor Center

Sec. 301. Transfer of Capitol Guide Service.
Sec. 302. Duties of employees of Capitol Guide Service.

Subtitle B—Office of Congressional Accessibility Services

Sec. 311. Establishment of Office of Congressional Accessibility Services.
Sec. 312. Director of Accessibility Services.
Sec. 313. Transfer from Capitol Guide Service.

Subtitle C—Technical and Conforming Amendments

Sec. 321. Technical and conforming amendments.

Subtitle D—Transfer Date

Sec. 331. Transfer date.

TITLE IV—GENERAL PROVISIONS

Sec. 401. Authorization of appropriations.

TITLE I—ADMINISTRATION AND MANAGEMENT OF CAPITOL VISITOR CENTER

Subtitle A—Description of Facility

SEC. 101. DESCRIPTION AND PURPOSES OF CAPITOL VISITOR CENTER.

(a) TREATMENT AS PART OF CAPITOL.—In this Act, the ''Capitol Visitor Center'' is the facility authorized for construction under the heading ''Capitol Visitor Center'' under chapter 5 of title II of division B of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (Public Law 105–277; 112 Stat. 2681–569), and such facility shall be considered to be part of the United States Capitol for all provisions of law in accordance with this Act.

(b) PURPOSES OF THE FACILITY.—In accordance with the provisions of this Act, the Capitol Visitor Center shall be used to—

(1) provide enhanced security for persons working in or visiting the United States Capitol; and

(2) improve the visitor experience by providing a structure that will afford improved visitor orientation and enhance the educational experience of those who have come to learn about Congress and the Capitol.

(c) CONFORMING AMENDMENT RELATING TO VISITOR CENTER SPACE IN THE CAPITOL.—Section 301 of the National Visitor Center Facilities Act of 1968 (2 U.S.C. 2165) is repealed.

SEC. 102. OVERSIGHT OF COMMITTEES.

The Committee on Rules and Administration of the Senate and the Committee on House Administration of the House of Representatives (hereafter in this Act referred to as the ''supervising Committees'') shall exercise policy review and oversight over the Capitol Visitor Center.

SEC. 103. SPECIAL RULE FOR CERTAIN SPACES IN THE CAPITOL VISITOR CENTER.

(a) SENATE AND HOUSE OF REPRESENTATIVES EXPANSION SPACE.—Notwithstanding any other provision of this Act, the Senate and House of Representatives expansion space described as ''unassigned space'' under the heading ''Architect of the Capitol, Capitol Visitor Center'' in the Legislative Branch Appropriations Act, 2002 (Public Law 107–68; 115 Stat. 588)—

(1) shall not be treated as part of the Capitol Visitor Center for purposes of this Act; and

(2) shall be treated for purposes of law (including rules of the House of Representatives and Senate)—

(A) in the case of space assigned for the use of the Senate, as part of the Senate wing of the

Capitol and subject to the authority and control of the Committee on Rules and Administration of the Senate, or

(B) in the case of space assigned for the use of the House, as part of the House of Representatives wing of the Capitol and subject to the authority and control of the Speaker.

(b) TREATMENT OF CONGRESSIONAL AUDITORIUM AND RELATED ADJACENT AREAS.—

(1) IN GENERAL.—Notwithstanding any other provision of this Act, the space in the Capitol Visitor Center known as the Congressional Auditorium, together with each of the areas referred to in paragraph (2), shall be assigned for Congressional use by the Chief Executive Officer for Visitor Services under guidelines established by the supervising Committees.

(2) AREAS DESCRIBED.—The areas referred to in this paragraph are as follows, as identified and designated by the Architect of the Capitol on October 1, 2007:

(A) The North Congressional Meeting Room (CVC268) and the South Congressional Meeting Room (CVC217).

(B) The North Pre-function Area (CVC268CR) and the South Pre-function Area (CVC217CR).

(C) Lobbies CVC215 and CVC212.

(D) The North Cloak Room (CVC210) and the South Cloak Room (CVC208).

(E) The Projection Room (CVC209).

(F) The Green Room (CVC207).

(G) The TV Control Room (CVC105).

(H) Offices CVC101, CVC102, CVC103, CVC104, CVC106, CVC204, and CVC205.

Subtitle B—Office of the Capitol Visitor Center; Chief Executive Officer for Visitor Services

SEC. 111. ESTABLISHMENT.

There is established within the Office of the Architect of the Capitol the Office of the Capitol Visitor Center (in this Act referred to as the ''Office''), to be headed by the Chief Executive Officer for Visitor Services (in this Act referred to as the ''Chief Executive Officer'').

SEC. 112. APPOINTMENT AND SUPERVISION OF CHIEF EXECUTIVE OFFICER FOR VISITOR SERVICES.

(a) APPOINTMENT.—The Chief Executive Officer shall be appointed by the Architect of the Capitol.

(b) SUPERVISION AND OVERSIGHT.—The Chief Executive Officer shall report directly to the Architect of the Capitol and shall be subject to policy review and oversight by the supervising Committees.

(c) REMOVAL.—Upon removal of the Chief Executive Officer, the Architect of the Capitol shall immediately notify the supervising Committees and the Committees on Appropriations of the House of Representatives and Senate, stating the reasons for the removal.

(d) COMPENSATION.—The Chief Executive Officer shall be paid at an annual rate of pay equal to the annual rate of pay of the Deputy Architect of the Capitol and Chief Operating Officer of the Office of the Architect of the Capitol.

(e) TRANSITION FOR CURRENT CHIEF EXECUTIVE OFFICER FOR VISITOR SERVICES.—

(1) APPOINTMENT.—The individual who serves as the Chief Executive Officer for Visitor Services under section 6701 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriation Act of 2007 (2 U.S.C. 1806) as of the date of the enactment of this Act shall be the first Chief Executive Officer for Visitor Services appointed by the Architect under this section.

(2) CONFORMING AMENDMENT.—Section 6701 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriation Act of 2007 (2 U.S.C. 1806) is repealed.

SEC. 113. GENERAL DUTIES OF CHIEF EXECUTIVE OFFICER.

(a) ADMINISTRATION OF FACILITIES, SERVICES, AND ACTIVITIES.—

(1) IN GENERAL.—Except to the extent otherwise provided in this Act, the Chief Executive Officer shall be responsible for—

(A) the operation, management, and budget preparation and execution of the Capitol Visitor Center, including all long term planning and day-today operational services and activities provided within the Capitol Visitor Center; and

(B) in accordance with subtitle A of title III, the management of guided tours of the interior of the United States Capitol.

(2) INDEPENDENT BUDGET SUBMISSION.—

(A) IN GENERAL.—The proposed budget for the Office for a fiscal year shall be prepared by the Chief Executive Officer, and shall be included without revision in the proposed budget for the year for the Office of the Architect of the Capitol (as submitted by the Architect of the Capitol to the President).

(B) EXCLUSION OF COSTS OF GENERAL MAINTENANCE AND REPAIR OF VISITOR CENTER.—In preparing the proposed budget for the Office under subparagraph (A), the Chief Executive Officer shall exclude costs attributable to the activities and services described in section 115(b) (relating to continuing jurisdiction of the Architect of the Capitol for the care and superintendence of the Capitol Visitor Center).

(b) PERSONNEL AND OTHER ADMINISTRATIVE PROVISIONS.—

(1) PERSONNEL, DISBURSEMENTS, AND CONTRACTS.—In carrying out this Act, the Chief Executive Officer shall have the authority—

(A) to appoint, hire, and fix the compensation of such personnel as may be necessary for operations of the Office, except that no employee may be paid at an annual rate in excess of the maximum rate payable for level 15 of the General Schedule unless otherwise authorized by law;

(B) to disburse funds as may be necessary and available for the needs of the Office (consistent with the requirements of section 213 in the case of amounts in the Capitol Visitor Center Revolving Fund); and

(C) to designate an employee of the Office to serve as contracting officer for the Office, subject to subsection (c).

(2) TEMPORARY ASSIGNMENT OF PERSONNEL.—The Chief Executive Officer shall temporarily assign personnel of the Office based on a request from the Capitol Police Board to assist the United States Capitol Police by providing ushering and informational services, and other services not directly involving law enforcement, in connection with—

(A) the inauguration of the President and Vice President of the United States;

(B) the official reception of representatives of foreign nations and other persons by the Senate or House of Representatives; or

(C) other special or ceremonial occasions in the United States Capitol or on the United States Capitol Grounds that require the presence of additional Government personnel.

(3) AGREEMENTS WITH THE OFFICE OF THE ARCHITECT OF THE CAPITOL, WITH OTHER LEGISLATIVE BRANCH AGENCIES, AND WITH OFFICES OF THE SENATE AND HOUSE OF REPRESENTATIVES.—Subject to the approval of the supervising Committees, the Chief Executive Officer may place orders and enter into agreements with the Office of the Architect of the Capitol, with other legislative branch agencies, and with any office or other entity of the Senate or House of Representatives for procuring goods and providing financial and administrative services on behalf of the Office, or to otherwise assist the Chief Executive Officer in the administration and management of the Capitol Visitor Center.

(c) REQUIRING APPROVAL OF CERTAIN CONTRACTS.—The Chief Executive Officer may not enter into a contract for which the amount involved exceeds $250,000 without the prior approval of the supervising Committees.

(d) SEMIANNUAL REPORTS.—The Chief Executive Officer shall submit a report to the supervising Committees not later than 45 days following the close of each semiannual period ending on June 30 or December 31 of each year on the financial and operational status during the period of each function under the jurisdiction of the Chief Executive Officer. Each such report shall include financial statements and a description or explanation of current operations, the implementation of new policies and procedures, and future plans for each function.

SEC. 114. ACCEPTANCE OF GIFTS AND VOLUNTEER SERVICES.

(a) ACCEPTANCE OF GIFTS.—

(1) AUTHORITY TO ACCEPT AND USE GIFTS.—The Chief Executive Officer, with the approval of the supervising Committees, is authorized to receive, accept, and hold unrestricted gifts of money on behalf of the Capitol Visitor Center, and to use the gifts for the benefit of the Capitol Visitor Center

(2) ACCEPTANCE OF GIFTS OF WORKS OF ART AND OTHER RELATED OBJECTS BY OTHER LEGISLATIVE BRANCH ENTITIES.—

(A) IN GENERAL.—In the case of a gift consisting of a work of art, historical object, or exhibit for which the authority to accept the gift for display in the Capitol is provided to an entity referred to in subparagraph (B), the entity shall have the authority to accept the gift for display in the Capitol Visitor Center in accordance with the authority provided under applicable law.

(B) ENTITIES DESCRIBED.—The entities referred to in this subparagraph are as follows:

(i) The Joint Committee on the Library under section 1831 of the Revised Statutes of the United States (2 U.S.C. 2133).

(ii) The United States Capitol Preservation Commission under section 801 of the Arizona-Idaho Conservation Act of 1988 (2 U.S.C. 2081).

(iii) The House of Representatives Fine Arts Board under section 1000 of the Arizona-Idaho Conservation Act of 1988 (2 U.S.C. 2121).

(iv) The Senate Commission on Art under section 1 of Senate Resolution 382, Ninetieth Congress, agreed to October 1, 1968 and enacted into law by section 901(a) of Public Law 100–690 (2 U.S.C. 2101).

(3) ANNUAL REPORT ON GIFTS ACCEPTED.—Each semiannual report submitted under section 113(d) shall include a description of each accepted by the Chief Executive Officer under this subsection during the period covered by the report.

(b) ACCEPTANCE OF VOLUNTEER SERVICES.—Notwithstanding section 1342 of title 31, United States Code, the Chief Executive Officer may accept and use voluntary and uncompensated services for the Capitol Visitor Center as the Chief Executive Officer determines necessary. No person shall be permitted to donate his or her personal services under this section unless such person has first agreed, in writing, to waive any and all claims against the United States arising out of or connection with such services, other than a claim under the provisions of chapter 81 of title 5, United States Code. No person donating personal services under this section shall be considered an employee of the United States for any purpose other than for purposes of chapter 81 of such title. In no case shall the acceptance of personal services under this subsection result in the reduction of pay or displacement of any employee of the Office.

SEC. 115. SPECIAL RULES REGARDING CERTAIN ADMINISTRATIVE MATTERS.

(a) SPECIAL RULES REGARDING SECURITY.—

(1) SECURITY JURISDICTION OF LAW ENFORCEMENT AGENCIES UNAFFECTED.—Nothing in this Act granting any authority to the Chief Executive Officer shall be construed to affect the exclusive jurisdiction of the United States Capitol Police, the Capitol Police Board, the Sergeant at Arms and Doorkeeper of the Senate, and the Sergeant at Arms of the House of Representatives to provide security for the Capitol Visitor Center.

(2) ATTENDANCE OF CHIEF EXECUTIVE OFFICER AT CERTAIN MEETINGS OF CAPITOL POLICE

BOARD.—At the request of the Capitol Police Board, the Chief Executive Officer shall attend any portion of any meeting of the Capitol Police Board during which the Board considers issues relating to the security of the Capitol Visitor Center, including activities described in paragraph (3), or other issues relating to services provided by employees of the Office.

(3) CONSULTATION WITH CAPITOL POLICE BOARD ON SECURITY MATTERS.—The Office shall consult with the Capitol Police Board in carrying out any activity which affects the security of the Capitol Visitor Center or any other part of the Capitol, including activities relating to the hours of operation, tour routes and the number of visitors per tour guide, and other activities relating to the entry of members of the general public into the Capitol and the movement of members of the general public within the Capitol.

(4) PLAN FOR BACKGROUND CHECKS FOR EMPLOYEES.—The Chief Executive Officer, in coordination with the Chief of the Capitol Police, shall develop plans and procedures for conducting criminal history background checks on employees of the Office and individuals seeking employment with the Office (including employees of the Capitol Guide Service who are transferred to the Office under title III).

(b) SPECIAL RULES REGARDING CARE AND MAINTENANCE OF FACILITIES.—

(1) ARCHITECT OF THE CAPITOL JURISDICTION UNAFFECTED.—Nothing in this Act granting any authority to the Chief Executive Officer (including section 114) shall be construed to affect the exclusive jurisdiction of the Architect of the Capitol for the care and superintendence of the Capitol Visitor Center or any other part of the Capitol, and all maintenance services, groundskeeping services, improvements, alterations, additions, and repairs for the Capitol Visitor Center shall be carried out pursuant to the direction and supervision of the Architect subject to the oversight of Congress under applicable law (including rules of the House of Representatives and Senate).

(2) BUDGET SUBMISSION.—The Architect of the Capitol shall submit with the annual budget for the Office of the Architect of the Capitol for a fiscal year a separate, detailed statement of the costs anticipated to be incurred during the year for the activities and services described in paragraph (1) which are excluded from the annual budget for the Office which is submitted by the Chief Executive Officer under section 113(a)(2).

(c) SPECIAL RULE REGARDING EXHIBITS AND TOURS.—The Chief Executive Officer shall consider comments and recommendations from the Clerk of the House of Representatives and the Secretary of the Senate regarding the content of exhibits contained in and tours operated out of the Capitol Visitor Center.

TITLE II—RELATED SERVICES PROVIDED AT CAPITOL VISITOR CENTER

Subtitle A—Related Services Described

SEC. 201. GIFT SHOP.

(a) ESTABLISHMENT.—In consultation with the supervising Committees, the Chief Executive Officer shall establish a gift shop within the Capitol Visitor Center for the purpose of providing for the sale of gift items.

(b) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—Section 5104(c) of title 40, United States Code, shall not apply to any activity carried out under this subsection.

SEC. 202. FOOD SERVICE OPERATIONS.

(a) RESTAURANT, CATERING, AND VENDING.—The Chief Executive Officer is authorized to establish within the Capitol Visitor Center a restaurant and other food service facilities, including catering services and vending machines.

(b) USE OF CONTRACT TO CARRY OUT FOOD SERVICE OPERATIONS.—The Chief Executive Officer shall carry out all food service operations within the Capitol Visitor Center pursuant to a contract entered into with a private vendor.

(c) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—Section 5104(c) of title 40, United States Code, shall not apply to any activity carried out under this subsection.

SEC. 203. LICENSES AND OTHER AGREEMENTS FOR OPERATIONS OR OTHER FUNCTIONS.

(a) AUTHORITY.—The Chief Executive Officer is authorized—

(1) subject to the approval of the supervising Committees, to enter into licenses and other agreements to allow operations or other functions to occur within the Capitol Visitor Center; and

(2) to assess and collect charges or other fees as may be appropriate under such licenses and agreements, including the recoupment of costs associated with the operation or function being held.

(b) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—To the extent that a license or agreement entered into by the Chief Executive Officer under this section permits any person to sell or solicit the sale of goods or services within the Capitol Visitor Center, section 5104(c) of title 40, United States Code, shall not apply to the sale or solicitation of sales of such goods or services.

(c) APPROVAL OF CONGRESS REQUIRED FOR CERTAIN EVENTS.—No event intended for purposes other than those described in section 101(b) shall be held in the central hall of the Capitol Visitor Center unless authorized by a resolution agreed to by both houses of the Congress.

Subtitle B—Capitol Visitor Center Revolving Fund

SEC. 211. ESTABLISHMENT; ACCOUNTS.

There is established in the Treasury of the United States a revolving fund to be known as the Capitol Visitor Center Revolving Fund (in this section referred to as the ''Fund''), consisting of the following individual accounts:

(1) The Gift Shop Account.

(2) The Miscellaneous Receipts Account.

SEC. 212. DEPOSITS IN THE FUND.

(a) GIFT SHOP ACCOUNT.—There shall be deposited in the Gift Shop Account all monies received from sales and other services by the gift shop established under section 201, together with any interest accrued on balances in the Account.

(b) MISCELLANEOUS RECEIPTS ACCOUNT.—There shall be deposited in the Miscellaneous Receipts Account each of the following (together with any interest accrued on balances in the Account):

(1) Any gifts of money accepted under section 114(a).

(2) Any net profits or commissions paid to the Capitol Visitor Center under any contract for food service operations entered into under section 202(b).

(3) Any charges or fees collected from the operations or other functions within the Capitol Visitor Center under licenses or other arrangements entered into under section 203(a).

(4) Any other receipts received from the operation of the Capitol Visitor Center

SEC. 213. USE OF MONIES.

(a) GIFT SHOP ACCOUNT.—

(1) IN GENERAL.—All monies in the Gift Shop Account shall be available without fiscal year limitation for obligation by the Chief Executive Officer in connection with the operation of the gift shops under section 201(a), including supplies, inventories, equipment, and other expenses. In addition, such monies may be used by the Chief Executive Officer to reimburse any applicable appropriations account for amounts used from such appropriations account to pay the salaries of employees of the gift shops.

(2) OBLIGATION OF FUNDS REMAINING AFTER USE OF FUNDS FOR GIFT SHOP.—To the extent monies in the Gift Shop Account are available after disbursements and reimbursements are made under subparagraph (A), the Chief Executive Officer may obligate such monies for the operation of the Capitol Visitor Center, after consultation with—

(A) the supervising Committees; and

(B) the Committees on Appropriations of the House of Representatives and Senate.

(b) MISCELLANEOUS RECEIPTS ACCOUNT.—All monies in the Miscellaneous Receipts Account shall be available without fiscal year limitation for obligation by the Chief Executive Officer for the operations of the Capitol Visitor Center, after consultation with—

(1) the supervising Committees; and

(2) the Committees on Appropriations of the House of Representatives and Senate.

SEC. 214. ADMINISTRATION OF FUND.

(a) OBLIGATIONS.—Obligations from the Fund may be made by the Chief Executive Officer.

(b) INVESTMENT AUTHORITY.—The Secretary of the Treasury shall invest any portion of the Fund that, as determined by the Chief Executive Officer, is not required to meet current expenses. Each investment shall be made in an interest-bearing obligation of the United States or an obligation guaranteed both as to principal and interest by the United States that, as determined by the Chief Executive Officer, has a maturity date suitable for the purposes of the Fund. The Secretary of the Treasury shall credit interest earned on the obligations to the Fund.

(c) AUDIT.—The Fund shall be subject to audit by the Comptroller General at the discretion of the Comptroller General.

TITLE III—TREATMENT OF CAPITOL GUIDE SERVICE

Subtitle A—Transfer to Office of the Capitol Visitor Center

SEC. 301. TRANSFER OF CAPITOL GUIDE SERVICE.

(a) TRANSFER OF AUTHORITIES AND PERSONNEL TO OFFICE OF THE CAPITOL VISITOR CENTER.—Except as provided in subsection (c), effective on the transfer date—

(1) the contracts, liabilities, records, property, and other assets and interests of the Capitol Guide Service, established pursuant to section 441 of the Legislative Reorganization Act of 1970 (2 U.S.C. 2166), and the employees of the Capitol Guide Service, are transferred to the Office, except that the transfer of any amounts appropriated to the Capitol Guide Service that remain available as of the transfer date shall occur only upon the approval of the Committees on Appropriations of the House of Representatives and Senate; and

(2) the Capitol Guide Service shall be subject to the direction, supervision, and control of the Chief Executive Officer in accordance with this subtitle.

(b) TREATMENT OF EMPLOYEES OF CAPITOL GUIDE SERVICE AT TIME OF TRANSFER.—

(1) IN GENERAL.—Any individual who is an employee of the Capitol Guide Service on a permanent basis on the transfer date who is transferred to the Office under subsection (a) shall be subject to authority of the Chief Executive Officer under section 302(b), except that the individual shall not be reduced in grade, compensation, rate of leave, or other benefits that apply with respect to the individual at the time of transfer while such individual remains continuously so employed as a Capitol Guide within the Office, other than for cause.

(2) ELIGIBILITY FOR IMMEDIATE RETIREMENT ON BASIS OF INVOLUNTARY SEPARATION.—For purposes of section 8336(d) and section 8414(b) of title 5, United States Code, an individual described in paragraph (1) who is separated from service with the Office shall be considered to have separated from the service involuntarily if, at the time the individual is separated from service—

(A) the individual has completed 25 years of service under such title; or

(B) the individual has completed 20 years of service under such title and is 50 years of age or older.

(3) CONTINUATION OF PARTICIPATION IN STUDENT LOAN REPAYMENT PROGRAM.—Notwithstanding any other provision of law, if an individual described in paragraph (1) has a written service agreement in effect under section 102 of the Legislative Branch Appropriations Act, 2002 (2 U.S.C. 60c–5) at the time the individual is transferred to the Office, the agreement shall remain in effect in accordance with the terms and conditions applicable to the agreement at the time the individual is transferred (including the provisions of such section permitting the individual to enter into additional service agreements for successive 1-year periods of employment), except that in applying such section to the individual, the following shall apply:

(A) The Office shall serve as the employing office, and the Chief Executive Officer shall serve as the head of the employing office.

(B) The Architect of the Capitol shall carry out the responsibilities of the Secretary of the Senate.

(C) Any reference to the Committee on Rules and Administration of the Senate and the Committee on Appropriations of the Senate shall be treated as a reference to the supervising Committees.

(D) If the individual is required to make any reimbursement under such section with respect to payments made after the individual is transferred, the individual shall reimburse the Office of the Architect of the Capitol.

(4) PROHIBITING IMPOSITION OF PROBATIONARY PERIOD.—The Chief Executive Officer may not impose a period of probation with respect to the transfer of any individual who is transferred to the Office under subsection (a).

(c) EXCEPTION FOR CONGRESSIONAL SPECIAL SERVICES OFFICE.—This section does not apply with respect to any employees, contracts, liabilities, records, property, and other assets and interests of the Congressional Special Services Office of the Capitol Guide Service that are transferred to the Office of Congressional Accessibility Services under subtitle B.

SEC. 302. DUTIES OF EMPLOYEES OF CAPITOL GUIDE SERVICE.

(a) PROVISION OF GUIDED TOURS.—

(1) TOURS.—In accordance with this section, the Capitol Guide Service shall provide guided tours of the interior of the United States Capitol without charge, including the Capitol Visitor Center, for the education and enlightenment of the general public.

(2) ACCEPTANCE OF FEES PROHIBITED.—An employee of the Capitol Guide Service shall not charge or accept any fee, or accept any gratuity, for or on account of his official services.

(3) REGULATIONS OF CHIEF EXECUTIVE OFFICER.— All such tours shall be conducted in compliance with regulations approved by the Chief Executive Officer.

(b) AUTHORITY OF CHIEF EXECUTIVE OFFICER.—In providing for the direction, supervision, and control of the Capitol Guide Service, the Chief Executive Officer is authorized—

(1) subject to the availability of appropriations, to establish and revise such number of positions of Guide in the Capitol Guide Service as the Chief Executive Officer considers necessary to carry out effectively the activities of the Capitol Guide Service;

(2) to appoint, on a permanent basis without regard to political affiliation and solely on the basis of fitness to perform their duties, a Chief Guide and such deputies as the Chief Executive Officer considers appropriate for the effective administration of the Capitol Guide Service and, in addition, such number of Guides as may be authorized;

(3) with the approval of the supervising Committees, with respect to the individuals appointed pursuant to paragraph (2)—

(A) to prescribe the individual's duties and responsibilities,

(B) to fix, and adjust from time to time, respective rates of pay at single per annum (gross) rates, and

(C) to take appropriate disciplinary action, including, when circumstances warrant, suspension from duty without pay, reduction in pay, demotion, or termination of employment with the Capitol Guide Service, against any employee who violates any provision of this section or any regulation prescribed by the Chief Executive Officer pursuant to paragraph (7);

(4) to prescribe a uniform dress, including appropriate insignia, which shall be worn by personnel of the Capitol Guide Service;

(5) from time to time and as may be necessary, to procure and furnish such uniforms to such personnel without charge to such personnel;

(6) to receive and consider advice and information from any private historical or educational organization, association, or society with respect to those operations of the Capitol Guide Service which involve the furnishing of historical and educational information to the general public; and

(7) with the approval of the supervising Committees, to prescribe such regulations as the Chief Executive Officer considers necessary and appropriate for the operation of the Capitol Guide Service, including regulations with respect to tour routes and hours of operation, number of visitors per guide, staff-led tours, and non-law enforcement security and special event related support.

(c) PROVISION OF ACCESSIBLE TOURS IN COORDINATION WITH OFFICE OF CONGRESSIONAL ACCESSIBILITY SERVICES.—The Chief Executive Officer shall coordinate the provision of accessible tours for individuals with disabilities with the Office of Congressional Accessibility Services established under subtitle B.

Subtitle B—Office of Congressional Accessibility Services

SEC. 311. ESTABLISHMENT OF OFFICE OF CONGRESSIONAL ACCESSIBILITY SERVICES.

(a) ESTABLISHMENT.—There is established in the legislative branch the Office of Congressional Accessibility Services, to be headed by the Director of Accessibility Services.

(b) SUPERVISION AND CONTROL.—The Office of Congressional Accessibility Services shall be subject to the direction, supervision, and control of the Capitol Police Board.

(c) MISSION AND FUNCTIONS.—

(1) IN GENERAL.—The Office of Congressional Accessibility Services shall—

(A) provide and coordinate accessibility services for individuals with disabilities, including Members of Congress, employees of the House of Representatives and the Senate, and visitors, in the United States Capitol Complex; and

(B) in consultation with the Office of House Employment Counsel and the Senate Chief Counsel for Employment, provide information regarding accessibility for individuals with disabilities, as well as related training and staff development, to Members of Congress and employees of the House of Representatives and Senate.

(2) SPECIFIC FUNCTIONS.—The Director of Accessibility Services shall submit to the supervising Committees a list of the specific functions that the Office of Congressional Accessibility Services will perform in carrying out this subtitle with the approval of the supervising committees. The Director of Accessibility Services shall submit the list not later than 30 days after the transfer date.

(3) NO EFFECT ON AUTHORITY OF EMPLOYMENT COUNSELS.—Nothing in this subtitle shall be construed to limit any authority or function of the Office of House Employment Counsel or the Senate Chief Counsel for Employment that such Office or Counsel carries out prior to the transfer date.

(4) UNITED STATES CAPITOL COMPLEX DEFINED.—In this subsection, the term ''United States Capitol Complex'' means the Capitol buildings (as defined in section 5101 of title 40, United States Code) and the United States Capitol Grounds (as described in section 5102 of such title).

(d) CONFORMING AMENDMENT.—Section 310 of the Legislative Branch Appropriations Act, 1990 (2 U.S.C. 130e) is repealed.

SEC. 312. DIRECTOR OF ACCESSIBILITY SERVICES.

(a) APPOINTMENT AND REMOVAL; COMPENSATION.—

(1) APPOINTMENT.—The Director of Accessibility Services shall be appointed by the Capitol Police Board.

(2) REMOVAL.—The Director of Accessibility Services may be removed by the Capitol Police Board, upon notification to the supervising Committees.

(3) COMPENSATION.—The Director of Accessibility Services shall be paid at an annual rate of pay determined by the Capitol Police Board, except that such rate may not exceed the maximum rate payable for level 15 of the General Schedule.

(4) TRANSITION FOR CURRENT HEAD OF CONGRESSIONAL SPECIAL SERVICES OFFICE OF CAPITOL GUIDE SERVICE.—The individual serving as the head of the Congressional Special Services Office of the Capitol Guide Service as of the transfer date shall be appointed by the Capitol Police Board as the first Director of Accessibility Services under this subtitle.

(b) PERSONNEL AND OTHER ADMINISTRATIVE FUNCTIONS.—

(1) PERSONNEL, DISBURSEMENTS, AND CONTRACTS.—In carrying out the functions of the Office of Congressional Accessibility Services under section 311, the Director of Accessibility Services shall have the authority—

(A) to appoint, hire, and fix the compensation of such personnel as may be necessary for operations of the Office of Congressional Accessibility Services, except that no employee may be paid at an annual rate in excess of the annual rate of pay for the Director of Accessibility Services;

(B) to disburse funds as may be necessary and available for the needs of the Office of Congressional Accessibility Services; and

(C) to serve as contracting officer for the Office of Congressional Accessibility Services.

(2) AGREEMENTS WITH THE OFFICE OF THE ARCHITECT OF THE CAPITOL, WITH OTHER LEGISLATIVE BRANCH AGENCIES, AND WITH OFFICES OF THE SENATE AND HOUSE OF REPRESENTATIVES.—Subject to the approval of the supervising Committees, the Director of Accessibility Services may place orders and enter into agreements with the Office of the Architect of the Capitol, with other legislative branch agencies, and with any office or other entity of the Senate or House of Representatives for procuring goods and providing financial and administrative services on behalf of the Office of Accessibility Services, or to otherwise assist the Director in the administration and management of the Office of Accessibility Services.

(c) SEMIANNUAL REPORTS.—The Director of Accessibility Services shall submit a report to the supervising Committees not later than 45 days following the close of each semiannual period ending on June 30 or December 31 of each year on the financial and operational status during the period of each function under the jurisdiction of the Director. Each such report shall include financial statements and a description or explanation of current operations, the implementation of new policies and procedures, and future plans for each function.

SEC. 313. TRANSFER FROM CAPITOL GUIDE SERVICE.

(a) TRANSFER OF AUTHORITIES AND PERSONNEL OF CONGRESSIONAL SPECIAL SERVICES OFFICE OF CAPITOL GUIDE SERVICE.—In accordance with the provisions of this subtitle, effective on the transfer date—

(1) the contracts, liabilities, records, property, and other assets and interests of the Congressional Special Services Office of the Capitol

Guide Service, and the employees of such Office, are transferred to the Office of Congressional Accessibility Services established under section 311(a), except that the transfer of any amounts appropriated to the Congressional Special Services Office that remain available as of the transfer date shall occur only upon the approval of the Committees on Appropriations of the House of Representatives and Senate; and

(2) the employees of such Office shall be subject to the direction, supervision, and control of the Director of Accessibility Services.

(b) TREATMENT OF EMPLOYEES AT TIME OF TRANSFER.—

(1) IN GENERAL.—Any individual who is an employee of the Congressional Special Services Office of the Capitol Guide Service on a permanent basis on the transfer date who is transferred under subsection (a) shall be subject to authority of the Director of Accessibility Services under section 312, except that the individual shall not be reduced in grade, compensation, rate of leave, or other benefits that apply with respect to the individual at the time of transfer while such individual remains continuously so employed within the Office of Congressional Accessibility Services established under section 311(a), other than for cause.

(2) ELIGIBILITY FOR IMMEDIATE RETIREMENT ON BASIS OF INVOLUNTARY SEPARATION.—For purposes of section 8336(d) and section 8414(b) of title 5, United States Code, an individual described in paragraph (1) who is separated from service with the Office of Congressional Accessibility Services shall be considered to have separated from the service involuntarily if, at the time the individual is separated from service—

(A) the individual has completed 25 years of service under such title; or

(B) the individual has completed 20 years of service under such title and is 50 years of age or older.

(3) PROHIBITING IMPOSITION OF PROBATIONARY PERIOD.—The Director of Accessibility Services may not impose a period of probation with respect to the transfer of any individual who is transferred to the Office of Congressional Accessibility Services under subsection (a).

Subtitle C—Technical and Conforming Amendments

SEC. 321. TECHNICAL AND CONFORMING AMENDMENTS.

(a) EXISTING AUTHORITY OF CAPITOL GUIDE SERVICE.—Section 441 of the Legislative Reorganization Act of 1970 (2 U.S.C. 2166) is repealed.

(b) COVERAGE UNDER CONGRESSIONAL ACCOUNTABILITY ACT OF 1995.—

(1) TREATMENT OF EMPLOYEES AS COVERED EMPLOYEES.—Section 101(3)(C) of the Congressional Accountability Act of 1995 (2 U.S.C. 1301(3)(C)) is amended to read as follows:

''(C) the Office of Congressional Accessibility Services;''.

(2) TREATMENT OF OFFICE AS EMPLOYING OFFICE.—Section 101(9)(D) of such Act (2 U.S.C. 1301(9)(D)) is amended by striking ''the Capitol Guide Board,'' and inserting ''the Office of Congressional Accessibility Services,''.

(3) RIGHTS AND PROTECTIONS RELATING TO PUBLIC SERVICES AND ACCOMMODATIONS.—Section 210(a)(4) of such Act (2 U.S.C. 1331(a)(4)) is amended to read as follows:

''(4) the Office of Congressional Accessibility Services;''.

(4) PERIODIC INSPECTIONS FOR OCCUPATIONAL SAFETY AND HEALTH COMPLIANCE.—Section 215(e)(1) of such Act (2 U.S.C. 1341(e)(1)) is amended by striking ''the Capitol Guide Service,'' and inserting ''the Office of Congressional Accessibility Services,''.

(c) TREATMENT AS CONGRESSIONAL EMPLOYEES FOR RETIREMENT PURPOSES.—Section 2107(9) of title 5, United States Code, is amended to read as follows:

''(9) an employee of the Office of Congressional Accessibility Services.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the transfer date.

Subtitle D—Transfer Date

SEC. 331. TRANSFER DATE.

In this title, the ''transfer date'' means the date on which the Chief Executive Officer, in consultation with the Architect of the Capitol, certifies that a certificate of occupancy for the Capitol Visitor Center has been issued by the appropriate authorities.

TITLE IV—GENERAL PROVISIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as are necessary to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks in the RECORD on H.R. 5159.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BRADY of Pennsylvania. Mr. Speaker, the legislation that I bring to the floor today is the end result of a long journey that goes back to the 104th Congress, when the Capitol Visitor Center, or the CVC, was first debated. Bills were introduced and none were passed. After the 1998 entry by a gunman into the Capitol and shooting of two Capitol police officers, money was appropriated in the Omnibus Consolidated and Emergency Supplemental Appropriations Act for fiscal year 1999 for the planning, construction, and design of the CVC.

While that bill provided for the bricks and mortar of the CVC, H.R. 5159, the Capitol Visitor Center Act of 2008 is the administrative blueprint or framework for the day-to-day operation and management oversight of the CVC.

H.R. 5159 defines the duties, responsibilities, and roles for a variety of administrative offices such as the Chief Executive Officer of Visitor Services, Office of the Capitol Visitor Center, and the Office of Congressional Accessibility Services. The bill also provides for visitor center services, restaurants, and the gift shop.

This bill does not affect or change staff-led tours in any way.

H.R. 5159 is a bipartisan initiative that received unanimous support and was reported out favorably with an amendment from the Committee on House Administration. I would like to take this time to thank my colleague and cosponsor, the ranking member, Mr. EHLERS, for his assistance and cooperation.

H.R. 5159 will be the first bill by the House to deal with the internal operations and organization of the CVC. H.R. 5159 is a necessary instrument to ensure that the CVC will be able to carry out its main objectives: security, visitor education and comfort. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. EHLERS. Mr. Speaker, I also rise in support of H.R. 5159, which establishes an Office of the Capitol Visitor Center under the organization of the Architect of the Capitol.

As the Chair of the committee has pointed out, this has been a long progress, probably longer than it needed to be, but it started at the time I was the Chair of the committee. Unfortunately, the original ideas which we advanced were not accepted by all parties involved, and it has taken a considerable amount of effort to reach the point we are at today. However, what we have today is a good suggestion, a good document, a good organization, and I am very pleased with it, largely because it is very similar to what we started out with more than a year ago.

This new Office of the Capitol Visitor Center will be headed by the newly appointed Chief Executive Officer for Visitor Services, Terrie Rouse. Ms. Rouse has done a superb job in bringing together her management team to make sure that the Capitol Visitor Center is fully operational and prepared to receive visitors as soon as the building is ready to be occupied.

The legislation we are considering today provides a framework for the effective management and administration of the CVC, while at the same time ensuring that Members of the House and Senate have a definitive role to play in governing the operation of the CVC.

This marvelous building, which will be enjoyed by Americans for years to come, will operate in a way that, with this structure, will serve greatly to strengthen the safety and security of the Members, staff, and visitors to the Capitol, but above all, will create an unparalleled visitor experience for the millions of Americans who visit their Nation's Capitol each year.

In addition to being a significant administrative step in the operations of the CVC, this bill is also an important milestone as we move closer toward the facility's opening. In just a few short months, at least we hope they are a few short months, the first visitors to the CVC will have an opportunity to experience the majestic displays that highlight significant accomplishments made by the legislative branch that contributed to the development of our Nation's rich history. Though some visitors may be hundreds or even thousands of miles from home, they will remain connected through interactive kiosks that feature biographical data about their Member of Congress, and they will learn how to contact their Member.

For those Members who have not yet had an opportunity to tour the CVC, or for Members who took a CVC tour several months ago, I urge all those Members to take the time to take a new tour of the facility in its current state so that each and every Member may

experience the facility as it will appear to our constituents.

As we complete the final steps before the facility opens, I thank Chairman BRADY for his leadership in bringing this important legislation to the floor. As I said earlier, this bill has a unique history with considerable difficulties, and I commend Chairman BRADY for managing to steer this bill through the pitfalls and rapids that often encumber bills, and he has presented an excellent bill to this Congress.

This bill will ensure effective management and administration of the Capitol Visitor Center with oversight by the Committee on House Administration and the Senate Committee on Rules and Administration. I look forward to continuing to work closely with Chairman BRADY as we continue our oversight activities over the Capitol Visitor Center, and as we near its November 2008 opening date and far, far beyond. I once again thank the chairman for his good work on this bill.

Mr. Speaker, I yield back the balance of my time.

Mr. BRADY of Pennsylvania. Mr. Speaker, I thank the gentleman for all of his cooperation on a day-to-day basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 5159, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF CONGRESS THAT MEMBERS' CONGRESSIONAL PAPERS SHOULD BE PROPERLY MAINTAINED

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 307) expressing the sense of Congress that Members' Congressional papers should be properly maintained and encouraging Members to take all necessary measures to manage and preserve these papers.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 307

Whereas Members' Congressional papers (including papers of Delegates and Resident Commissioners to the Congress) serve as indispensable sources for the study of American representative democracy;

Whereas these papers document vital national, regional, and local public policy issues;

Whereas these papers are crucial to the public's understanding of the role of Congress in making the Nation's laws and responding to the needs of its citizens;

Whereas because these papers serve as essential primary sources for the history of Congress, the study of these papers will illuminate the careers of individual Members;

Whereas by custom, these papers are considered the personal property of the Member who receives and creates them, and it is therefore the Member who is responsible to decide on their ultimate disposition; and

Whereas resources are available through the Office of the Clerk of the House of Representatives and the Secretary of the Senate to assist Members with the professional and cost-effective management and preservation of these papers: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) Members' Congressional papers (including papers of Delegates and Resident Commissioners to the Congress) should be properly maintained;

(2) each Member of Congress should take all necessary measures to manage and preserve the Member's own Congressional papers; and

(3) each Member of Congress should be encouraged to arrange for the deposit or donation of the Member's own noncurrent Congressional papers with a research institution that is properly equipped to care for them, and to make these papers available for educational purposes at a time the Member considers appropriate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks in the RECORD on H. Con. Res. 307.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BRADY of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is very easy for Members to get caught up in the day-to-day responsibilities of their job. In between regular correspondence, speeches, and vote recommendations, Members accumulate a lot of paper. Most will not give consideration to the importance of this paper until the end or middle of their careers.

The papers generated by Members while in office reflect the issues of the day and are of historical benefit to students, scholars, and citizens in understanding the role of the House of Representatives in the Federal Government.

Mr. Speaker, H. Con. Res. 307 is a concurrent resolution that reminds Members of the importance of maintaining and archiving their papers so that future leaders and citizens of history may learn and understand the decisions that we have made. I urge passage of H. Con. Res. 307.

Mr. Speaker, I reserve the balance of my time.

Mr. EHLERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Con. Res. 307, which expresses the sense of the Congress that congressional papers should be properly maintained and encourages Members to take all necessary measures to manage and preserve these papers.

This is a very important issue, and one that I am also delinquent on, as I suspect most Members are. At various times I have encouraged my staff to be certain that we take proper care of papers, that we maintain them, and that they are available for archiving once we leave office. But yet, it is a very difficult task to do this on a day-to-day basis and remember to do it.

Let me also bemoan the fact that the executive branch has been subjected to lawsuits on this isssue, and the courts have declared they must save every little piece of paper, every message, and they are open to scrutiny and subpoena at any time in the future. The net effect of this is that the White House puts hardly anything down on paper, a practice that was developed in the previous administration as well. That is unfortunate. We should have the freedom to express our thoughts freely and make certain that they are preserved in a fashion that prevents them from being used improperly in future times.

As Members of Congress, we are routinely faced with an abundance of notes, letters, and other papers that cross our desk each day. For each of us, there is a temptation to rid ourselves of today's notes and papers and begin each day anew, free from the scourge of clutter. And I know my office certainly should be more free of clutter. It would be easiest to discard these items along with rest of the day's castoffs, but as history has shown us, it is often these mundane items that have painted the most accurate and detailed picture of our Nation's history.

These papers and their contents separately may tell us very little about the place and time in which they were created, but they are threads that, when woven together, create the fabric of our democracy.

While congressional papers are the property and responsibility of the Member, the Clerk of the House and the Secretary of the Senate stand ready to assist Members of Congress in the disposition and handling of these materials. I urge all of my colleagues to join me in the effort to retain congressional documents, and in doing so, preserve a piece of history for the sake of our individual and collective posterity.

Mr. Speaker, I yield back the balance of my time.

Mr. BRADY of Pennsylvania. I thank the ranking member, Mr. EHLERS, for your cooperation. It is a pleasure working with you from day to day.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the

rules and agree to the concurrent resolution, H. Con. Res. 307.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1330

EXPRESSING CONDOLENCES TO THOSE AFFECTED BY THE DEVASTATING SHOOTING INCIDENT AT NORTHERN ILLINOIS UNIVERSITY

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1007) expressing the condolences of the House to those affected by the devastating shooting incident of February 14, 2008, at Northern Illinois University in DeKalb, Illinois.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1007

Whereas on Thursday, February 14, 2008, a gunman entered a lecture hall on the campus of Northern Illinois University and opened fire on the students assembled there;

Whereas the gunman took the lives of 5 students and wounded 17 more;

Whereas the 5 students who lost their lives that day were—

(1) Gayle Dubowski, age 20, of Carol Stream, Illinois, a devout member of her church who sang in the church choir and worked as a camp counselor and volunteer in rural Kentucky;

(2) Catalina ''Cati'' Garcia, age 20, of Cicero, Illinois, a first-generation American who had hoped to be a teacher, was her family's ''princess'' and inspiration, and was rarely seen without a beaming smile;

(3) Julianna Gehant, age 32, of Mendota, Illinois, who dreamed of becoming a teacher, and who spent more than 12 years in the United States Army and Army Reserve, serving our Nation and saving money for college;

(4) Ryanne Mace, age 19, of Carpentersville, Illinois, a much-loved only child who was rarely without a warm smile and hoped to be a counselor so she could help others; and

(5) Daniel Parmenter, age 20, of Westchester, Illinois, ''Danny'' to his friends, a 6-foot, 5-inch rugby player with a gentle spirit and bright future, who died trying to protect his girlfriend from gunfire;

Whereas the Northern Illinois University Police Department, the Police Departments of DeKalb, Sycamore, Aurora, Batavia, Cortland, Galesburg, Genoa, Geneva, Mendota, St. Charles, Rockford, and the Village of Winnebago, the Conservation Police, the Sheriff's Offices of DeKalb County, Winnebago County, and Kane County, the Kane County Bomb Squad, the Illinois State Police, the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, Firearms, and Explosives, Reach/Air Angel, Flight for Life, Life Line, the Salvation Army, and the Fire and Emergency Medical Services Department of DeKalb, Sycamore, Cortland, Malta, Maple Park, Rochelle, Hampshire, Burlington, Shabbona, Hinckley, Genoa-Kingston, Waterman, Elburn, St. Charles, Ogle-Lee, Kaneville, Sugar Grove, North Aurora, and Somonauk responded to the emergency promptly and assisted capably in the initial crisis and the subsequent investigations;

Whereas the emergency responders and the doctors, nurses, and other health care providers at Kishwaukee Community Hospital, Saint Anthony Medical Center, Good Samaritan Hospital, Rockford Memorial Hospital, and Northwestern Memorial Hospital provided professional and dedicated care to the victims;

Whereas hundreds of volunteer counselors from Illinois and across the Nation have come to Northern Illinois University to assist the campus community;

Whereas the students, faculty, staff, and administration of Northern Illinois University, the people of the city of DeKalb and the State of Illinois, and all Americans have mourned the victims of this tragedy and have offered support to the victims' friends and families and to the greater Northern Illinois University community;

Whereas Northern Illinois University has established a scholarship fund to honor the memory of the students slain in the February 14 tragedy; and

Whereas the Northern Illinois University community is determined to move ''forward, together forward'', in the words of the Huskie fight song, and to persevere through this tragedy with heavy hearts but unbroken spirits: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses its sincere condolences to the families, friends, and loved ones of those who were killed in the tragic shooting on February 14, 2008, at Northern Illinois University in DeKalb, Illinois: Gayle Dubowski, Catalina Garcia, Julianna Gehant, Ryanne Mace, and Daniel Parmenter;

(2) extends its support and prayers to those who were wounded and wishes them a speedy recovery;

(3) commends the emergency responders, law enforcement officers, health care providers, and counselors who performed their duties with professionalism and dedication in response to the tragedy;

(4) reaffirms its commitment to helping ensure that schools, colleges, and universities in the United States are safe and secure environments for learning; and

(5) expresses its solidarity with Northern Illinois University and its students, faculty, staff, and administration as they mourn their losses and as they recover from this tragic incident.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H. Res. 1007 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, I rise today to offer my deepest sympathies to the victims and families who suffered the horrific shooting tragedy at Northern Illinois University. My thoughts and prayers go out to all those who have suffered through this great loss, especially the families, students, faculty and staff of the university.

Northern Illinois University is one of the largest schools in Illinois, providing higher education to more than 25,000 students. The effects of this tragedy can be felt all across the State, and have echoed throughout the Nation.

Parents send their children to school each day to learn about the world around them and to grow and develop into responsible adults. Parents that send their children off to college expect that they will be safe and will graduate with newfound knowledge and a bright future.

As we mourn with the Northern Illinois University community, this Congress must continue in its work to make all schools safe in order to prevent this kind of tragedy in the future. We must continue to work with our colleges and universities to develop ways to anticipate, identify and prevent these horrific and disturbing acts of violence.

Mr. Speaker, we stand to show our support to the family, students, faculty and staff of Northern Illinois University who continue on despite the tragic events surrounding them. I know that the healing process will take time, but I also hope that some day soon, all members of the Northern Illinois University community will feel the safety and security that all students should have.

Mr. Speaker, especially do I want to extend appreciation to the president of Northern Illinois University, to the faculty and staff, and especially one program, something called the Chance Program, which opens its doors to students from all over the State, provides the sanctuary of the opportunity to get the best possible education, and we hope that they can put this tragedy behind them as we continue to move forward.

Mr. Speaker, I reserve the balance of my time.

Mrs. BIGGERT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 1007 to pay final respects and express the condolences of the House of Representatives for those affected by the devastating shooting incident on the campus of Northern Illinois University in DeKalb, Illinois on February 14, 2008.

On that dark Valentine's Day, five students lost their lives, and 17 others were injured. Those five who were taken from their families are: 20-year-old Gayle Dubowski of Carol Stream, 20-year-old Catalina Garcia of Cicero, 32-year-old Julianna Gehant of Mendota, 19-year-old Ryanne Mace of Carpentersville, and 20-year-old Daniel Parmenter of Westchester.

The wounds suffered that day have been deeply felt by those families that lost loved ones, but the entire Nation shares in their pain. Messages of support continue to flow in from across the country and around the world.

I would like to take special note of the extraordinary outpouring of kindness and sympathy from the students

and faculty of Virginia Tech. Having endured a similar tragedy just last spring, their words of wisdom and perseverance have given strength to many in the NIU community.

Our Nation's universities and colleges are places where students begin to embrace adulthood, where they begin to relish a newfound freedom, and where they begin to realize their dreams. For many they are places that offer new beginnings and pathways to brighter futures. To have that cut short for these five young men and women by such a senseless act is almost beyond comprehension. So today we come together to comfort one another and pray that the Northern Illinois University community and our Nation can begin to heal in the aftermath of this unspeakable tragedy.

We also come together to support the efforts of America's higher education leaders and administrators to ensure tight security and safe conditions for all students. The recent violence on college campuses has American families concerned. As a Nation we must work to create safe yet accessible facilities and ensure that parents don't have to fear for their children's lives when they send them off to school. If ever there were a place where America's youth should feel safe, it is in institutions of learning.

Mr. Speaker, I also believe that we owe sincere and heartfelt gratitude to NIU's administration, the law enforcement officers, faculty and students for the way they have handled the crisis. The strong, coordinated response by campus security reflects long hours of training and undoubtedly saved the lives of potential victims. And the entire DeKalb community, both on and off campus, has shown unity and courage in the face of extraordinary adversity.

Simply put, no one can ever be truly prepared to handle a tragedy like this, but the response of the Northern Illinois University family has been a credit to them and to the State of Illinois.

So in the spirit of the NIU Husky fight song, let us now move ''forward, together forward,'' and may we all learn from the example of NIU as we tackle future challenges that face our Nation.

I ask my colleagues to keep the students and families of NIU in their thoughts and prayers, and I ask for their support of this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I continue to reserve.

Mrs. BIGGERT. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Speaker, I rise to offer my deepest sympathies to the victims and their families who suffered the horrific shooting tragedy at Northern Illinois University.

I would like to offer my deep thanks and gratitude to Chairman GEORGE MILLER and Ranking Member BUCK MCKEON of the Education and Labor Committee for allowing this resolution to come to the floor for expedited consideration.

Northern Illinois University is one of the largest schools in Illinois. It's over 25,000 students, and it's centered in the corn fields in the beautiful city of DeKalb, Illinois. And it reaches throughout the entire State and indeed around the country and in many cases around the world with the diversity of the foreign students. My colleagues and I represent thousands of Northern Illinois University faculty, staff and graduates. The tragedy has shaken all of us.

Schools are supposed to be a sanctuary of safety, which is why the news that came out of NIU on the afternoon of February 14 was particularly tragic. A lone gunman, a former NIU student, opened fire on an oceanography class, killing five students and wounding 17 more in a matter of seconds. The NIU police were in the auditorium within 30 seconds of the shots being fired. Shortly afterwards he killed himself, but all of the shooting took place prior to the police arriving, even in that short period of time. Many of us remember the shock we felt almost a year ago when 33 members of the Virginia Tech community were lost in a similar senseless act of violence.

As a father of three children in college, I cannot even imagine the sorrow and hurt the families are experiencing. I shared that a bit this past week when I, along with Senators DURBIN and OBAMA and Representatives EMANUEL, ROSKAM and BEAN stood with a crowd of more than 10,000 mourners on the NIU campus to memorialize this tragedy.

But still the sorrow and the shock remain. We cannot bring back these young men and women to the classroom, to the sidewalks of DeKalb, or to the arms of their families. We cannot explain why, but we continue to search for answers. But as we did last week at NIU, we can pause to remember the spirit, energy and life of each of the five students lost in this tragedy.

Gayle Dubowski, was a 25-year-old anthropology major from Carol Stream. She loved the arts, and was committed to her Christian faith. Her friends remembered her as a sweet and genuine person, someone who shined brightly for her Lord on the campus of NIU.

Catalina Garcia, 20 years old of Cicero, Illinois, a first-generation American who hoped to be a teacher. An honor student, an athlete and a dancer in high school, her teachers remember her as a quiet girl but with big ideas. Jamie Garcia, her older brother, says he'll always remember her as the family princess.

Julianna Gehant, age 32 of Mendota, Illinois, had served our Nation for 12 years in the Army and Army Reserves. She enrolled at NIU to major in elementary education, a childhood friend remembered, because she loved the innocence and creativity of children.

Ryanne Mace, age 19 of Carpentersville, was an only child whose friends remember her rarely being without a smile. She majored in psychology to pursue her dream of helping others. Her roommate remembers her as a vibrant person, full of life, never wanting to miss a beat.

Daniel Parmenter, age 20 of Westchester, Illinois, is remembered as a 6-foot-5 rugby player with a gentle spirit and a bright future. His family has memories of his touching gestures, phone calls and small acts of love and courage. His last act of love was to throw himself in front of his girlfriend and he took the fire and was killed. And she was injured.

It is an honor to have these students remembered in this body and to remember the courage of those who responded that day. The purpose of this resolution is to express the condolences of the House to those affected by this devastating tragedy.

The Bible tells us to mourn with those who mourn, to pray for one another that we may be healed. We pray the healing continue for the families and the victims of Northern Illinois University.

Mrs. BIGGERT. We have no further speakers, so with that, Mr. Speaker, let me just close by saying, let us keep all of these young people who we mourn in our thoughts and prayers; and let us move forward to find ways to keep our children safe in school and everywhere, that they may fulfill their dreams and continue on with their lives.

Mr. Speaker, I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I would close by just simply commending the State of Illinois, led by its Governor, its United States Senators, both Senators DURBIN and OBAMA, Representative MANZULLO, Representative RAHM EMANUEL, the mayor of the City of DeKalb, all of the elected officials from the surrounding communities who joined the 10,000 people who came to a memorial service to express their sorrow, but also to express their sense of hope, to express their sense of frustration, to express their sense of solidarity with all of these students and their families, with the hope and the pledge that we will do everything in our power to try and make sure that this type tragedy does not continue to occur and reoccur on our college campuses across the Nation.

Mr. HARE. Mr. Speaker, I rise today in support of H. Res. 1007 and join with my colleagues in expressing my condolences to those who have been affected by the shooting incident at Northern Illinois University that killed 6 and injured 18 people last month. I thank my friend and fellow Illinois colleague, Representative DON MANZULLO for introducing this resolution.

I know that words will not bring those six people back or erase the fear in the eyes of those injured by this event. All I can say is that my heart goes out to the families of the

victims, and to the students and faculty who survived—I too mourn with you.

Northern Illinois University is less than 100 miles northeast of my congressional district, so news of the shooting hit close to home for me. At a time like this we find ourselves asking "why?" and jumping to conclusions about campus security and gun control. However, we seldom talk about the stigma of mental health in our Nation. I find it appropriate that on the same day we are considering this resolution, we are also debating the Paul Wellstone Mental Health and Addiction Equity Act, legislation that will make it easier for people to seek and receive mental health treatment.

I believe we need to do more on mental health care in this country in addition to other measures to make our schools, our children and our young adults safe.

Again, my condolences go out to all those affected by the horrific shooting at Northern Illinois University—may you find comfort in those still with you and my you come together as a community once again and move forward to better times.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of H. Res. 1007, expressing the condolences of the House to those affected by the devastating shooting incident of February 14, 2008 at Northern Illinois University in Dekalb, Illinois.

The shootings at Northern Illinois University, on Thursday, February 14, reminded us once again that the wrath of violence can easily destroy the lives of many students seeking education. On that day, a gunman took the lives of 5 students and wounded 17 more. My deepest sympathies and thoughts are with the victims, their families, and the community of students, teachers, and staff.

This reaffirms the steps we must take as public officials to ensure that schools, colleges, and universities in the United States are a safe and secure environment for learning. We must take a hard look at gun regulation. We must regulate the process by which civilians are able to obtain firearms for the sake of protecting those who may be victims of senseless crimes. Americans must stop apologizing and actually do something about the problem. We must stop denying that problems like this will never happen in our communities. A system of educating students and parents about gun safety should be paralleled with education systems by providing students with councelors, or spiritual advisors.

I express my deepest condolences to the families, friends, and loved ones of those who were killed in the tragic shooting: Gayle Dubpwski, Catalina Garcia, Julianna Gehant, Ryanne Mace, and Daniel Parameter. As citizens of the United States, we offer support to the victims' families with prayer and hope for a speedy recovery to those who were wounded. I commend the emergency responders, law enforcement officers, health care providers, and counselors who performed their duties with professionalism and dedication in response to the tragedy.

The Northern Illinois University Community must be determined to move 'forward, together forward', in the words of the Huskie fight song, and persevere through this tragedy. Indeed they must trod with heavy hearts but unbroken spirits.

I cannot begin to understand how the actions of something so terrible could occur in one of our institutions of higher learning. Our Nation continues to grapple with this horrific event. We can never completely understand why these things happen. I realize that no words can heal the wounds of February 14, 2008 for the NIU family, but I extend my arms as a Member of the United States Congress in offering all of my prayers, support, and hugs for your family during this difficult time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 1007.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1345

NATIONAL SCHOOL BREAKFAST PROGRAM

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1013) expressing the sense of Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1013

Whereas breakfast program participants under the Child Nutrition Act of 1966 include public, private, elementary, middle, and high schools, as well as rural, suburban, and urban schools;

Whereas almost 17,000 schools that participate in the National School Lunch Program do not participate in the National School Breakfast Program;

Whereas in fiscal year 2006, 7,700,000 students in the United States consumed free or reduced-price school breakfasts provided under the National School Breakfast Program established by section 4 of the Child Nutrition Act of 1966;

Whereas less than half of the low-income students who participate in the National School Lunch Program also participate in the school breakfast program;

Whereas implementing or improving classroom breakfast programs have been shown to increase the participation of eligible students in breakfast consumption dramatically, doubling, and in some cases tripling, numbers, as evidenced by research in Minnesota, New York, and Wisconsin;

Whereas making breakfast widely available through different venues or a combination thereof, such as in the classroom, obtained as students exit their school bus, or outside the classroom, has been shown to lessen the stigma of receiving free or reduced-price breakfast, which often prevents eligible students from obtaining traditional breakfast in the cafeteria;

Whereas providing free universal breakfast, especially in the classroom, has been shown to significantly increase school breakfast participation rates and increase absences and tardiness;

Whereas studies have shown that access to nutritious programs such as the National School Lunch Program and National School Breakfast Program helps to create a strong learning environment for children and helps to improve children's concentration in the classroom;

Whereas providing breakfast in the classroom has been shown in several instances to improve attentiveness and academic performance, while reducing tardiness and disciplinary referrals;

Whereas students who eat a complete breakfast have been shown to make fewer mistakes and work faster in math exercises than those who eat a partial breakfast;

Whereas studies suggest that eating breakfast closer to classroom and test-taking time improves student performance on standardized tests relative to students who skip breakfast or have breakfast at home;

Whereas studies show that students who skip breakfast are more likely to have difficulty distinguishing among similar images, show increased errors, and have slower memory recall;

Whereas children who live in families that experience hunger have been shown to be more likely to have lower math scores, face an increased likelihood of repeating a grade, and receive more special education services;

Whereas studies suggest that children who eat breakfast have more adequate nutrition and intake of nutrients, such as calcium, fiber, protein, and vitamins A, E, D, and B–6; and

Whereas children who fail to eat breakfast, whether in school or at home, are more likely to be overweight than children who eat a daily healthy breakfast: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the importance of the National School Breakfast Program and its overall positive effect on the lives of low-income children and families, as well as its effect on helping to improve a child's overall classroom performance;

(2) expresses support for States that have successfully implemented school breakfast programs in order to improve the test scores and grades of its participating students; and

(3) encourages states to strengthen their school breakfast programs by improving access for students, to promote improvements in the nutritional quality of breakfasts served, and to inform students and parents of healthy nutritional and lifestyle choices.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent for 5 legislative days during which Members may insert material relevant to H. Res. 1013 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as she might consume to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. Mr. Speaker, I thank so much the gentleman from Illinois for yielding.

I rise today to express my strong support for H. Res. 1013, which emphasizes

the importance of school breakfast programs and their positive impact on a child's overall academic performance.

Again, I would like to thank the Education and Labor Committee for bringing this resolution forward in honor of National School Breakfast Week.

Mr. Speaker, every 35 seconds a child is born into poverty in this country. A recent survey done by the Department of Agriculture reported the prevalence of persistent hunger among children in the United States to be about 18 percent. In fact, as a Nation, we've seen a steady increase in childhood poverty since 2000, and we're now at nearly 13 million poor children. This means that every year there's an increased need for child nutrition programs.

Children represent a disproportionate share of the poor, Mr. Speaker, in the United States. While children are only 25 percent of our total population, they represent 35 percent of the poor.

With increased energy costs, medical copayments, higher rents and mortgages, these children live in distressed families that have difficulty providing their children an adequate breakfast every day.

The National School Breakfast Program is one of the most important school nutrition programs because it provides children with the nutrients needed to get the school day off to a healthy start; and, indeed, the National School Breakfast Program serves as a critical safety net for America's poor.

In fiscal year 2006, 9.8 million students participated in the National School Breakfast Program, and a total of 1.7 billion breakfasts were served, 81 percent of which were free or at reduced prices.

This past year, my own State of Wisconsin saw the most significant increase in school breakfast participation with a 25.3 percent growth rate, and that is largely due to implementation of universal classroom breakfast in most of Milwaukee's public elementary schools.

School breakfasts under this program must meet the nutrition standards under the Dietary Guidelines for Americans which recommend that no more than 30 percent of an individual's calories come from fat and less than 10 percent from saturated fats. In addition, breakfasts must provide one-fourth of the Recommended Dietary Allowance for protein, calcium, iron, vitamin A, vitamin C, and calories.

A 2002 study done by Massachusetts General Hospital and Harvard Medical School concluded that children who are at nutritional risk have significantly poorer attendance, punctuality, and poorer grades.

The study also showed that children whose parents reported food insufficiency were more likely to have repeated a grade in school, lower scores on standardized tests, lower grades in math, and more days tardy and absent from school.

Studies have also shown that students who fail to eat an adequate breakfast increase their chances of becoming obese.

With the growing amount of uninsured children, we must work to establish and expand the National School Breakfast Program in all States.

So, in honor of National School Breakfast Week, I ask that you vote to pass this resolution.

Mrs. BIGGERT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 1013, expressing the sense of the Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

The National School Breakfast Program was created in 1966 to help schools serving breakfast to ''nutritionally needy'' children. Made permanent in 1975, the program focuses on those schools where assistance is needed to provide adequate nutrition for students.

The School Breakfast Program is administered by the U.S. Department of Agriculture's Food and Nutrition Service through State education agencies, in agreement with local school food authorities, in nearly 84,000 schools and institutions.

In fiscal year 2006, over 9.7 million children participated in the School Breakfast Program daily. Of those, 7.9 million received their meals for free or at a reduced price. In my home State of Illinois, more than 223,000 students received free and reduced-price breakfasts daily.

Public or nonprofit private schools serving K–12 and public or nonprofit private residential child care institutions may participate in the School Breakfast Program. School districts and independent schools that choose to take part in the breakfast program receive cash subsidies from the U.S. Department of Agriculture for each meal they serve. In return, they must serve breakfasts that meet Federal requirements, and they must offer free or reduced breakfasts to eligible children.

Many States that have implemented school breakfast programs have seen encouraging outcomes. Maryland has seen an increase in standardized test scores 17 percent above the State average, an 8 percent reduction in tardiness, and a reduction in referrals to the office for discipline by 20 percent.

Unfortunately, the problem persists that millions of children go to school hungry each day, even though breakfast is the most important meal of the day. The Federal child nutrition programs can offer a great deal in the promotion of nutrition and wellness, especially in terms of assisting those children most in need. That is why I stand in support of this resolution, encouraging every child to start the school day with a nutritious breakfast in order to learn, grow, and develop to their fullest potential.

I ask for my colleagues' support.

Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he might consume to the gentleman from New Jersey (Mr. SIRES).

Mr. SIRES. Mr. Speaker, let me start by recognizing the good work of my colleague, Congresswoman GWEN MOORE. I appreciate her efforts to bring this important program to our attention.

The School Breakfast Program began as a pilot program in 1966 and has grown to serve over 10 million children nationwide. In New Jersey, almost 145,000 students ate a school breakfast during the 2007 school year; yet there are many students who cannot participate because their school does not offer this program.

This is important because research has shown how vital a good breakfast is for learning. Children who eat a healthy breakfast have higher standardized test scores; do much better in math, reading, and vocabulary tests; and attend school more regularly compared with children who do not eat breakfast.

Congress should act to increase funding for this program so that many more students can be served. It is a smart investment in our future. I encourage all of my colleagues to support this resolution and this important program.

I thank Congresswoman MOORE.

Mrs. BIGGERT. Mr. Speaker, I have no other speakers. So, if there are none on the other side, I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself time to close.

Mr. Speaker, I rise today in support of H. Res. 1013, which expresses the sense of Congress that providing breakfast in school has a positive impact on classroom performance.

We all know that breakfast is the most important meal of the day. Indeed, good nutrition is a vital factor in a child's ability to grow and thrive. According to the Center on Hunger, Poverty and Nutrition, hungry children have less energy for cognitive and social activities, thereby hampering their ability to learn.

The National School Breakfast Program was established as a pilot program by the Child Nutrition Act of 1966 and made permanent in 1975. The program was created to ensure that all students start the school day with a nutritious breakfast and enter the classroom ready to learn. Over the last five decades, the National School Breakfast Program has continued to grow. It now operates in nearly 84,000 public and nonprofit schools and residential care institutions nationwide. In 2006, 9.7 million children participated in the National School Breakfast Program each day; 7.9 million of those students received free or reduced-price breakfasts.

Again, I want to commend my colleague from Wisconsin, Representative GWENDOLYN MOORE, for introducing this resolution, join with all of those

who have expressed its merit, and urge passage.

Mr. McGOVERN. We all know that breakfast is the most important meal of the day. We also know that it's nearly impossible to learn on an empty stomach. These are two of the most important reasons why the school breakfast program is so important.

I'm pleased to be a cosponsor of this important resolution recognizing the importance of school breakfasts. I want to commend the gentlewoman from Wisconsin, Congresswoman MOORE, for introducing this important resolution and I want to recognize and honor the members of the School Nutrition Association who are here in Washington, DC, this week for their national conference.

The school breakfast program allows qualified students to eat a meal at school for either free or for a reduced price. Together with the school lunch program and after school meal programs, the school breakfast program allows America's school-aged children to receive nutritious meals while at school.

Unfortunately, there are shortcomings in the school meal program that need to be addressed in the future.

One issue is the underfunding of summer feeding programs. The Federal Government does not fund summer meals at the same level as it funds meals delivered at school. Any child who receives a meal at school shouldn't have to go without a meal during the summer months simply because Congress doesn't properly fund that part of the program.

Another is obesity and nutritious foods. Obesity is a real crisis and we need to ensure that our children are eating the most nutritious foods available. School meals must meet rigorous nutritional standards and they should be consistent nationwide. We also have to be conscious about the rising cost of food and the impact of these rising costs on the school meal programs.

A third issue is the difference between free and reduced price meals. Unfortunately, some qualified children receive free meals at school while others must pay a portion of the meal price.

Finally, I want to express my strong support for school breakfast programs that begin when class starts, or ''at the bell.'' Most children who eat school breakfast must arrive at school before class starts. That can be both a hardship for the children and their families in trying to get them to school in time to eat. But it can also be a social stigma for these children who arrive early to eat because it's clear which children must arrive early to eat. We can eliminate that social stigma by serving school breakfasts at the bell.

The Child Nutrition Act will be reauthorized next year, and we will have an opportunity to make substantive improvements in these important school meal programs. But today, we are recognizing the importance of the school breakfast programs and honoring the people who administer and work on these programs in school districts across the country.

Mr. KIND. Mr. Speaker, I rise today in honor of National School Breakfast Week and in support of a resolution that recognizes how providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

It is often stated that breakfast is the most important meal of the day, and yet a great number of children begin their school day without access to a nutritious breakfast. As a former member of the House Education and Labor Committee and the father of two young boys, I understand the vital link between a healthy diet and successful performance in school. We must ensure that schools have the resources necessary to provide each student the nourishment necessary to get them through their day.

With over 8.1 million students participating in the school breakfast program, schools recognize the benefits of making sure that all children have a healthy breakfast to start their day; however, there are still many students not at the table and their academic progress may be suffering. It has been shown that school breakfast programs have led to a drastic reduction in school tardiness and provide students with the vital nutrients they need for remaining attentive in class and processing the information. They receive. We can simultaneously improve the physical well-being of our students while also improving their performance in the classroom.

The National School Breakfast Program provides students with the healthy start to the day that they need to succeed. I ask my fellow Members to join me in offering their full support of this resolution. Together we can ensure that our commitment to the physical health of our students matches our commitment to their academic progress.

Ms. JACKSON-LEE of Texas. Mr. Speaker I rise today in support of H. Con. Res. 1013 Expressing the sense of the Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

Research shows that eating breakfast affects a child's overall performance during school. A nutritious breakfast provides students with the energy needed to start the day. Students who eat breakfast before school do not face hunger symptoms such as headache, fatigue, sleepiness and restlessness. In turn eating breakfast helps students to think faster when doing school work and respond more clearly to teacher questions.

A good balanced breakfast has been linked to causing an increase in mental performance, helping to keep students from ''drifting'' during class, causing them to be calmer and less anxious. Those are things that are important for success in class.

Studies also show that eating a solid breakfast is a major way to fight child obesity. Because this is an easy way to fight obesity breakfast helps not only in the area of health but in academics as well. It is hard for our children to have their minds on school when their stomachs are empty. Because of this reason and the important link between adequate nourishment and educational performance I stand in support of H. Con. Res. 10l3.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 1013.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 1424, PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

Ms. CASTOR. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1014 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1014

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1424) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans. The bill shall be considered as read. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. In lieu of the amendments recommended by the Committees on Energy and Commerce, Ways and Means, and Education and Labor, the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) two hours of debate equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce, the chairman and ranking minority member of the Committee on Ways and Means, and the chairman and ranking minority member of the Committee on Education and Labor; and (2) one motion to recommit with or without instructions.

SEC. 2. In the engrossment of H.R. 1424, the Clerk shall—

(a) add the text of H.R. 493, as passed by the House, as new matter at the end of H.R. 1424;

(b) conform the title of H.R. 1424 to reflect the addition to the engrossment of H.R. 493;

(c) assign appropriate designations to provisions within the engrossment; and

(d) conform provisions for short titles within the engrossment.

SEC. 3. During consideration of H.R. 1424 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to such time as may be designated by the Speaker.

□ 1400

POINT OF ORDER

Mr. BROUN of Georgia. Mr. Speaker, I make a point of order against the consideration of the resolution because it is in violation of section 426(a) of the Congressional Budget Act.

The resolution provides that ''all points of order against consideration of the bill are waived except those arising under clause 9 and 10 of rule XXI.'' This waiver of all points of order includes a waiver of section 425 of the Congressional Budget Act which causes the resolution to be in violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Georgia makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

The gentleman has met the threshold burden to identify the specific language in the resolution on which the point of order is predicated. Such a point of order shall be disposed of by the question of consideration.

The gentleman from Georgia and a Member opposed, the gentlewoman from Florida, each will control 10 minutes of debate on the question of consideration.

After that debate, the Chair will put the question of consideration, to wit: Will the House now consider the resolution?

The Chair recognizes the gentleman from Georgia.

Mr. BROUN of Georgia. Mr. Speaker, I have both professional and personal interest in this bill. I'm a medical doctor, and for years I've treated depression, anxiety, a lot of panic disorders. I'm also an addictionologist. I've treated drug and alcohol addiction and eating disorders. And so I've had many patients over the years that have had these kinds of problems.

My mom has been involved in dealing with her own depression all the way up until she died of metastatic breast cancer, and she worked with the mental health society in our home community.

I also have personal interest in this bill because my wife has suffered from depression. She has an eating disorder and has dealt with this in her history. She has suffered from depression to the point that several years ago she even tried to take her own life, and except for the grace of God she should have died. And so I do have a very personal interest in this bill. Mr. Speaker, this is why I have a vested interest in how Congress addresses health care, and especially mental health coverage.

CBO estimates that the cost of the mandates to the private sector in this bill would be at least $1.3 billion in 2008; and this would rise to $3 billion in 2012. The Unfunded Mandates Reform Act, or UMRA, establishes an annual threshold that cannot be exceeded, at least without Congress waiving this rule. For 2007, that threshold amount is $131 million, a great deal of money. This bill exceeds the $131 million threshold by over $1 billion, and it will place a crushing burden on private health insurers and millions of Americans seeking affordable health insurance. These mandates will directly harm businesses and Americans' ability to obtain affordable health insurance.

This legislation is very well intended. It is also rash and very poorly drafted and I assure you that if this mental health parity bill is signed into law in its current form, it will result in at least three things:

H.R. 1424 will increase health insurance and mental health costs;

H.R. 1424 will result in Americans losing their mental health coverage due to the mandates and the increased costs of those mandates;

H.R. 1424 will result in a myriad of lawsuits.

I testified before the Rules Committee last night and offered two amendments that would have drastically improved this legislation. Well, the Democratic majority, instead of choosing to allow an honest dialogue and an open debate on an extremely important issue of mental health, they chose to deny all amendments to this legislation. Not only that, the majority changed the underlying bill's language late last night and inserted the text of the Genetic Information Non-Discrimination Act. This legislation will further erode mental health parity and jeopardize affordable group health insurance in America.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield myself such time as I may consume.

I strongly oppose the gentleman's point of order.

This point of order is being raised today for one purpose and one purpose only, that is, to block this rule and ultimately the underlying bill, an underlying bill that prohibits discrimination against Americans with mental illness.

I'm heartened by the fact that I do not believe the gentleman's point of order comes from a unanimous opinion of the other side of the aisle because the underlying bill is a bipartisan effort cosponsored by 274 Members of the House of Representatives. Yet there are opponents of this bill, and they will raise these dilatory tactics. The opponents don't even want to allow a debate or a final vote on this critical measure. They simply want to stop the process and kill the bill through this procedural maneuver.

So despite whatever dilatory procedural devices the other side tries to use to stop this bill, we will stand up for the millions of Americans who need parity in mental health coverage, and we will vote to consider this important legislation today.

We must consider this rule, and we will pass the Paul Wellstone Mental Health and Addiction Equity Act today.

Mr. Speaker, I reserve the balance of my time.

Mr. BROUN of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. I thank the gentleman for yielding.

I could hardly believe my ears when I heard my friend from Florida say that this is a dilatory tactic, and the idea was to, what was it, to deny a vote on this bill? For goodness sakes. Last night there were several attempts, several attempts to try to improve this bill in a way that would make it more palatable to more people in this House, and they were turned down every time by the majority, Democrat majority, in the Rules Committee. And so for my friend from Florida to stand up and say that that is an attempt to kill this bill, when last night she participated in an exercise to do exactly that, is just beyond me.

Mr. BROUN of Georgia. Mr. Speaker, I want to say that I resent my sincerity on this being questioned by the gentlelady from Florida. I am very sincere about this.

Ms. CASTOR. Will the gentleman yield?

Mr. BROUN of Georgia. No, ma'am.

I am very sincere about this. I talked to the Rules Committee last night. I have talked on this floor here tonight. And for you to make these charges that I'm not sincere about this bill is absolutely incorrect. Maybe the gentlelady didn't hear me, but I have very personal interests in mental health. It is an extremely important issue to me, to my wife, to my family. And for you to say I'm not sincere about this, I am just very shocked about that. But I am sincere.

This bill, the way it's written, is going to actually deny people mental health coverage. We tried to fix it last night, make it better. And those attempts were denied over and over and over again.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I am pleased at this time to yield 2 minutes to my colleague from Tennessee (Mr. COHEN).

Mr. COHEN. I thank the gentlelady from Florida for making this time available.

My father was a physician. After being a pediatrician for many years, he chose to change his specialty and go into psychiatry, and then child adolescent psychiatry. As a result of that, I was exposed to mental health issues and mental health treatment and the need for mental health professionals throughout this country.

There has been a misconception in this country about people needing mental health treatment and their being adequately covered by insurance. In the same way that a physical illness affects people, mental illnesses do. And mental health treatment has been woefully undercovered and underserved, people who suffer from that in our country.

I am proud to be a cosponsor of this bill and to join with the gentleman from Minnesota and the gentleman from Rhode Island who brought the bill and other cosponsors, because I think it shows that this Congress understands that mental health treatment needs to be covered, that diseases of the mind are similar to diseases of the body, the effect they can have on a person's overall well-being, but that their mental health and their physical health are also intertwined, and if mental health is not treated, physical health is affected.

We need to be concerned about all of our fellow citizens, our brothers and sisters who might suffer from any illness. And it's time that we came out from the cloak of an ancient time when we looked upon mental health treatment as something to be shunned, to be embarrassed about if it was somebody

in our families, our friends, or even ourselves. And so I wholeheartedly endorse this bill and feel that the passage of this bill will be a great day for Americans and for science.

Mr. BROUN of Georgia. Mr. Speaker, in addition to the concerns that I raised earlier regarding the provisions of the mental health parity bill, that it will actually decrease mental health coverage and increase health insurance costs, let me share several additional concerns I have with the Genetic Information Non-Discrimination Act that was inserted late last night.

Title I of the GINA legislation imposes Federal mandates on health plans regarding insurance coverage, while title II imposes mandates on employers regarding employment and related hiring decisions. However, there is no explicit language in this legislation clarifying that group health insurance plan sponsors may not be subjected to the more expansive remedies provided by title II.

Why is that a problem? Because title II provides for rulemaking by the EEOC, the Equal Employment Opportunity Commission, and remedies before the EEOC and, ultimately, Federal courts.

During floor debate on H.R. 493, Congressman ROB ANDREWS suggested that ''employers, including to the extent employers control or direct benefit plans, are subject to the requirements of title II of this bill,'' including the much broader definition of genetic testing and tougher penalties associated with that title.

I believe that this lack of clarity could and will lead to additional lawsuits through the use of broader remedies available in title II that are intended to be reserved for employers who violate their employees' civil rights, not for employees seeking to litigate group health plan disputes.

Further, section 502 of ERISA says that all lawsuits must go through Federal court, which is not addressed in the mental health parity legislation. Nothing in this bill states that section 502 is preserved, so lawsuits can and will be brought in State court.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. At this time I will reserve the balance of my time.

Mr. BROUN of Georgia. Mr. Speaker, I want to go through just a list of some things that this bill will do.

It's going to increase health care costs. CBO estimates that H.R. 1424 would impose mandates on private insurance companies, a total of $3 billion annually by 2012. These costs will ultimately be borne by employers offering health insurance and employees seeking to obtain coverage.

Number two, it will increase the cost of business due to private sector mandates. The bill contains multiple new Federal mandates on the private sector, affecting the design and structure of health insurance plans.

The bill also increases the threshold level at which employees suffering increased claim costs as a result of implementing the new Federal mandates can claim an exemption from the provisions of H.R. 1424.

Number three, I think this will decrease the mental health coverage. While the bill imposes several new Federal mandates on those employers who choose to offer mental health coverage, there is nothing in H.R. 1424 that would require plans to cover these conditions. Thus H.R. 1424 could have the perverse effect of actually decreasing mental health coverage by encouraging an employee who is frustrated with the bill's onerous burdens to drop mental health insurance altogether.

Four, I think it will increase the number of uninsured. It will erode the Federal preemption for employers. This codification of treatment mandate for health plans, they are going to use DSM-IV to codify that. And this book, DSM-IV, was generated for physicians to use just to be able to classify mental health. It has a whole lot of things in here that most employers would not want to cover.

□ 1415

It will increase an intergovernmental mandate. It is a violation of UMRA. It has a lack of conscience clause, and it has a lack of medical management tools.

The SPEAKER pro tempore. The gentleman from Georgia's time has expired.

Ms. CASTOR. Mr. Speaker, I urge a ''yes'' vote on the consideration of the resolution so we can move forward on the rule and to consider the bill.

Those that oppose our efforts to end discrimination when it comes to mental health services will get their opportunity to debate the bill and to vote against these measures.

So with that, Mr. Speaker, I urge a ''yes'' vote to consider the rule.

The SPEAKER pro tempore. All time for debate has expired.

The question is: Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. CASTOR. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 215, nays 192, answered ''present'' 1, not voting 20, as follows:

[Roll No. 94]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—192

Abercrombie
Aderholt
Akin
Alexander
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter

McCrery	Putnam	Smith (NE)
McHenry	Radanovich	Smith (NJ)
McHugh	Regula	Smith (TX)
McKeon	Rehberg	Souder
McMorris Rodgers	Reichert	Stearns
Mica	Reynolds	Tancredo
Miller (FL)	Rodriguez	Terry
Miller (MI)	Rogers (AL)	Thornberry
Miller, Gary	Rogers (KY)	Tiahrt
Moran (KS)	Rogers (MI)	Tiberi
Musgrave	Rohrabacher	Turner
Myrick	Ros-Lehtinen	Upton
Neugebauer	Roskam	Walberg
Nunes	Ross	Walden (OR)
Paul	Royce	Walsh (NY)
Pearce	Ryan (WI)	Wamp
Pence	Salazar	Weldon (FL)
Peterson (PA)	Sali	Weller
Petri	Saxton	Westmoreland
Pickering	Schmidt	Whitfield (KY)
Pitts	Sensenbrenner	Wilson (NM)
Platts	Sessions	Wilson (SC)
Porter	Shadegg	Wittman (VA)
Price (GA)	Shimkus	Wolf
Pryce (OH)	Shuster	Young (AK)
	Simpson	Young (FL)

ANSWERED ''PRESENT''—1

Bachmann

NOT VOTING—20

Blunt	Johnson, E. B.	Rangel
Boehner	Keller	Renzi
Brown-Waite, Ginny	Kucinich	Reyes
Cole (OK)	Meek (FL)	Rush
Conyers	Murphy, Tim	Sullivan
Gonzalez	Ortiz	Udall (CO)
	Poe	Woolsey

□ 1440

Messrs. KING of New York, DUNCAN, WITTMAN of Virginia, HOBSON, WOLF and RODRIGUEZ changed their vote from ''yea'' to ''nay.''

Messrs. RUPPERSBERGER, LYNCH and KIRK changed their vote from ''nay'' to ''yea.''

Mrs. BACHMANN changed her vote from ''nay'' to ''present.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

Stated against:

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I was unavoidably detained and missed rollcall vote No. 94.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 94: "nay" (On Question of consideration on the Rule to provide for consideration of H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007).

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 1 hour.

Ms. CASTOR. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my colleague from the Rules Committee, the gentleman from Washington (Mr. HASTINGS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. CASTOR. Mr. Speaker, I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1014.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

Ms. CASTOR. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1014 provides for the consideration of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which expands the Mental Health Parity Act of 1996 to provide for equity in the terms of employer-sponsored health benefits for mental health and substance-related disorders compared to medical and surgical disorders.

Mr. Speaker, this is an anti-discrimination bill, this is a health care bill, this is a pro-business economic development bill, this is also a pro-family bill, and this is a bill that supports our veterans. This is a bipartisan effort, with 274 cosponsors in the House, of which I am proud to be one.

Unfortunately, Federal action is necessary because Americans who suffer from illnesses like depression, postpartum depression, severe anxiety, bipolar disorder, and many other diseases are being discriminated against. You see, HMOs and many health insurance companies have been more focused on their bottom lines than on the health of our families. Mental health is just as critical to our lives and well-being as any physical ailments or disease. And yet health insurers continue to treat mental illness differently from physical illness.

In America, more than 50 million adults, at least 22 percent of the U.S. population, suffer from mental health issues or substance abuse disorders. In addition, one out of every 10 children or adolescents has a serious mental health problem and another 10 percent have mild to moderate problems. Untreated mental illness harms our families and children, emotionally and financially. Untreated mental illness results in higher costs for businesses in lost productivity. Untreated mental illness often leads to criminal activity, which is very costly. Mental disorders are the leading cause of disability for individuals aged 15 to 44 in the United States.

A study sponsored by the National Institute of Mental Health revealed that mental and addictive disorders cost our country more than $300 billion annually. This includes productivity losses of $150 billion, health care costs of over $70 billion, and $80 billion for costs such as criminal justice.

Unfortunately, less than one-third of the people with a mental disorder who seek care receive adequate treatment. Despite the losses suffered in our society as a result of mental illness and all of the studies that demonstrate this, national employer survey data indicates that mental health coverage still is not offered at comparable coverage to other medical conditions.

□ 1445

Even after passage of the 1996 Mental Health Parity Act and all of the efforts of the States, the Government Accountability Office found that 87 percent of plans had more restrictive design features for mental health benefits than for medical and surgical benefits. In addition, many employers have adopted restrictive measures, such as limiting the number of covered outpatient visits for mental illness. This is so shortsighted. It is so costly.

Former Surgeon General Dr. David Satcher found that when health insurance plans unevenly impose higher costs for mental health services, the result, of course, is a reduction in treatment for those who need it, lost productivity and higher costs in the long run. Dr. Satcher stated that this is a true issue of fairness in coverage.

Similarly, another recent study found that deductibles and outpatient cost sharing were much higher for substance abuse than for general medical care. Well, this legislation addresses those inequities and provides a cost-effective way of providing increased access to mental health care. The bill prohibits discrimination by diagnosis by requiring coverage of all mental illnesses and substance-related disorders, just as we provide for Members of Congress and others covered by the Federal Employees Health Benefits Program. Treatment for mental illness is a proven money-saver. In fact, for every $1 spent on treatment, we save over $12.

Mr. Speaker, we all owe a debt of gratitude to Mr. KENNEDY of Rhode Island and Mr. RAMSTAD of Minnesota for their bipartisan leadership on this legislation and their work to provide for the mental health needs of our families, our neighbors, our veterans and our children. We also owe great thanks to the Wellstone family. But, most of all, we can't forget the families throughout America who have a modest request of their Congress, and that is that they be treated fairly.

Mr. Speaker, I reserve the balance of my time.

Mr. HASTINGS of Washington. Mr. Speaker, I want to thank the gentlewoman from Florida (Ms. CASTOR) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, history is being made today in the U.S. House of Representatives. Yesterday, Democrat leaders and the Democrat-controlled Rules Committee chose for a record-setting, a record-setting 50th time to consider legislation under a completely closed process that allows no amendments, no alternatives, no substitute proposals, and permits not a single Member of this House the opportunity to change or improve the underlying bill.

Last January, the new Democrat majority promised the American people a new era of openness in the U.S. House, but they have delivered the most restrictive and unfair process in the history of the House. It is only March in the first part of the second session of this Congress, but the Democrats have already exceeded the 49 closed rules of the entire 109th Congress.

Mr. Speaker, that is a historic low. We were promised change, and we have gotten it. Only it has been change, Mr. Speaker, for the worse.

Mr. Speaker, time after time, Democrat leaders have shut down any and all opportunity for Members of the House to amend, alter or debate legislation. This is a sad and disrespectful way to approach the business of the American people and the people's House. It doesn't have to be this way, and it certainly isn't what the Democrat leaders promised a little more than a year ago. That promise has been tossed out the window, along with any pretense to seek out bipartisan compromise in passing legislation.

Mr. Speaker, the Senate has passed a bipartisan bill on mental health parity, and, Mr. Speaker, it passed unanimously. Yet House Democrat leaders refuse to even allow the bipartisan Senate compromise to be voted on in the House. An amendment to allow a House vote on the Senate compromise was blocked by the Democrat Rules Committee, just as it blocked every other amendment offered by Members of this House, and that only happened last night.

Yet the reach of this bill goes far beyond mental health parity. The $1.3 billion cost it would impose on businesses providing health care to employees is an issue that, frankly, is not addressed, or any loss of care that may result from new government mandates that are contained in the bill is also not addressed.

The reach of this bill stretches deep into the ability of doctors to provide care to patients across this country through a $3 billion cut in health care to Americans served by doctor-owned hospitals. This is the second time in 7 months that the House will vote on legislation that seeks to ban doctor-owned hospitals by cutting funding from Medicare and Medicaid to these facilities, and, as such, Mr. Speaker, it imposes a very real and serious threat to some Americans' ability to access health care.

One of the hospitals threatened by this proposal is Wenatchee Valley Medical Center in my district in central Washington. The Wenatchee Valley Medical Center, Mr. Speaker, was founded in 1940 by three physicians. In the last 68 years it has grown, and now employs 1,500 people. It serves a population of 250,000 people in an area the size of the State of Maryland and it treats 150,000 patients a year. It has been designated by the State of Washington as a ''critical need hospital'' that is serving a rural underserved area.

Today, Mr. Speaker, it is 100 percent owned by 150 doctors. Apparently, that is a crime, because this bill would outlaw this facility as it has existed for 68 years, because this bill would prohibit any hospital from being more than 40 percent owned by doctors if they are to continue receiving Medicare patients for the care that they provide to their seniors.

Mr. Speaker, the Wenatchee Valley Medical Center has been treating and caring for patients longer than there has been even 50 States in our Union, and yet this bill could end that care.

When I discussed this threat to Wenatchee with the proposal sponsors last night in the Rules Committee, they said the simple answer was to sell the 60 percent stake in a government-ordered fire sale so it meets the 40 percent limit on doctor ownership. Not only is a fair price, Mr. Speaker, unlikely to be paid when selling under a threat of government action, but it is unfair and disruptive to any institution with a long record of excellent care.

Mr. Speaker, what is so nefarious about 100 percent doctor ownership, or 75 percent, or 50 percent, or even, Mr. Speaker, 41 percent? What is magically solved with the ownership of 40 percent? The answer is nothing, nothing when it comes to Wenatchee.

The irony is not lost on me that this bill only bans doctor-owned hospitals in an effort to supposedly target bad behavior. Consider this, Mr. Speaker: If a corporation engages in the exact, in the exact same practices that this bill tries to stop doctor-owned hospitals from doing, the corporation would pay no penalty. It wouldn't even be touched. So apparently patients are safer if corporations are in charge, but patients are in danger and taxpayers are being ripped off if doctors prosper from owning a hospital and are providing excellent care.

What is really happening in this bill is a push to move our country ever closer to a Canadian-style government-run health care system, as under this bill such a Canadian-style system will replace good, high quality care from down-home doctors with the extensive medical expertise of Congress. The Federal Government will decide where Americans will get care and what hospitals will be banned or shutdown. The Federal Government will also decide when Americans are allowed to get care, if they are allowed to get care at all.

If the Federal Government can ban doctors from owning a hospital, then the health care access of every American, Mr. Speaker, in my view, is at risk. I fundamentally disagree with those who believe that an all-knowing Congress and thousands of Federal bureaucrats can deliver Americans the best health care possible.

Keep in mind, this ban on doctor-owned hospitals, quote-unquote, saves $3 billion. Ironically, Mr. Speaker, this is accomplished by denying or reducing access to care for seniors and poor Americans on Medicaid and Medicare. Instead of growing the size and power of the Federal Government by taking decisions away from local doctors and removing freedoms from individual Americans, we should be allowing American patients to make more choices and free doctors to focus on their profession of healing.

Mr. Speaker, when it comes to Wenatchee Valley Medical Center, the accusations of negligent care and fiscal rip-offs that are leveled at doctor-owned hospitals simply don't apply to this facility. Wenatchee is not guilty of the sins of others simply because it is a doctor-owned hospital since 1940. It should not be targeted or threatened for the real or anecdotal failures of recently created doctor-owned hospitals.

The language in this bill is simply not ready for passage as it is currently written. It is too broad and imprecise. It would punish honest, well-performing hospitals and doctors and their patients for the actions of others. If there is bad behavior, Mr. Speaker, to be banned, then target that behavior. Don't impose an overreaching ban that harms innocent patients and doctors.

My constituents are not alone in facing this threat. Both Mr. HINOJOSA of Texas and Mr. KAGEN of Wisconsin have similar concerns about health care institutions in their districts.

Efforts to improve this legislation so that it doesn't threaten and harm our home-grown hospitals have not been met with openness. In fact, we have been denied on a bipartisan basis. Last night in the Rules Committee I made three separate attempts to try to offer an amendment to protect innocent hospitals. However, Democrats on the Rules Committee chose to deny each and every attempt to preserve the stricture of my hospital and the hospitals of Mr. HINOJOSA and Mr. KAGEN.

Mr. Speaker, there are legitimate bipartisan concerns about the toll this language would have on local hospitals that have done no harm and who provide important health care access to thousands of Americans.

This bill needs to be corrected, not forced through the House with zero opportunity for improvement or amendment. This record-setting closed rule denies any chance for help to be provided to Wenatchee Valley Medical Center or to patients in hospitals in Texas and Wisconsin. The rule deserves to be defeated and this House allowed to vote on correcting this flawed bill.

Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is truly a good-news story for American families today, because not only are we going to outlaw discrimination against those who suffer from mental illness, but we adhere to the pay-as-you-go rules that were adopted by this Congress, led by Democrats, at the beginning of this Congress. Pay-as-you-go means that this bill is paid for.

And while I certainly respect the gentleman from Washington for speaking up for a medical center which operates in his district, there is a bigger picture here. And to explain that bigger picture, I yield 2½ minutes to the gentleman from New Jersey (Mr. PALLONE), who chairs the Subcommittee on Health for the Energy and Commerce Committee.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Florida. She makes the point that this physician self-referral provision in the bill actually serves two purposes. On the one hand, it is about half of the pay-for for the cost of the legislation. The physicians self-referral basically generates about $2.4 billion over 10 years, which is about half of the pay-for in this bill.

□ 1500

But beyond that, in addressing the gentleman from Washington's concerns, it is actually a good thing. It is a good government proposal. And what it does, it ends the ability of physicians to self-refer to a hospital in which they have ownership. This change is consistent with the original intent of the physicians self-referral laws. The loophole for whole hospital ownership was only there because of tiny rural hospitals that were then owned by one doctor who practiced there.

Now that structure is no longer commonplace and that is why the hospital associations all endorse our bill. The bill does provide a grandfather for hospitals that currently have physician ownership and had a provider agreement with Medicare as of July 2007, the date of introduction of the bill. Within 18 months of enactment, they need to meet a standard that no physician owned more than 2 percent of the facility individually and that aggregate physician ownership was 40 percent or less.

So it is possible for the hospital in the State of Washington to reconfigure and meet this provision. But I just want to understand why we are doing this. These physician-owned hospitals essentially are a problem because they are being overutilized. There is overutilization. In other words, physicians are referring patients to these hospitals in many cases for unnecessary procedures. The reason why CBO scores this and uses it as a pay-for is because we know that these unnecessary procedures or overutilization takes place and is not basically a good thing. So we are trying to end this practice of self-referral. We are not completely precluding a hospital from reconfiguring itself and staying open, but, generally speaking, we need to end the practice.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 15 seconds.

If the issue is to go after doctor-owned hospitals that are not doing the ethical thing, then why not go after them instead of writing a bill that covers everything carte blanche including this facility in my district? The gentleman has not answered that. He didn't answer it last night, and he probably won't answer it today.

I yield to my friend from Texas, a member of the Rules Committee, Mr. SESSIONS, 2½ minutes.

Mr. SESSIONS. I thank the gentleman for giving me this time.

I am shocked and stunned that we financed overutilization and that is why we are doing this. Yet we understand that utilizing these physician hospitals, these new hospitals, saved the government money and are all about patient choice and are all about making sure that people who utilize these new hospitals don't get infections, don't get sick, don't check into a hospital to have surgery where other sick people are. It is a concept that keeps America not only the leading health care provider in the world; it is done in an efficient and cost-effective way. I am surprised that we find out it is overutilization.

Mr. Speaker, rather than taking this opportunity to bring parity to our health care delivery system, the Democrat leadership today is using this legislation as a vehicle to restrict future health care choices for Medicare patients. That is what this is about. It is to further own the opportunity for Medicare patients to be able to get the choices that they want, and the Democrat leadership is taking that away. Instead of using this opportunity to focus on mental health parity, the Democrats have decided to pay for this bill by pushing patients and limiting their options that they can receive for their own care.

Mr. Speaker, we will be real honest about this. According to HealthGrades, which is a nationwide study to look at hospitals and how efficient they are and how safe they are, three of the Nation's top 10 cardiac programs and three of the Nation's top 10 programs for joint replacement are at physician-owned hospitals. And despite the fact that these physician-owned hospitals make up only 3 percent of the Nation's hospitals, they are among the most efficient and the safest hospitals for people, our seniors, to go in and receive care. What will happen here today is an absolute mistake.

Mr. Speaker, I submit for the RECORD the Statement of Administrative Policy on this issue and I will quote from that:

''First, the bill would place new restrictions on physician-owned hospitals. This administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs.''

That is right, it is going to be more expensive to argue about overutilization. Incredibly silly.

STATEMENT OF ADMINISTRATION POLICY—H.R. 1424—PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

The Administration supports passage of mental health parity legislation that does not significantly increase health coverage costs. However, the Administration has concerns with H.R. 1424, which would effectively mandate coverage of a broad range of diseases and conditions and would have a negative effect on the accessibility and affordability of employer-provided health benefits and would undermine the uniform administration of employee benefit plans. For example, the bill's confusing preemption provisions could be read to add a patchwork of remedies that vary from State to State. Therefore the Administration strongly opposes House passage of H.R. 1424 or any legislation that expands benefits and remedies beyond what is included in the Senate-passed S. 558.

H.R. 1424 also includes two provisions to offset the approximately $3 billion in on-budget costs associated with the bill. First, the bill would place new restrictions on physician-owned hospitals. The Administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs. HHS already has administrative policies in place to address concerns about physician-owned hospitals, including disclosure of physician ownership, patient safety measures, and revisions to Medicare's payment systems to better reflect patients' severity of illness and the resources needed to treat patients.

Second, the bill also would increase the Medicaid drug rebate. The Administration objects to any offset that would legislatively mandate an increase to the rebate percentage. As CBO has noted in its 2007 analysis of budget options, it is unknown how this change would impact non-Medicaid beneficiaries and other payers. The Administration is concerned that the proposal would have an adverse impact on private purchasers, including the uninsured, further distort the market for prescription drugs, and discourage innovation in the drug development process.

The Administration urges Congress to offer meaningful protections to American workers and their families by eliminating the disparities between mental health benefits and medical and surgical benefits, without broadly mandating new benefits. The Administration believes the Senate bill strikes the necessary balance of treating mental illness with the same urgency as physical illnesses without significantly increasing health care costs. The Administration would also urge the House to preserve uniformity in health plan administration as has been done in S. 558.

GENETIC INFORMATION NON-DISCRIMINATION ACT

The rule requires that the provisions of H.R. 493 as passed by the House be added to the Mental Health Parity bill after the House passes H.R. 1424. While the Administration strongly supports passage of legislation to prevent the misuse of an individual's personal genetic information and believes such legislation is critical to realizing the full potential of genomic medicine, the Administration has both substantive and process objections to the rule. The Administration is strongly opposed to the lack of a clear ''firewall'' between title I of the Genetic Information Nondiscrimination Act (GINA), which addresses genetic discrimination in health benefits provided by health insurers and plans, and title 11 of GINA, which addresses genetic discrimination in employment. The Administration is concerned that the bill fails to ensure that health benefits disputes are properly brought under the appropriate remedies in ERISA, the Public Health Service Act, or the Internal Revenue Code and that it could unintentionally permit ''forum shopping.'' The Administration also is concerned that unless the legislation is clarified, the bill could be construed to have the unintended effect of prohibiting health plans and issuers from using information about the manifested disease of a dependent covered under an individual's plan for appropriate and routine insurance purposes. The Administration also believes it is important that the legislation's relationship with other provisions of law, such as Health Insurance Portability and Accountability Act, be clearly defined. Finally, the Administration looks forward to working with Congress to address these concerns and pass Mental Health Parity and Genetic Nondiscrimination legislation this year.

Ms. CASTOR. Mr. Speaker, I am proud to yield 2 minutes to the gentlewoman from the powerful Rules Committee and the State of California (Ms. MATSUI).

Ms. MATSUI. I thank the gentlewoman from Florida for yielding me time.

Mr. Speaker, I would like to begin today by thanking my colleagues, Mr. KENNEDY and Mr. RAMSTAD. Their advocacy on this issue has been truly remarkable.

We held a field hearing in my district last year on mental health. It provided my constituents with a forum for important dialogue about an issue that affects millions of Americans.

Mr. Speaker, anyone who has had a family member with a mental illness knows how difficult living with the disease can be for everyone involved. They also know one thing above all else: physical illness and mental illness are equally painful and equally challenging. In many ways, mental health patients suffer more because our insurance system discriminates against them. That is why this legislation is so important, because it is about people, people who struggle with mental illness every day and every night, people who suffer in silence without a doctor's help because their insurance will not cover mental health or addiction treatments.

This House has the chance to demonstrate its compassion and commitment to these people, Mr. Speaker. With one vote, we can put behind us the false conception that mental illness is not as serious as cancer or diabetes or many other diseases covered by health insurance plans.

On the contrary, mental illnesses are some of the most serious health conditions we face. The battle against them has been enormously difficult for millions of families across our Nation.

It has been tough, but this is a battle that we must win, Mr. Speaker. With mental health parity, it is a battle we can and will win.

Again, I thank Mr. KENNEDY and Mr. RAMSTAD for their courageous commitment to this legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 4 minutes to the gentlelady from New Mexico (Mrs. WILSON), a member of the Energy and Commerce Committee.

Mrs. WILSON of New Mexico. Mr. Speaker, I will be asking for a recorded vote on the previous question today, and the reason is that the House majority leader, Mr. HOYER, has just announced that the House will not take up the electronic surveillance bill this week, further delaying any decisions in the closing of an important intelligence gap. We have now gone 18 days since the expiration of the Protect America Act. If the previous question is defeated, we will immediately bring up the Senate legislation to close that gap.

I also rise today to oppose this rule. I commend Mr. RAMSTAD and Mr. KENNEDY for their work on mental health parity. In the past, I have been a cosponsor of their legislation. But I offered a substitute amendment in the Rules Committee last night which was not ruled in order. The alternative is supported by 285 organizations that support the Senate version of the mental health parity bill which passed the United States Senate unanimously in September. The differences are on policy, and my amendment was not made in order. Instead, we have the 50th closed rule of this Congress. No amendments. This floor can't stomach debate on policy issues, and I think that is a sad commentary on the way this House is being run.

This is a major bill, one of the most important, I think, we will consider this year. I believe very strongly that mental illness and a disease of the brain is a medical condition that should be treated as seriously as a disease of the heart or the liver or the lungs.

The amendment that I offered, the substitute, is a bipartisan compromise that was worked out in negotiations lasting over 2 years. It is supported by mental health providers, the mental health community, business and the insurance industry.

Mr. Speaker, I submit for the RECORD a list of 285 organizations supporting the alternative I offered.

285 ORGANIZATIONS SUPPORTING THE MENTAL HEALTH PARITY ACT OF 2007, S. 558, OR THE DOMENICI/KENNEDY/ENZI MANAGER'S AMENDMENT

Abilities in Motion.
ACCESS—DSPA Alliance.
Addictions Care Center of Albany (NY).
AFL–CIO.
Albany County Consumer Advocacy Board for Mental Health, Inc. (NY).
Alexander Graham Bell Association for the Deaf and Hard of Hearing.
Alliance for Children and Families.
Alliance for the Betterment of Citizens with Disabilities (ABCD) (Hamilton, NJ).
Alliance for Eating Disorders Awareness.
American Academy of Child and Adolescent Psychiatry.
American Academy of Cosmetic Surgery.
American Academy of Family Physicians.
American Academy of Neurology.
American Academy of Pediatrics.
American Academy of Physician Assistants.
American Association for Geriatric Psychiatry.
American Association for Marriage and Family Therapy.
American Association for Psychosocial Rehabilitation.
American Association of Children's Residential Centers.
American Association of Pastoral Counselors.
American Association of People with Disabilities.
American Association of Practicing Psychiatrists.
American Association of School Administrators.
American Association of Suicidology.
American Association on Health and Disability.
American Association on Intellectual and Developmental Disabilities.
American Board of Examiners in Clinical Social Work.
American College of Occupational and Environmental Medicine.
American Council of the Blind.
American Counseling Association.
American Dance Therapy Association.
American Federation of Teachers.
American Foundation for Suicide Prevention.
American Foundation for the Blind.
American Gastroenterological Association.
American Geriatrics Society.
American Group Psychotherapy Association.
American Hospital Association.
American Jail Association.
American Medical Association.
American Medical Rehabilitation Providers Association.
American Mental Health Counselors Association.
American Music Therapy Association.
American Network of Community Options and Resources.
American Nurses Association.
American Occupational Therapy Association.
American Orthopsychiatric Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Psychotherapy Association.
American Public Health Association.
American School Health Association.
American Society of Plastic Surgeons.
American Therapeutic Recreation Association.
American Thoracic Society.
America's HealthTogether.
Anorexia Nervosa and Related Eating Disorders, Inc..
Anxiety Disorders Association of America.
Arizona Council of Human Service Providers.
Aspire of Western New York. Inc.
Association for Ambulatory Behavioral Healthcare.
Association for Behavioral Health and Wellness.
Association for the Advancement of Psychology.
Association for Psychological Science.
Association of American Medical Colleges.
Association of Asian Pacific Community Health Organizations.
Association of Assistive Technology Act Programs.
Association of Jewish Family & Children's Agencies.
Association of University Centers on Disabilities.
Association to Benefit Children.
Autism Society of America.
Barbara Schneider Foundation.
Bazelon Center for Mental Health Law.
Behavioral Health/Consumers In Action, Inc. (Phoenix, AZ).
The Bridge, Inc. (Caldwell, NJ).
The Carter Center Mental Health Program.
Center for Disability Issues and the Health Professions.
C.H.E.E.E.R.S. Center 4 Health Enlightenment Enrichment Empowerment Renewal Services (AZ).
Chicago Children's Advocacy Center.
Child and Family Service (Ewa Beach, HI).
Child and Family Services of Yuma, Inc. (Yuma, AZ).
Child and Family Resources, Inc (Tucson. AZ).
Child Neurology Society.
Child Welfare League of America.
Children and Adults with Attention-Deficit/Hyperactivity Disorder.
Children's Aid and Family Services, Inc. (Paramus, NJ).
Children's Defense Fund.
The Children's Guild (Baltimore, MD).

Children's Home of Reading (Reading, PA).
Children's Hospital Boston.
Christian Family Care Agency (Phoenix, AZ).
Clinical Social Work Association.
Clinical Social Work Guild 49, OPEIU.
College of Psychiatric and Neurologic Pharmacists.
Connecticut Council of Family Service Agencies.
Cornerstones of Care (Kansas City, MO).
Corporation for Supportive Housing.
Council for Children with Behavior Disorders.
Council for Exceptional Children.
Council of Family & Child Caring Agencies (New York, NY).
Council of Parent Attorneys and Advocates.
Council of State Administrators of Vocational Rehabilitation.
County of Santa Clara, CA.
Dads and Daughters.
DePelchin Children's Center (Houston, TX).
Depression and Bipolar Support Alliance.
Disability Center for Independent Living.
Disability Rights Education and Defense Fund. Inc..
Disability Service Providers of America.
Division for Learning Disabilities (DLD) of the Council for Exceptional Children.
Easter Seals.
Eating Disorders Coalition for Research, Policy & Action.
Eating Disorder Referral and Information Center/EDReferral.com.
The Elisa Project.
Ensuring Solutions to Alcohol Problems.
Epilepsy Foundation.
Families For Depression Awareness.
Families USA.
Family & Children First, Inc. (Louisville, KY).
Family and Children's Association (Mineola, NY).
Family and Children's Center (Mishawaka, IN).
Family & Children First, Inc. (Louisville, KY).
Family & Children's Service of Niagara, Inc. (Niagara Falls, NY).
Family and Community Service of Delaware County (PA).
Family Means (Stillwater, MN).
Family Service Agency (North Little Rock, AR).
Family Service Association of New Jersey.
Family Service League (Huntington, NY).
Family Service of Chester County, PA.
Family Service of Lackawanna County, PA.
Family Service of the Piedmont (Jamestown, NC).
Family Services Centers, Inc. (Clearwater, FL).
Family Services of Greater Houston.
Family Services of Greater Waterbury, Inc. (CT).
Family Services of Northeast Wisconsin (Green Bay, WI).
Family Voices.
Federation of American Hospitals.
Federation of Behavioral, Psychological, & Cognitive Sciences.
Federation of Families for Children's Mental Health.
Feeling Blue Suicide Prevention Center.
First Focus.
Friends Committee on National Legislation (Quaker).
Gail R. Schoenbach/FREED Foundation.
Germantown Settlement (Philadelphia, PA).
Glove House, Inc (Elmira, NY).
Goodwill Industries International, Inc.
Gürze Books.
Hale Kipa, Inc. (Honolulu, HI).
Hamilton-Madison House, Inc. (New York, NY).
Hartley House (New York, NY).
Helen Keller National Center.
The Hillside Family of Agencies (Rochester, NY).
Hope House Inc. (Albany, NY).
Hudson Guild (New York, NY).
Human Rights Campaign.
Huntington Family Centers, Inc. (Syracuse, NY).
Institute for the Advancement of Social Work Research.
International Association of Jewish Vocational Services.
Jewish Board of Family and Children's Services (New York, NY).
Jewish Family Services of Greater Hartford.
Jewish Federation of Metropolitan Chicago.
Jewish Vocational Service of Metropolitan Chicago.
Kentucky Center for Mental Health Studies.
Khmer Health Advocates.
Kids Project.
Kristin Brooks Hope Center.
LDA, the Learning Disabilities Association of America.
Little Colorado Behavioral Health Centers (St. Johns, AZ).
Lutheran Services in America.
McHenry County Mental Health Board.
Mental Health America.
Methodist Home for Children (Philadelphia, PA).
Minnesota Council of Child Caring Agencies.
National Advocacy Center of the Sisters of the Good Shepherd.
National Alliance for Hispanic Health.
National Alliance for Research on Schizophrenia and Affective Disorders.
National Alliance on Mental Illness.
National Alliance on Mental Illness—New York City Metro.
National Alliance on Mental Illness—Clarion County of PA.
National Alliance to End Homelessness.
National Asian American Pacific Islander Mental Health Association.
National Association for the Advancement of Orthotics & Prosthetics.
National Association for Children's Behavioral Health.
National Association for Rural Mental Health.
National Association for the Dually Diagnosed.
National Association of Anorexia Nervosa and Associated Disorders—ANAD.
National Association of Councils on Developmental Disabilities.
National Association of Counties.
National Association of County and City Health Officials.
National Association of County Behavioral Health and Developmental Disability Directors.
National Association of Disability Representatives.
National Association of Mental Health Planning & Advisory Councils.
National Association of Pediatric Nurse Practitioners.
National Association of Psychiatric Health Systems.
National Association of School Psychologists.
National Association of Social Workers.
National Association of Social Workers—Louisiana Chapter.
National Association of State Directors of Special Education.
National Association of State Head Injury Administrators.
National Association of State Mental Health Program Directors.
National Center for Learning Disabilities, Inc.
National Center for Policy Research for Women & Families.
National Coalition for the Homeless.
National Coalition on Deaf-Blindness.
National Committee to Preserve Social Security and Medicare.
National Council for Community Behavioral Healthcare.
National Council of Jewish Women.
National Council on Aging.
National Council on Alcoholism and Drug Dependence (Phoenix, AZ).
National Council on Family Relations.
National Council on Independent Living.
National Council on Problem Gambling.
National Disability Rights Network.
National Down Syndrome Congress.
National Down Syndrome Society.
National Education Association.
National Hispanic Medical Association.
National Hopeline Network.
National Law Center on Homelessness & Poverty.
National Mental Health Awareness Campaign.
National Mental Health Consumers' Self-Help Clearinghouse.
National Multiple Sclerosis Society.
National Network for Youth.
National Organization of People of Color Against Suicide.
National Partnership for Women and Families.
National Recreation and Park Association.
National Rehabilitation Association.
National Research Center for Women & Families.
National Respite Coalition.
National Rural Health Association.
National TASC.
New Jersey Alliance for Children, Youth and Families.
New Jersey Association of Mental Health Agencies, Inc.
Newtown Youth and Family Services (Newtown, CT).
NISH.
Northamerican Association of Masters in Psychology.
Obsessive Compulsive Foundation.
Ophelia's Place.
PACER Center.
Paralyzed Veterans of America.
Pendleton Academies (Pendleton, OR).
People With Disabilities Foundation.
Personal & Family Counseling Services (New Philadelphia, OH).
PREHAB of Arizona (Mesa, AZ).
Presbyterian Church (U.S.A.) Washington Office.
Pressley Ridge (Pittsburgh, PA).
Puente de Vida Recovery Center—The Council on Alcoholism and Drug Abuse of Sullivan County (NY).
School Social Work Association of America.
Screening for Mental Health, Inc.
The Shaken Baby Alliance.
Sjogren's Syndrome Foundation.
Society for Research on Child Development.
Society of Professors of Child and Adolescent Psychiatry.
Somerset Home for Temporarily Displaced Children (Bridgewater, NJ).
Suicide Awareness Voices of Education.
Suicide Prevention Action Network USA.
TASH.
The Advocacy Institute.
The Arc of Salem County, NJ.
The Arc of the United States.
Title II Community AIDS National Network.
Toby House, Inc. (Phoenix, AZ).
Tourette Syndrome Association, Inc.
Union for Reform Judaism.

Unitarian Universalist Association of Congregations.
United Cerebral Palsy Association.
United Community & Family Services. Inc. (Norwich, CT).
United Jewish Communities.
United Methodist Church—General Board of Church and Society.
United Neighborhood Centers of America.
United Spinal Association.
U.S. Psychiatric Rehabilitation Association.
Wisconsin Association of Family & Children's Agencies.
Witness Justice.
Working Assets.
World Institute on Disability.
Yellow Ribbon International Suicide Prevention Program.

BUSINESS AND INSURANCE SUPPORTING

Aetna, Inc.
American Benefits Council.
America's Health Insurance Plans.
AstraZeneca Pharmaceuticals—US.
BlueCross BlueShicld Association.
CIGNA.
Eli Lilly and Company.
National Association of Health Underwriters.
National Association of Manufacturers.
National Association of Wholesaler-Distributors.
National Business Group on Health.
National Federation of Independent Business.
National Retail Federation.
Retail Industry Leaders Association.
Society for Human Resource Management.
U.S. Chamber of Commerce.

There is one big difference between the House bill and the Senate bill that is important. The House bill requires that if a company insures any mental illness, they must provide coverage for all of the conditions listed in a diagnostic manual called the DSM–IV. That is highly unusual. Even the Federal employees' health plan that we have here in the Congress just says that you have to offer categories, like substance abuse. It doesn't say you have to cover every diagnosis, like caffeine addiction, which is a subcategory under substance abuse. This is unprecedented and, I think, would cause a lot of businesses to not offer mental health coverage at all.

So the risk here of unintended consequences, since no business is required to offer mental health insurance, is that 18 million Americans who suffer from serious mental illness may actually lose their coverage. That is the important policy choice that we are not having the opportunity to debate here today because an alternative has not been allowed.

Finally, I would say this. The alternative that I put forward was also paid for, but it wasn't paid for by closing physician-owned hospitals. It is paid for by extending an asset verification electronic system from a pilot project that exists in three States now to all 50 States. It is a fairly straightforward approach to getting fraud out of the Medicaid system and would pay for this mental health parity bill that has passed unanimously in the Senate.

The alternative that I offered is better for the mentally ill. It is widely supported by business, by insurance, and the mental health community. It does not close our physician-owned hospitals and is the kind of debate we should be having on this floor. For that reason, I would urge my colleagues to vote against the rule in front of us today.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Let me thank the gentlelady from Florida and the gentleman from Minnesota for yielding and their indulgence.

Mr. Speaker, I am rising to first of all take my hat off to Congressman PATRICK KENNEDY. This is a day in waiting, for he has worked without tiring in the tradition of my good friend, Senator Paul Wellstone, now deceased, who worked and committed themselves to changing the inequity, really, I would think, constitutionally wrong, to disallow mental health parity and those who suffered from mental health issues.

All of our family members, or all of our families, have faced these crises. We ask the question, what do we do? That is why I am so disappointed that we have taken the work of PATRICK KENNEDY and imploded it. We have dissolved the bipartisan allegiance to this bill, the commitment to mental health parity, by destroying hospitals in our districts, hospitals that are serving the poor of our districts. Why they would think that this was an important element of this bill, I don't know. And that is, of course, to end the growth of physician-owned hospitals in urban and rural areas for poor and those who are without access to hospitals.

This would restrict the ability and capacity of physician-owned hospitals. It doesn't matter if the hospital is rural or in the inner city, big or small. It punishes these hospitals. In Houston, in the 18th Congressional District, it punishes St. Joseph's, it punishes the Heights Hospital, and it does so without any reason.

We could pay for this by the tax cuts that we are taking away from those making over $250,000, or the tax cuts on the energy company. But why are you breaking the backs of those who clearly need an opportunity?

This bill should include a robust State license emergency care with doctors on call at all times to care for patients. That is what these hospitals need to have. Maintain a minimum number of physicians available at all times to provide service and provide charity care equal to at least 4 percent of its operating budget. We can put criteria on these hospitals. We don't have to destroy them. I am saddened by what we have done to this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SNYDER). Members are reminded to heed the gavel.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. GINGREY), a former member of the Rules Committee.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

We have heard, particularly from our side of the aisle, the objection to this bill, H.R. 1424, in regard to procedure and in regard to pay-fors, which basically I agree with. The fact is that this is the 50th time that the Democratic majority has brought forth a bill, an important bill, with a closed rule and no opportunity for our side. In the case of myself as a physician member, I think I had some good thoughts about this bill. In fact, I was proud to support the extension of the original Paul Wellstone Mental Health and Addiction Equity Act. I thought that was a good thing. But now my objection to the rule and the underlying bill, Mr. Speaker, is mainly about policy. I think they have taken this bill and adulterated it to an extent that it is unbelievable that the gentlelady from Florida in her opening remarks said that this is a business-friendly piece of legislation.

Now if we were talking about covering things like bipolar disorder, depressive disorders, anxiety disorders, post-traumatic stress syndrome, certainly this is very important that we have mental health parity. But as one of the previous speakers on our side of the aisle said, what you have done in expanding this to cover things on a mandated basis to our employees, diseases in the Diagnostic Statistical Manual of Mental Illnesses, jet lag fatigue, caffeine intoxication, sibling rivalry, substance induced sexual dysfunction, transvestite fetishism, can you imagine any employer being willing to cover things like that?

□ 1515

You are throwing the baby out with the bath water. You had a good bill. I was proud to support it, and I would proudly support it today, but to expand it to the point where no employer will offer mental health coverage, that means so many of these people, families with adult children, adult dependent children, who are suffering from some of these conditions that we know of that I mentioned, bipolar disorder, schizophrenia, they desperately need help, and they need health parity. I am in favor of that and I would support it. That is why I am supportive of the Senate version.

But I stand here, and I ask all of my colleagues to look at this and read it and understand why hardly any employer would accept this and provide health coverage when it provides all of these things that are totally unnecessary.

With that, I ask my colleagues to defeat this rule and this underlying legislation. Let's take it back to the drawing board and do probably what Paul Wellstone intended originally, and my friend PATRICK KENNEDY as well. We have ruined an otherwise good bill.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Mr. Speaker, it has been an honor for me to speak in support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I want to thank both Congressman KENNEDY and Congressman RAMSTAD for their dedication to ending the insurance discrimination and ensuring that all Americans have access to mental health and addiction services.

As a Minnesotan, I'm struck by the emotion of this day because the late Paul Wellstone's tireless efforts to ensure mental health parity might finally be realized. Paul Wellstone knew it was wrong for health insurers to place discriminatory restrictions on treatments, and I am honored to be part of this effort to finally guarantee that millions of Americans who need mental health and addiction services can obtain the services they deserve.

The urgent need for the Paul Wellstone Mental Health and Addiction Equity Act is surely best expressed by those who have seen a loved one in need denied coverage. I think immediately of Kitty Westin, a Minnesotan whose daughter Anna suffered from anorexia, a deadly disease that affects approximately 8 million Americans and ultimately claimed Anna's life. During her daughter's battle with anorexia, Kitty took Anna to the hospital. Anna was refused care by the insurance company because it did not consider access to mental health treatment important enough to cover.

Kitty knows this is completely unacceptable and has been fighting selflessly to make sure that no other family experiences the same frustration and pain. I commend her for carrying on Anna's legacy so impressively through her advocacy efforts and community work. For Kitty and all of those who have encountered insurance discrimination, I carry Paul Wellstone's message that access to mental health and addiction services is imperative and must take place now.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, I thank my colleague from the State of Washington, and I rise in strong opposition to this closed rule. This rule gives the House no opportunity to engage in meaningful debate about this important issue.

I am disappointed that the majority did not make in order a substitute amendment I cosponsored to consider the bipartisan legislation that was unanimously approved by the Senate last year.

Let me be clear: I strongly support mental health parity. That is precisely why I am so concerned that the bill before us today could derail our efforts to pass mental health parity legislation altogether.

While the House bill could reduce access to care for the mentally ill, decrease the affordability for health care coverage, and even close a hospital in my State, the Senate measure represents some of the very best that can come from bipartisan collaboration and compromise. It reflects the interests of mental health advocates and providers while also respecting the rights of States like Washington to enact mental health laws that go beyond the Federal standard.

Mr. Speaker, I came to this House, this body, a little over 3 years ago. My previous profession was in law enforcement for 33 years, so I came here in a little bit different way than most Members of the House of Representatives. So today I make the statement not as a Republican but as a citizen of the United States of America. I am standing here today as an American saying that we need to stop the partisan bickering and we need to come together as Democrats and Republicans and we need to address this issue of not having opportunity, not having a voice, to share in the decisions that are being made in this House. It is time that we come together.

The Senate bill that passed unanimously needs to be considered on the House floor.

Ms. CASTOR. Mr. Speaker, I yield 1 minute to the gentlewoman from California, a champion for America's families, children, and veterans, and the Speaker of the House, Ms. PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentlewoman for yielding and for her leadership in bringing the rule to the floor, which will enable us to debate legislation that is very important to many people in America. I thank Mr. PALLONE for his leadership on the committee of jurisdiction, a House subcommittee of Energy and Commerce, and I thank Mr. HASTINGS as well for the opportunity to debate this important issue.

This is a very special day in the Congress of the United States. We are all very proud of our work, but there are some days that really stand out as historic, days that represent breakthroughs for America's families.

Today we are debating an issue that is relevant to the lives of so many people in our country. And we owe a great debt of gratitude to two of our colleagues, Congressman PATRICK KENNEDY of Rhode Island and Congressman RAMSTAD of Minnesota, for their great knowledge of the issue of mental illness and addiction, for their political astuteness of the political process here, and for their generosity of spirit to share their personal experience with us, to use their knowledge of issues relating to mental illness and addiction to benefit so many people in our country. It is painful, I know, and therefore very courageous of them to do so. And simply said, without their leadership, we would not have this opportunity today. So I am pleased to salute the leadership of Congressman KENNEDY and Congressman RAMSTAD. With this legislation, they have given hope to millions of Americans.

Mr. Speaker, I rise in support of the legislation also because illness of the brain must be treated just like illness anywhere else in the body. The Paul Wellstone Mental Health and Addiction Equity Act is a comprehensive bill to help end discrimination against those who seek treatment for mental illness.

There is no shame in mental illness. The great shame would be if Congress did not take action to ensure that individuals with mental health illnesses and addictions are given the attention, treatment, and resources they need to lead a healthy life.

This is an issue of national significance. Did you know, and I found the figure startling, every year mental illness results in 1.3 billion lost days of work or school; 1.3 billion days. That adds up to more lost productivity for mental illness than arthritis, stroke, heart attack, and cancer combined. Combined. Yet bipartisan and independent research shows that there is no significant cost to insuring mental illness like any other medical disease.

This legislation will be especially relevant for our returning veterans from Iraq and Afghanistan who later become employed in the private sector. This will be potentially life-saving for those brave men and women who served in the National Guard and Reserves but who don't receive VA care for their entire lifetime.

Mr. Speaker, to help remove the stigma against mental illness, for the millions suffering from mental illness and addiction, and because it is the right thing for our Nation, I urge my colleagues to support the Paul Wellstone Mental Health and Addiction Equity Act. It is legislation that is long overdue. It gives hope to millions of people in our country and their families.

I urge my colleagues to support the legislation and honor the leadership, the courage, the generosity of spirit of Mr. KENNEDY and Mr. RAMSTAD in making this day possible for us.

Mr. HASTINGS of Washington. Mr. Speaker, I reserve the balance of my time.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentlewoman from Florida for yielding. I rise in strong support of this rule and the underlying bill. Like all of my colleagues, I want to commend Representatives Kennedy and Ramstad for their unrelenting advocacy for mental health. As a matter of fact, we have watched them travel all across the country, holding hearing after hearing, engaging people, trying to help them understand that mental illness, that mental health is just as important as any other aspect.

I have heard us debate cost. All of us know that insanity is doing the same

thing over and over again and expecting a different result. We know that education, early diagnosis and prevention can save us billions of dollars in mental health. And so I would urge passage of this rule and passage of the underlying bill.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, there are several parts to this bill. And obviously by the remarks that I made previously, I am worried about what we call the pay-for part of that because it would have a detrimental effect, as I mentioned, on doctor-owned facilities, particularly in my district, but also in other parts of the country.

Since this issue came up some 7 months ago, we discovered that there are very few doctor-owned facilities that are unique in the sense of what I was talking about today, and I think my colleagues from Wisconsin and Texas talked about last night in the Rules Committee, and so I want to ask my friend from New Jersey who is the sponsor of this legislation, and I will be happy to yield to him.

He talked about the issue of overutilization. Now, I simply have to bring this up because I doubt that the 150,000 patients of the Wenatchee Valley Clinic would say that they are overutilizing that clinic. I think they go there because they want to have their health needs taken care of. So I don't think that is applicable to that facility, and I mentioned that in my previous remarks.

I want to ask my friend from New Jersey a question.

As I mentioned, apparently there are just a few hospitals that fall in the category that I was describing.

□ 1530

But there are bipartisan concerns about the effects of this bill on good hospitals providing quality care. I made that point.

Will you work with me and other Members from both sides of the aisle to protect these hospitals and to exempt them totally from this ban on doctor ownership?

I yield to my friend from New Jersey.

Mr. PALLONE. The answer to that is that we believe that the legislation, as it is before you today, accomplishes that goal. In other words, as I said, these hospitals within 18 months of enactment, they can essentially reconfigure, so if no physician owned more than 2 percent—

Mr. HASTINGS of Washington. Reclaiming my time, I asked if the gentleman would work with me, and apparently the gentleman is saying that he won't work with me, even though this apparently is a very, very small universe, a universe of hospitals that deserve, I think, to have some sort of special consideration because if you have, for example, a government-mandated fire sale, what is the value of the enterprise that you're trying to sell? Yet that is precisely the language that you have in place.

So I'm asking you again. Since there are very few of these facilities, in three different States, would you work with us to exempt them totally from the ban that's imposed by this bill?

Mr. PALLONE. The answer is, no, if I could explain why just very briefly.

Mr. HASTINGS of Washington. The gentleman answered me yes. Now go ahead with your no. Please explain your no.

I yield to the gentleman.

Mr. PALLONE. I've been trying to explain that the reason that the money is saved pursuant to this provision is because physician self-referrals inherently are not a good thing. We are trying to discourage it as much as possible and not having it be the case in the future. Now there are some hospitals that, as you said, historically had this configuration. But we don't want to encourage it. We want to discourage it. That's why we're saying that we'll have a standard with the 40 percent and the 2 percent and we'll even allow some of them to grow if they meet certain standards. But we're not looking to have this continue because it inherently is not a good thing.

Mr. HASTINGS of Washington. Reclaiming my time, I appreciate the gentleman's explanation.

To me, Mr. Speaker, this sounds precisely as a look into the future, as we move towards what I would consider, I know that some would want, a government-style health care in this country, where conditions are going to be set forth on what kind of care, when that care is, what's the condition of ownership. All of these things apparently are on the horizon, and we are seeing an inkling into the future of how that would be effected.

Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Mr. Speaker, I rise today in support of the rule for the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

The time is long past due for Congress to, once and for all, act to end discrimination against patients seeking treatment for mental illness and addiction. More than 57 million Americans suffer from mental illness and more than 26 million suffer from addiction. Unfortunately, our Nation's investment in services for individuals with mental illness and addiction has not kept pace with the trend. Last year, untreated mental illness cost the U.S. economy over $150 billion, and untreated addiction cost over $400 billion.

H.R. 1424 reverses this trend by guaranteeing that plans cover the same range of mental illnesses and addiction disorders offered by the Federal employee health plan that Members of Congress use; prohibiting insurers and group health plans from imposing treatment of financial limitations when they offer mental health benefits that are more restrictive from those applied to medical and surgical services; and creating medical management tools that are based on valid medical evidence and pertinent to the patient's medical condition so that specific coverage is not arbitrary and is more transparent to the patient.

This is a piece of legislation that is critically important to our Nation and to my constituents.

Just the other day I received a letter from a Mr. Smith in my district, whose son, a 16-year-old, was diagnosed with attention deficit hyperactivity disorder.

Last spring Mr. Smith's son started using marijuana and used it increasingly as the months progressed in what was described as self-medication. His grades dropped and he withdrew from his friends and showed other signs of substance abuse.

When his parents placed him in an outpatient counseling facility, Mr. Smith learned, to his surprise, that the necessary treatment was not covered under his employer-based health insurance. After that counseling proved ineffective, he sent his son to a facility for in-patient treatment which cost approximately $25,000.

This legislation is very important, and I would urge my colleagues to vote in favor of the rule and the legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I have the right to close, and we do not have any additional speakers, so I will reserve the balance of my time until my colleague has made his closing remarks.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, there's been a lot of discussion here today on the underlying bill, the subject of which has broad support. The issues are the PAYGO and the issues are the denial, denial of the Democrat leadership in this House to allow a vote on a bill that passed in the other body unanimously. So much for openness that was promised a little over a year ago.

Mr. Speaker, I want to focus my closing remarks on another issue, another issue that has not been taken up and needs to be addressed, and that's the FISA issue that we have talked about so many times.

It has come to my attention today, and it will be in a publication presumably tomorrow, that the distinguished majority leader said that the electronic surveillance bill, or the FISA bill, will not be taken up this week.

We are becoming unprotected in this country because we don't have all the capabilities that we need in our intelligence community.

With that, Mr. Speaker, in this rule, Democrat leaders have blocked the House from voting on a bipartisan compromise on mental health parity, as I had mentioned.

I want to talk now about modernizing the Foreign Intelligence Surveillance Act into the 21st century. The Senate has passed legislation that will

bring this 1970s Jimmy Carter-era law up to date to reflect today's age of disposable cell phones and the Internet. Yet for weeks now, House Democrat leaders have refused to allow Representatives to vote on this Senate bill. They've done this despite the public support given the bipartisan Senate compromise by 21 members of the Democrat Blue Dog Coalition.

House Democrat leaders are tying the hands of our intelligence professionals to make them jump through unnecessary red tape and paperwork to protect our country. If foreign persons in foreign places are conspiring and plotting to harm Americans and our country, then our intelligence personnel should be listening to them. They shouldn't have to waste precious time and energy on bureaucratic hurdles.

We can protect and are protecting the constitutional rights of Americans, but we also must protect their lives by recognizing the terrorist threat to our country and modernizing FISA.

I ask all my colleagues to join with me in defeating the previous question so that we can immediately move to vote on the bipartisan Senate FISA bill.

Mr. Speaker, I ask unanimous consent to have the text of the amendment and extraneous material inserted into the RECORD prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Washington?

There was no objection.

Mr. HASTINGS of Washington. Mr. Speaker, I urge my colleagues to oppose this 50th closed rule, record-setting 50th closed rule that denies every Member from offering an amendment on the House floor, and to vote ''no'' on the previous question and in favor of a bipartisan permanent solution that closes the terrorist loophole.

With that, Mr. Speaker, I yield back the balance of my time.

Ms. CASTOR. Mr. Speaker, back on the Paul Wellstone Mental Health Equity Act, I submit for the RECORD a letter of support from the Federation of American Hospitals along with a related letter from the American Hospital Association, Coalition of Full Service Community Hospitals and Federation of American Hospitals.

FEDERATION OF AMERICAN HOSPITALS,
March 3, 2008.

Speaker NANCY PELOSI,
U.S. Congress,
Washington, DC.
Minority Leader JOHN BOEHNER,
U.S. Congress,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER BOEHNER: The Federation of American Hospital (FAH), representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424). This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, H.R. 1424 will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field; threatens patient safety; fails low-income and uninsured patients; and, has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

We deeply appreciate Congress's ongoing commitment to mental health parity and strengthening the Medicare program.

Sincerely,

MARCH 4, 2008.

Hon. LOUISE MCINTOSH SLAUGHTER,
Chair, House Committee on Rules, House of Representatives, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: On behalf of our nearly 5,000 member hospitals, health systems, and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA), along with the Federation of American Hospitals and the Coalition of Full Service Community Hospitals, strongly opposes the amendment expected to be offered by Rep. HINOJOSA (D-TX) during Rules Committee consideration of H.R. 1424.

The amendment would seriously erode the investment provisions currently included in H.R. 1424 designed to ensure that physician ownership interests and their potential to cause conflicts of interest are limited and to ensure that physician investments are bona fide and not simply a means to buy physician referrals. Specifically, it would allow grandfathered facilities of 300 beds or more to maintain their current level of physician ownership without regard to the aggregate and individual physician limits. Currently, under H.R. 1424, physicians would be granted 18 months to adjust their current physician ownership level.

Furthermore, it would allow existing physician-owned facilities that had already provided loans or financing for physicians to purchase their ownership interest to continue to do so. Finally, it weakens the language in H.R. 1424 as it pertains to the needed limitations on growth.

Physician self-referral to hospitals in which they have an ownership stake presents an inherent conflict of interest. These arrangements create an uneven, anti-competitive playing field, threaten patient safety and have, according to independent research, resulted in over-utilization, siphoning precious resources away from the Medicare program.

The only way to protect the Medicare program and the seniors it serves, as well as ensure fair competition, is to place needed restrictions on self-referral. We urge the Committee to reject this amendment.

Sincerely.

RICK POLLACK,
Executive Vice President,
American Hospital Association.

Mr. Speaker, if anyone had followed the debate today, they might think that hospitals throughout the country are opposed to this. To the contrary. Please let me read a portion of the Federation of American Hospitals letter to the speaker and the minority leader.

''The Federation of American Hospitals, representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act. This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

''This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, it will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

''H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field, threatens patient safety, fails low-income and uninsured patients, and has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

''We deeply appreciate Congress' ongoing commitment to mental health parity and strengthening the Medicare program.''

Mr. Speaker, what a tremendous lifeline we provide to families of veterans today by ending the discrimination that exists under many group health plans for mental health treatment. Unfortunately, people struggling with mental illness and addiction are often denied coverage for mental health treatment. Insurers often increase patient costs for mental health treatment by limiting in-patient days, capping outpatient visits, and requiring higher copayments than for physical illnesses.

It is estimated that over 90 percent of workers with employer-sponsored health insurance are enrolled in plans that impose higher costs in at least one of these ways. This is unfair. The treatment is unfair, and it's a major barrier to receiving adequate health care. Consequently, many mental health and substance-related disorders go untreated.

Clearly, diseases of the mind should be afforded the same treatment as diseases of the body. That benefits us all. Today's bill will end this discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment and cost sharing.

Mr. Speaker, again this is an anti-discrimination bill. This is a health care bill. This is a pro-business and economic development bill. This is a pro-family bill. And this is a bill that supports our veterans. So today we strike a blow for fairness and equity and improved access to mental health treatment which will fundamentally improve the lives of millions of American families.

Mr. Speaker, I urge a ''yes'' vote on the previous question and on the rule.

The material previously referred to by Mr. HASTINGS of Washington is as follows:

AMENDMENT TO H. RES. 1014 OFFERED BY MR. HASTINGS OF WASHINGTON

At the end of the resolution, add the following:

SEC. 4. ''That upon adoption of this resolution, before consideration of any order of business other than one motion that the House adjourn, the bill (H.R. 3773) to amend the Foreign Intelligence Surveillance Act of 1978 to establish a procedure for authorizing certain acquisitions of foreign intelligence, and for other purposes, with Senate amendment thereto, shall be considered to have been taken from the Speaker's table. A motion that the House concur in the Senate amendment shall be considered as pending in the House without intervention of any point of order. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the Majority Leader and the Minority Leader or their designees. The previous question shall be considered as ordered on the motion to final adoption without intervening motion.''

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308–311) describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Democratic majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution .... [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's ''American Congressional Dictionary'': ''If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.''

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. CASTOR. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting House Resolution 1014, if ordered, and suspending the rules with regard to H.R. 4774 and H. Con. Res. 286.

The vote was taken by electronic device, and there were—yeas 215, nays 195, not voting 18, as follows:

[Roll No. 95]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costello
Courtney
Crowley
Cuellar
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—195

Abercrombie
Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Cramer
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Petri
Pickering
Pitts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson

Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—18

Brown-Waite, Ginny
Cole (OK)
Conyers
Costa
Cummings
Gonzalez
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on this vote.

□ 1606

Ms. PRYCE of Ohio and Mr. GARY G. MILLER of California changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 209, nays 198, not voting 21, as follows:

[Roll No. 96]

YEAS—209

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Cannon
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rodriguez
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Solis
Space
Spratt
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NAYS—198

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pastor
Paul
Pearce
Pence
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Salazar
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—21

Brown-Waite, Ginny
Cole (OK)
Conyers
Fallin
Gonzalez
Hunter
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Shea-Porter
Stark
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 1613

Mr. AL GREEN of Texas changed his vote from ''yea'' to ''nay.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I missed the first two votes in a series of four votes. I missed rollcall vote Nos. 95 and 96.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 95: "nay" (On Calling the Previous Question on the Rule providing for H.R. 1424); rollcall vote No. 96: "nay" (On the Rule providing for the consideration of H.R. 1424).

CYNDI TAYLOR KRIER POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4774, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 4774, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 0, not voting 24, as follows:

[Roll No. 97]

YEAS—404

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello

Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Rahall
Regula
Rehberg
Reichert
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—24

Bean
Bishop (GA)
Brown-Waite, Ginny
Conyers
Gonzalez
Higgins
Johnson, E. B.
Jones (OH)
Keller
Meek (FL)
Ortiz
Pickering
Poe
Radanovich
Ramstad
Rangel
Renzi
Reyes
Richardson
Rothman
Rush
Weldon (FL)
Wilson (SC)
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are less than 2 minutes remaining in this vote.

□ 1620

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING AND HONORING EARL LLOYD FOR BECOMING THE FIRST AFRICAN-AMERICAN TO PLAY IN THE NATIONAL BASKETBALL ASSOCIATION LEAGUE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 286, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 286.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 412, nays 0, not voting 16, as follows:

[Roll No. 98]

YEAS—412

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space

Spratt	Tsongas	Waxman
Stark	Turner	Weiner
Stearns	Udall (CO)	Welch (VT)
Stupak	Udall (NM)	Weldon (FL)
Sullivan	Upton	Weller
Sutton	Van Hollen	Westmoreland
Tancredo	Velázquez	Wexler
Tanner	Visclosky	Whitfield (KY)
Tauscher	Walberg	Wilson (NM)
Taylor	Walden (OR)	Wilson (OH)
Terry	Walsh (NY)	Wilson (SC)
Thompson (CA)	Walz (MN)	Wittman (VA)
Thompson (MS)	Wamp	Wolf
Thornberry	Wasserman Schultz	Wu
Tiahrt	Waters	Wynn
Tiberi	Watson	Yarmuth
Tierney	Watt	Young (AK)
Towns		Young (FL)

NOT VOTING—16

Brown-Waite, Ginny	Keller	Renzi
Conyers	Meek (FL)	Rush
Gonzalez	Ortiz	Schmidt
Gordon	Poe	Sires
Johnson, E. B.	Pryce (OH)	Woolsey
	Rangel	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are 2 minutes remaining in this vote.

□ 1628

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. CONYERS. Mr. Speaker, on March 5, 2008, I was unavoidably detained due to weather-related travel delays. The following list describes how I would have voted had I been in attendance this afternoon.

"Yea"—H.R. 4191, To redesignate Dayton Aviation Heritage National Historic Park in the State of Ohio as "Wright Brothers-Dunbar National Historic Park", and for other purposes.

"Yea"—H. Con. Res. 278, Supporting Taiwan's fourth direct and democratic presidential elections in March 2008.

"Present"—H. Res. 951, Condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes.

"Yea"—On motion to consider the resolution H. Res. 1014, providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—On ordering the previous question on H. Res. 1014, providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—H. Res. 1014, Providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—H.R. 4774, To designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the "Cyndi Taylor Krier Post Office Building".

"Yea"—H. Con. Res. 286, Expressing the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago.

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

Mr. PALLONE. Mr. Speaker, pursuant to House Resolution 1014, I call up the bill (H.R. 1424) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1424

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Paul Wellstone Mental Health and Addiction Equity Act of 2007".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Amendments to the Employee Retirement Income Security Act of 1974.
Sec. 3. Amendments to the Public Health Service Act relating to the group market.
Sec. 5. Amendments to the Internal Revenue Code of 1986.
Sec. 5. Government Accountability Office studies and reports.

SEC. 2. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

"(3) TREATMENT LIMITS.—

"(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

"(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

"(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

"(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

"(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

"(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

"(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

"(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

"(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

"(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

"(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified under paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

"(B) BENEFICIARY FINANCIAL REQUIREMENT.—

"(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services (as specified in paragraph (3)(C)), the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

"(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

"(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment,

other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—An election to modify coverage of mental health and substance-related disorder benefits as permitted under this paragraph shall be treated as a material modification in the terms of the plan as described in section 102(a)(1) and shall be subject to the applicable notice requirements under section 104(b)(1).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) ERISA.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.''.

(i) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 712. Equity in mental health and substance-related disorder benefits.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by striking the item relating to section 712 and inserting the following new item:

''Sec. 712. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan or coverage may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits

and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—A group health plan under this part shall comply with the notice requirement under section 712(c)(2)(E) of the

Employee Retirement Income Security Act of 1974 with respect to the a modification of mental health and substance-related disorder benefits as permitted under this paragraph as if such section applied to such plan.''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) CONSTRUCTION.—Nothing in this section shall be construed to affect or modify the provisions of section 2723 with respect to group health plans.''.

(i) CONFORMING AMENDMENT TO HEADING.—The heading of such section is amended to read as follows:

''SEC. 2705. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 4. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 9812 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—

''(A) NO TREATMENT LIMIT.—If the plan does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' in the heading and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits shall be made available by the plan administrator to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be

provided for items and services in such category furnished outside any network of providers established or recognized under such plan in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan, if the application of this section to such plan results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan during the following plan year, and such exemption shall apply to the plan for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan, the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan has complied with this section for the first 6 months of the plan year involved.''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1) of such section is amended to read as follows:

''(1) SMALL EMPLOYER EXEMPTION.—

''(A) IN GENERAL.—This section shall not apply to any group health plan for any plan year of a small employer.

''(B) SMALL EMPLOYER.—For purposes of subparagraph (A), the term 'small employer' means, with respect to a calendar year and a plan year, an employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year. For purposes of the preceding sentence, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 employer and rules similar to rules of subparagraphs (B) and (C) of section 4980D(d)(2) shall apply.''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking subsection (f).

(h) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 9812. Equity in mental health and substance-related disorder benefits.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by striking the item relating to section 9812 and inserting the following new item:

''Sec. 9812. Equity in mental health and substance-related disorder benefits.''.

(i) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 5. GOVERNMENT ACCOUNTABILITY OFFICE STUDIES AND REPORTS.

(a) IMPLEMENTATION OF ACT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on—

(A) the cost of health insurance coverage;

(B) access to health insurance coverage (including the availability of in-network providers);

(C) the quality of health care;

(D) Medicare, Medicaid, and State and local mental health and substance abuse treatment spending;

(E) the number of individuals with private insurance who received publicly funded health care for mental health and substance-related disorders;

(F) spending on public services, such as the criminal justice system, special education, and income assistance programs;

(G) the use of medical management of mental health and substance-related disorder benefits and medical necessity determinations by group health plans (and health insurance issuers offering health insurance coverage in connection with such plans) and timely access by participants and beneficiaries to clinically-indicated care for mental health and substance-use disorders; and

(H) other matters as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of the Congress a report containing the results of the study conducted under paragraph (1).

(b) BIANNUAL REPORT ON OBSTACLES IN OBTAINING COVERAGE.—Every two years, the Comptroller General shall submit to each House of the Congress a report on obstacles that individuals face in obtaining mental health and substance-related disorder care under their health plans.

(c) UNIFORM PATIENT PLACEMENT CRITERIA.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to each House of the Congress a report on availability of uniform patient placement criteria for mental health and substance-related disorders that could be used by group health plans and health insurance issuers to guide determinations of medical necessity and the extent to which health plans utilize such critiera. If such criteria do not exist, the report shall include recommendations on a process for developing such criteria.

The SPEAKER pro tempore. Pursuant to House Resolution 1014, in lieu of the amendments recommended by the Committees on Energy and Commerce, Ways and Means, and Education and Labor printed in the bill, the amendment in the nature of a substitute printed in House report 110–538 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Amendments to the Employee Retirement Income Security Act of 1974.
Sec. 3. Amendments to the Public Health Service Act relating to the group market.
Sec. 4. Amendments to the Internal Revenue Code of 1986.
Sec. 5. Medicaid drug rebate.
Sec. 6. Limitation on Medicare exception to the prohibition on certain physician referrals for hospitals.
Sec. 7. Studies and reports.

SEC. 2. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished

on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified under paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services (as specified in paragraph (3)(C)), the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health or substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator (or

health insurance issuer, as the case may be) to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—An election to modify coverage of mental health and substance-related disorder benefits as permitted under this paragraph shall be treated as a material modification in the terms of the plan as described in section 102(a) and notice of which shall be provided a reasonable period in advance of the change.

''(F) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall notify the Department of Labor of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Department of Labor shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(G) NO IMPACT ON APPLICATION OF STATE LAW.—The fact that a plan or coverage is exempt from the provisions of this section under subparagraph (A) shall not affect the application of State law to such plan or coverage.

''(H) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan (or health insurance coverage offered in connection with such a plan) from complying with the provisions of this section notwithstanding that the plan or coverage is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—This part shall not be construed to supersede any provision of State law which establishes, implements, or continues in effect any consumer protections, benefits, methods of access to benefits, rights, external review programs, or remedies solely relating to health insurance issuers in connection with group health insurance coverage (including benefit mandates or regulation of group health plans of 50 or fewer employees) except to the extent that such provision prevents the application of a requirement of this part.

''(2) CONTINUED PREEMPTION WITH RESPECT TO GROUP HEALTH PLANS.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.

''(3) OTHER STATE LAWS.—Nothing in this section shall be construed to exempt or relieve any person from any laws of any State not solely related to health insurance issuers in connection with group health coverage insofar as they may now or hereafter relate to insurance, health plans, or health coverage.'''.

(i) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 712. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by striking the item relating to section 712 and inserting the following new item:

''Sec. 712. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

(k) DOL ANNUAL SAMPLE COMPLIANCE.—The Secretary of Labor shall annually sample and conduct random audits of group health plans (and health insurance coverage offered in connection with such plans) in order to determine their compliance with the amendments made by this Act and shall submit to the appropriate committees of Congress an annual report on such compliance with such amendments. The Secretary shall share the results of such audits with the Secretaries of Health and Human Services and of the Treasury.

(l) ASSISTANCE TO PARTICIPANTS AND BENEFICIARIES.—The Secretary of Labor shall provide assistance to participants and beneficiaries of group health plans with any questions or problems with compliance with the requirements of this Act. The Secretary shall notify participants and beneficiaries how they can obtain assistance from State consumer and insurance agencies and the Secretary shall coordinate with State agencies to ensure that participants and beneficiaries are protected and afforded the rights provided under this Act.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan or coverage may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage,

or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health or substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator (or health insurance issuer, as the case may be) to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—A group health plan under this part shall comply with the notice requirement under section 712(c)(2)(E) of the Employee Retirement Income Security Act of 1974 with respect to a modification of mental health and substance-related disorder benefits as permitted under this paragraph as if such section applied to such plan.

''(F) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption

under this paragraph, and elects to implement the exemption, shall notify the Secretary of Health and Human Services of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Secretary of Health and Human Services shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(G) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan (or health insurance coverage offered in connection with such a plan) from complying with the provisions of this section notwithstanding that the plan or coverage is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) CONSTRUCTION.—Nothing in this section shall be construed to affect or modify the provisions of section 2723 with respect to group health plans.''.

(i) CONFORMING AMENDMENT TO HEADING.—The heading of such section is amended to read as follows:

''SEC. 2705. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(j) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) ELIMINATION OF SUNSET.—The amendment made by subsection (g) shall apply to benefits for services furnished after December 31, 2007.

(3) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

SEC. 4. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 9812 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and within a network of providers established or recognized under such plan.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan, but does not include the application of any aggregate lifetime limit or annual limit.'', and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'',

(B) by striking ''; or'' and inserting a period, and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Section 9812 of such Code is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of section 9812 of such Code, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits shall be made available by the plan administrator in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of section 9812 of such Code is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan that provides any mental health or substance-related disorder benefits, the plan shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of section 9812(c) of such Code is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan, if the application of this section to such plan results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan during the following plan year, and such exemption shall apply to the plan for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan, the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies, and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall notify the Secretary of the Treasury of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Secretary of the Treasury shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan from complying with the provisions of this section notwithstanding that the plan is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Paragraph (1) of section 9812(c) of such Code is amended to read as follows:

''(1) SMALL EMPLOYER EXEMPTION.—

''(A) IN GENERAL.—This section shall not apply to any group health plan for any plan year of a small employer.

''(B) SMALL EMPLOYER.—For purposes of subparagraph (A), the term 'small employer' means, with respect to a calendar year and a plan year, an employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year. For purposes of the preceding sentence, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 employer and rules similar to rules of subparagraphs (B) and (C) of section 4980D(d)(2) shall apply.''.

(g) ELIMINATION OF SUNSET PROVISION.—Section 9812 of such Code is amended by striking subsection (f).

(h) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of section 9812 of such Code is amended to read as follows:

''SEC. 9812. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of such Code is amended by striking the item relating to section 9812 and inserting the following new item:

''Sec. 9812. Equity in mental health and substance-related disorder benefits.''.

(i) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) ELIMINATION OF SUNSET.—The amendment made by subsection (g) shall apply to benefits for services furnished after December 31, 2007.

(3) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of

the enactment of this Act, the amendments made by this section (other than subsection (g)) shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

SEC. 5. MEDICAID DRUG REBATE.

Paragraph (1)(B)(i) of section 1927(c) of the Social Security Act (42 U.S.C. 1396r–8(c)) is amended—

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

(2) in subclause (V)—

(A) by inserting ''and before January 1, 2009, and after December 31, 2014,'' after ''December 31, 1995,''; and

(B) by striking the period at the end and inserting ''; and''; and

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

''(VI) after December 31, 2008, and before January 1, 2015, is 20.1 percent.''.

SEC. 6. LIMITATION ON MEDICARE EXCEPTION TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS FOR HOSPITALS.

(a) IN GENERAL.—Section 1877 of the Social Security Act (42 U.S.C. 1395nn) is amended—

(1) in subsection (d)(2)—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

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

''(C) in the case where the entity is a hospital, the hospital meets the requirements of paragraph (3)(D).'';

(2) in subsection (d)(3)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period at the end and inserting ''; and''; and

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

''(D) the hospital meets the requirements described in subsection (i)(1) not later than 18 months after the date of the enactment of this subparagraph.''; and

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

''(i) REQUIREMENTS FOR HOSPITALS TO QUALIFY FOR HOSPITAL EXCEPTION TO OWNERSHIP OR INVESTMENT PROHIBITION.—

''(1) REQUIREMENTS DESCRIBED.—For purposes of subsection (d)(3)(D), the requirements described in this paragraph for a hospital are as follows:

''(A) PROVIDER AGREEMENT.—The hospital had—

''(i) physician ownership on the date of enactment of this subsection; and

''(ii) a provider agreement under section 1866 in effect on such date of enactment.

''(B) LIMITATION ON EXPANSION OF FACILITY CAPACITY.—Except as provided in paragraph (3), the number of operating rooms and beds of the hospital at any time on or after the date of the enactment of this subsection are no greater than the number of operating rooms and beds as of such date.

''(C) PREVENTING CONFLICTS OF INTEREST.—

''(i) The hospital submits to the Secretary an annual report containing a detailed description of—

''(I) the identity of each physician owner and any other owners of the hospital; and

''(II) the nature and extent of all ownership interests in the hospital.

''(ii) The hospital has procedures in place to require that any referring physician owner discloses to the patient being referred, by a time that permits the patient to make a meaningful decision regarding the receipt of care, as determined by the Secretary—

''(I) the ownership interest of such referring physician in the hospital; and

''(II) if applicable, any such ownership interest of the treating physician.

''(iii) The hospital does not condition any physician ownership interests either directly or indirectly on the physician owner making or influencing referrals to the hospital or otherwise generating business for the hospital.

''(iv) The hospital discloses the fact that the hospital is partially owned by physicians—

''(I) on any public website for the hospital; and

''(II) in any public advertising for the hospital.

''(D) ENSURING BONA FIDE INVESTMENT.—

''(i) Physician owners in the aggregate do not own more than 40 percent of the total value of the investment interests held in the hospital or in an entity whose assets include the hospital.

''(ii) The investment interest of any individual physician owner does not exceed 2 percent of the total value of the investment interests held in the hospital or in an entity whose assets include the hospital.

''(iii) Any ownership or investment interests that the hospital offers to a physician owner are not offered on more favorable terms than the terms offered to a person who is not a physician owner.

''(iv) The hospital (or any investors in the hospital) does not directly or indirectly provide loans or financing for any physician owner investments in the hospital.

''(v) The hospital (or any investors in the hospital) does not directly or indirectly guarantee a loan, make a payment toward a loan, or otherwise subsidize a loan, for any individual physician owner or group of physician owners that is related to acquiring any ownership interest in the hospital.

''(vi) Investment returns are distributed to each investor in the hospital in an amount that is directly proportional to the investment of capital by such investor in the hospital.

''(vii) Physician owners do not receive, directly or indirectly, any guaranteed receipt of or right to purchase other business interests related to the hospital, including the purchase or lease of any property under the control of other investors in the hospital or located near the premises of the hospital.

''(viii) The hospital does not offer a physician owner the opportunity to purchase or lease any property under the control of the hospital or any other investor in the hospital on more favorable terms than the terms offered to an individual who is not a physician owner.

''(E) PATIENT SAFETY.—

''(i) Insofar as the hospital admits a patient and does not have any physician available on the premises to provide services during all hours in which the hospital is providing services to such patient, before admitting the patient—

''(I) the hospital discloses such fact to a patient; and

''(II) following such disclosure, the hospital receives from the patient a signed acknowledgment that the patient understands such fact.

''(ii) The hospital has the capacity to—

''(I) provide assessment and initial treatment for patients; and

''(II) refer and transfer patients to hospitals with the capability to treat the needs of the patient involved.

''(2) PUBLICATION OF INFORMATION REPORTED.—The Secretary shall publish, and update on an annual basis, the information submitted by hospitals under paragraph (1)(C)(i) on the public Internet website of the Centers for Medicare & Medicaid Services.

''(3) EXCEPTION TO PROHIBITION ON EXPANSION OF FACILITY CAPACITY.—

''(A) PROCESS.—

''(i) ESTABLISHMENT.—The Secretary shall establish and implement a process under which an applicable hospital (as defined in subparagraph (E)) may apply for an exception from the requirement under paragraph (1)(B).

''(ii) OPPORTUNITY FOR COMMUNITY INPUT.—The process under clause (i) shall provide individuals and entities in the community that the applicable hospital applying for an exception is located with the opportunity to provide input with respect to the application.

''(iii) TIMING FOR IMPLEMENTATION.—The Secretary shall implement the process under clause (i) on the date that is 18 months after the date of enactment of this subsection.

''(iv) REGULATIONS.—Not later than the date that is 18 months after the date of enactment of this subsection, the Secretary shall promulgate regulations to carry out the process under clause (i).

''(B) FREQUENCY.—The process described in subparagraph (A) shall permit an applicable hospital to apply for an exception up to once every 2 years.

''(C) PERMITTED INCREASE.—

''(i) IN GENERAL.—Subject to clause (ii) and subparagraph (D), an applicable hospital granted an exception under the process described in subparagraph (A) may increase the number of operating rooms and beds of the applicable hospital above the baseline number of operating rooms and beds of the applicable hospital (or, if the applicable hospital has been granted a previous exception under this paragraph, above the number of operating rooms and beds of the hospital after the application of the most recent increase under such an exception) by an amount determined appropriate by the Secretary.

''(ii) LIFETIME 50 PERCENT INCREASE LIMITATION.—The Secretary shall not permit an increase in the number of operating rooms and beds of an applicable hospital under clause (i) to the extent such increase would result in the number of operating rooms and beds of the applicable hospital exceeding 150 percent of the baseline number of operating rooms and beds of the applicable hospital.

''(iii) BASELINE NUMBER OF OPERATING ROOMS AND BEDS.—In this paragraph, the term 'baseline number of operating rooms and beds' means the number of operating rooms and beds of the applicable hospital as of the date of enactment of this subsection.

''(D) INCREASE LIMITED TO FACILITIES ON THE MAIN CAMPUS OF THE HOSPITAL.—Any increase in the number of operating rooms and beds of an applicable hospital pursuant to this paragraph may only occur in facilities on the main campus of the applicable hospital.

''(E) APPLICABLE HOSPITAL.—In this paragraph, the term 'applicable hospital' means a hospital—

''(i) that is located in a county in which the percentage increase in the population during the most recent 5-year period (as of the date of the application under subparagraph (A)) is at least 200 percent of the percentage increase in the population growth of the United States during that period, as estimated by Bureau of the Census;

''(ii) whose annual percent of total inpatient admissions and outpatient visits that

represent inpatient admissions and outpatient visits under the program under title XIX is equal to or greater than the average percent with respect to such admissions and visits for all hospitals located in the State;

''(iii) that does not discriminate against beneficiaries of Federal health care programs and does not permit physicians practicing at the hospital to discriminate against such beneficiaries;

''(iv) that is located in a State in which the average bed capacity in the State is less than the national average bed capacity; and

''(v) in the case of a hospital located—

''(I) in a core-based statistical area, that is located in such an area in which the average bed occupancy rate in such area is greater than 80 percent; or

''(II) outside of a core-based statistical area, that is located in a State in which the average bed occupancy rate is greater than 80 percent.

''(F) PUBLICATION OF FINAL DECISIONS.—The Secretary shall publish final decisions with respect to applications under this paragraph in the Federal Register.

''(G) LIMITATION ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the process under this paragraph (including the establishment of such process).

''(4) COLLECTION OF OWNERSHIP AND INVESTMENT INFORMATION.—For purposes of clauses (i) and (ii) of paragraph (1)(D), the Secretary shall collect physician ownership and investment information for each hospital as it existed on the date of the enactment of this subsection.

''(5) PHYSICIAN OWNER DEFINED.—For purposes of this subsection, the term 'physician owner' means a physician (or an immediate family member of such physician) with a direct or an indirect ownership interest in the hospital.''.

(b) ENFORCEMENT.—

(1) ENSURING COMPLIANCE.—The Secretary of Health and Human Services shall establish policies and procedures to ensure compliance with the requirements described in subsection (i)(1) of section 1877 of the Social Security Act, as added by subsection (a)(3), beginning on the date such requirements first apply. Such policies and procedures may include unannounced site reviews of hospitals.

(2) AUDITS.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct audits to determine if hospitals violate the requirements referred to in paragraph (1).

(c) ADJUSTMENT TO PAQI FUND.—Section 1848(l)(2)(A)(i)(III) of the Social Security Act (42 U.S.C. 1395w-4(l)(2)(A)(i)(III)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173), is amended by striking ''$4,960,000,000'' and inserting ''$5,120,000,000''.

SEC. 7. STUDIES AND REPORTS.

(a) IMPLEMENTATION OF ACT.—

(1) GAO STUDY.—The Comptroller General of the United States shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on—

(A) the cost of health insurance coverage;

(B) access to health insurance coverage (including the availability of in-network providers);

(C) the quality of health care;

(D) Medicare, Medicaid, and State and local mental health and substance abuse treatment spending;

(E) the number of individuals with private insurance who received publicly funded health care for mental health and substance-related disorders;

(F) spending on public services, such as the criminal justice system, special education, and income assistance programs;

(G) the use of medical management of mental health and substance-related disorder benefits and medical necessity determinations by group health plans (and health insurance issuers offering health insurance coverage in connection with such plans) and timely access by participants and beneficiaries to clinically-indicated care for mental health and substance-use disorders; and

(H) other matters as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of the Congress a report containing the results of the study conducted under paragraph (1).

(b) GAO REPORT ON UNIFORM PATIENT PLACEMENT CRITERIA.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to each House of the Congress a report on availability of uniform patient placement criteria for mental health and substance-related disorders that could be used by group health plans and health insurance issuers to guide determinations of medical necessity and the extent to which health plans utilize such criteria. If such criteria do not exist, the report shall include recommendations on a process for developing such criteria.

(c) DOL BIANNUAL REPORT ON ANY OBSTACLES IN OBTAINING COVERAGE.—Every two years, the Secretary of Labor, in consultation with the Secretaries of Health and Human Services and the Treasury, shall submit to the appropriate committees of each House of the Congress a report on obstacles, if any, that individuals face in obtaining mental health and substance-related disorder care under their health plans.

The SPEAKER pro tempore. Debate shall not exceed 2 hours, equally divided and controlled by the chairman and ranking minority member of the Committees on Energy and Commerce, Ways and Means, and Education and Labor.

The gentleman from New Jersey (Mr. PALLONE), the gentleman from Georgia (Mr. DEAL), the gentleman from California (Mr. STARK), the gentleman from Michigan (Mr. CAMP), the gentleman from California (Mr. GEORGE MILLER), and the gentleman from California (Mr. MCKEON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise today to support the passage of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, a comprehensive bill which will establish full mental health and addiction care parity. My colleagues, Representative PATRICK KENNEDY and Representative JIM RAMSTAD, have worked exhaustively to complete the mission that Congress embarked upon more than 10 years ago through the passage of the Mental Health Parity Act of 1996. That 1996 act authorized for 5 years partial parity by mandating that the annual and lifetime dollar limit for mental health treatment under group health plans offering mental health coverage be no less than that for physical illnesses.

H.R. 1424, introduced by Representatives KENNEDY and RAMSTAD, will fully ensure equity in coverage for mental illness and substance abuse disorders by requiring that group health plans with mental health coverage offer that coverage without the imposition of discriminatory financial requirements or discriminatory treatment limitations. The bill also protects against discrimination by diagnosis and requires plans to cover all mental health and substance abuse disorders.

Mental illnesses are biologically based disorders, and there is no reason we should affirmatively provide protections to a student with depression or a young adult with schizophrenia, but not a child with autism or an elderly person with dementia. The bill also requires equality in out-of-network coverage. Again, a plan need not offer out-of-network coverage, but if it does for medical conditions, it should for mental illnesses as well. There are many good actors that already offer equity in care. However, some try and create a phantom network of providers, where doctors in the network have long waiting lists or are not appropriate to treat certain illnesses.

Mental disorders are the leading cause of disability in the United States for individuals between the ages of 15 and 44. But many health disorders are very treatable illnesses. H.R. 1424 would allow those individuals and families struggling to cope with the diverse array of illnesses which fall under the category of mental illness to have greater access to affordable care in order to alleviate the tremendous burden that these conditions can cause.

Furthermore, H.R. 1424 will help to allow individuals that have been disabled by mental health and addiction disorders to acquire the treatment that they need in order to once again become productive members of society.

Mr. Speaker, I strongly urge my colleagues to vote in favor of the passage of this important legislation which will ensure the equitable treatment of very serious diseases.

I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I would yield myself such time as I may consume.

Mr. Speaker, I rise today in opposition to this legislation. It is unfortunate that the majority in the House refused to pursue a strategy that our colleagues in the other body found appropriate for this legislation. Legislating, as we know, means compromising, and our colleagues on the other side of the Capitol worked together to craft a consensus piece of mental health parity legislation.

As a supporter of the concept of mental health parity, it is disappointing to me that the House has instead decided to jeopardize the possibility of getting legislation on mental health parity this year by ignoring the broad consensus among Members and stakeholders which was developed in the Senate.

Mental illness affects tens of millions of Americans. According to the Surgeon General, approximately one in five Americans suffers adverse mental conditions during any given year. The impact from such illnesses on families can be devastating, and we must be doing more to improve access to mental health services. However, this bill before us today is not the correct approach.

At a time of climbing premiums and health insurance costs, it is strange to me that we would pursue a path which the CBO acknowledges will raise the price of health insurance. CBO also projected that H.R. 1424 would cause some to lose their health insurance benefits and some employers to terminate mental health benefits altogether. In the face of a growing uninsured population in this country, statements like these from CBO concern me. We must find a more balanced approach to this problem that protects access to health insurance and mental health benefits.

The bill's focus is also overly broad and includes coverage of some conditions that fall well short of diseases under most scientifically accepted definitions. Our legislation should focus on serious biologically based mental disorders like schizophrenia and bipolar disorder, not on jet lag and caffeine addiction, as this bill would include. Employers may be willing to provide coverage for serious mental disorders, but under this bill could decide to drop coverage of mental illness altogether because they cannot afford the scope of the DSM–IV, the Diagnostic and Statistical Manual of Mental Disorders. Surely, this is an unintended consequence we should all want to avoid.

It is also important to note that under the bill, no executive or congressional action would intercede between the decisions of the American Psychiatric Association in the creation of the DSM and future legal requirements with which employers and insurers must comply under penalty of Federal law. I have always been concerned that this represents a likely constitutional conflict under the delegations doctrine. The bill appears to leave any update of what qualifies as mental health conditions and, therefore, coverage under the bill to the American Psychiatric Association. There are no criteria for judicial review, required notice and comment, or congressional review of future decisions made by a nongovernment entity.

I want to be clear that I am not questioning the value of the DSM or the practice of medicine, or the process by which the manual is developed. But I believe giving the future decisions of a nongovernmental body the force of law raises serious constitutional questions. I would support a more balanced approach to mental health parity along the lines of the Senate bill.

I would ask my colleagues to vote ''no'' today so that we can take up the Senate bill and avoid a possible stalemate in a House-Senate conference on an issue that should be signed into law this Congress.

I would reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Washington (Mr. BAIRD).

Mr. BAIRD. Mr. Speaker, this is indeed a landmark day in the United States of America in the history of health care because the Congress of the United States, the House of Representatives, is going to say that mental illness deserves treatment and people suffering from mental illness deserve to have that treatment covered under their insurance plans.

I want to commend JIM RAMSTAD and PATRICK KENNEDY for decades of work on this project. They are American heroes, in my judgment. They joined me for a field hearing in my congressional district where we heard from families, patients and providers about the toll mental illness takes on their lives.

As a clinical psychologist who spent 23 years providing mental health care, I want to share with my colleagues this simple fact. I have never met, and I am sure you have never met, anyone who has not been touched personally by a family member, a friend, or a coworker whose lives have been disrupted by mental illness. All of us in some way have been touched by mental illness, in our families, our friends, or our coworkers. What this bill does is say that people suffering from such illnesses will be covered under insurance plans.

I want to be clear about one thing. This is research-based, it is effective, it saves lives, and it saves dollars for our economy. Research-based, effective, it saves lives, and it saves dollars. This legislation supports it.

Congratulations, PATRICK KENNEDY and JIM RAMSTAD. I urge a ''yes'' vote on behalf of millions of Americans.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to Mr. FERGUSON from New Jersey.

Mr. FERGUSON. I thank the gentleman from Georgia.

I rise in support of H.R. 1424, the Paul Wellstone Mental Health Addiction and Equity Act of 2007. This legislation brings treatment to individuals that desperately need the help. Addictions and mental illnesses are afflictions that have long been stigmatized and brushed aside by our society and institutions. Most of us have had a loved one or family member touched by mental illness or addictions. We know their painful stories all too well. Many individuals go years without treatment for serious illnesses due to society's stigma on mental illnesses. These individuals need and should receive the same care and treatment as if they had any other illness. However, I do have deep concerns about how this bill will be funded. Funding this legislation comes at the expense of United States medical researchers, which is ironic, since these are the folks who we look to to develop treatments for many of these very health conditions.

One of the offsets included in this legislation is a more than 30 percent increase in the Medicaid prescription drug rebate, which is a punitive and unwarranted move against the same medical researchers that we are relying on to find cures and treatments for illnesses and diseases. By increasing their cost and slapping a new tax on their work, we will be reducing their ability to invest in research and development of new products, new drugs. I believe that is profoundly shortsighted and misguided, and I believe it will set back the cause of research, which would ultimately lead to treatments for many of the diseases and afflictions that we are talking about here today.

Therefore, while I support and am a cosponsor of the underlying legislation, I urge that this particular misguided offset be struck from the bill as we negotiate with our colleagues in the Senate on a final version of this important legislation.

Mr. Speaker, I thank the gentleman, Mr. DEAL, for his leadership. I thank Mr. KENNEDY and Mr. RAMSTAD for their work.

Mr. PALLONE. Mr. Speaker, I would yield 4½ minutes to the gentleman from Rhode Island (Mr. KENNEDY), the sponsor of this legislation, who has been out on the road, and such a champion. I can't imagine what else to say about all his work on this.

Mr. KENNEDY. I thank the chairman for yielding me this time, and I want to thank him for all of his hard work and that of the other chairmen, Chairman DINGELL, Chairman RANGEL, Chairman MILLER, Chairman STARK, and obviously you, Chairman Pallone, for hosting that committee hearing in your district, as well as Chairman ANDREWS for all the work he did on this issue to bring H.R. 1424 to the floor today.

Without all of your markups, this bill would not have made it as far as it did today to come to this floor as one of the most important public health bills that we have seen on this floor in decades. Of course, that would not have happened had it not been for the great support of our Speaker, NANCY PELOSI, and Leader HOYER who without their support this would not have happened as well. I am indebted to them for their support.

Today, this House of Representatives takes up a truly landmark piece of civil rights legislation. Why civil rights? Because just as it would account for the color of your skin, or any other immutable fact about you, you don't choose if you're born with a congenital defect or if you're born with

one characteristic or another, just as you don't choose to have a predisposition to cancer, a predisposition to having asthma, a predisposition to dying early of one disease or another. And that applies true with those with mental illness. Yet when you have health insurance in this country, you expect to buy health insurance and it should cover your whole body.

□ 1645

But unfortunately, unbelievably, the brain is still relegated to that part of the world where people think of it as something that should be in your control, something that you should take charge of and so forth; that even though you might have a biochemical imbalance in your brain, that it is your fault if you have that biochemical imbalance in your brain.

So if you had diabetes and you don't produce enough insulin and you eat the wrong food and have sugar imbalances, no one holds it against you if you have complications to diabetes. But God forbid you have a dopamine imbalance in your brain that causes you to use alcohol or drugs, or you have a dopamine imbalance that has you in a depression or an imbalance in your brain that has you have a mental illness like schizophrenia. Then you are held to account because someone says that is your fault. And if you wander around the streets or if you are homeless, that must be your fault.

Those are the physical symptoms of a mental illness. Yet an insurance company will hospitalize you for the symptoms of a chemical imbalance called diabetes, but they won't hospitalize you for the physical and chemical imbalances of a brain illness as a result of dopamine imbalances or glutamate imbalances. What sense does that make? It doesn't make any sense. But it is stereotyped in an old dark ages mindset that has people hanging in the shadows because they are afraid someone is going to point someone out and say you should be ashamed of yourself because you have a mental illness.

My friends, I have a mental illness. I am fortunately getting the best care this country has to offer because I am a Member of Congress. If it is good enough for Members of Congress to have full parity, then it ought to be good enough for every American in this country who buys health insurance not to be discriminated against.

If we care about health care in this country, why are we not taking care of health care, rather than sick care? We ought to be taking care of people before they end up sick. We are spending in our emergency rooms too much money taking care of all of the acute cases as a result of mental illnesses, the car accidents, stabbings and intubations. Why not take care of people before they end up ending up in the emergency rooms? Why not take care of the people before they end up in our jails?

Let's pass mental parity, make this country stronger, make our people stronger, and let's make this day a great day for civil rights for all Americans.

I want to say this couldn't have been done without my good friend and colleague JIM RAMSTAD. Let's put this bill on the floor and do it this year and make it a tribute to Congressman JIM RAMSTAD, who has fought for this bill so long and hard.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Pennsylvania (Mr. TIM MURPHY), a member of the committee.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, I thank the ranking member.

The CBO doesn't score savings. If it did, it would note that drug and alcohol addictions cost $400 billion each year, that depression costs employers $51 billion each year, that depression increases the risk for chronic illness, and that chronic illness and untreated depression doubles the cost of health care. It would also note that caffeine withdrawal and jet lag are not something that insurance companies pay for. In fact, they are not medically necessary. It is not occurring here.

But let's see what really happens with a person with mental illness, and I am saying this as a psychologist, as someone who has seen this time and time again, how the symptom really works. A person with a deadly disease such as anorexia or bulimia withers away until malnutrition and dehydration puts them in the hospital. Once the hospital stabilizes them, they come out. Maybe they will have a visit or two with a counselor or psychiatrist or psychologist. Maybe their primary care physician will put that person on some medication. And 75 percent of psychotropic drugs are prescribed by nonpsychiatrists, by people not trained in the field, because they don't have treatment possibilities under their health care plan.

I oftentimes have a somewhat tongue-in-cheek agreement with obstetricians: I don't deliver babies, and they don't treat mental illness. Unfortunately, that may be all the plan allows for.

But let's look at us as Members of Congress. Out of 435 Members of Congress, out of the 10,000 employees on our side of the Hill, we know that there are hundreds, thousands of people, quite frankly, who at some point in their working career will have some mental illness. What do we do with a well-trained employee? Do we say, you're fired? Do we say, go out and suck it up? Do we send them out into the unemployment system? Do we send them out into the welfare system? Do we take our children and send them out to the educational system and say, let the school take care of it? If it is a family member, do we say, well, be part of the criminal justice system, perhaps go into the emergency room system? No. We have the situation as Members of Congress where we can say, no, you can get help and you can get treatment.

Why not for the rest of the country? Why not look at this as a cost-saving measure? This is more than just a compassionate measure. I speak as someone who has treated the mentally ill all my professional life, for 25 years. I know time and time again, when the people who are trained in this field to do something are told, no, you can't see this patient anymore, what do you say to the autistic child's parents? What do you say to somebody suffering from depression? What do you say to that person with anorexia or bulimia or any host of other problems when you have to say you are not covered, and so they are treated by someone with nothing in terms of experience in that field?

If we really want to save money, if we really are looking at things to help business, let's look at and see what AT&T and Pepsi and PPG and other corporations have said, that it saves them millions of dollars in indirect costs, billions of dollars.

Let's be honest about this. If we leave the system the way it is, we will see more wasted money. We will see more deaths. We will see more people mistreated or lacking treatment. Let's do the right thing.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to our distinguished majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Mr. Speaker, I thank the gentleman for yielding, and I am pleased to follow my friend Mr. MURPHY who just spoke, with whom I agree entirely. This will be a cost savings. I want to congratulate as well PATRICK KENNEDY and JIM RAMSTAD, one a Democrat and one a Republican.

But this is not a partisan issue. This is not a Republican or Democratic issue. It is an issue of human beings. It is an issue of people that need help and have been denied it, people who are one of us, as Mr. MURPHY so eloquently and correctly pointed out.

I rise in strong support of this legislation. I strongly support this long overdue bipartisan legislation to end discrimination against patients seeking treatment for mental illness. Mr. KENNEDY spoke of that discrimination.

I want to commend Congressman KENNEDY and my friend Congressman RAMSTAD. Congressman RAMSTAD is going to be leaving us, but he has been one of the best Members that has served in this body, who looks at issues on their merits, not on partisanship. We all ought to do that.

This legislation, the Paul Wellstone Mental Health and Addiction Equity Act, now has 274 cosponsors on both sides of the aisle. Under this bill, an insurer or group health plan must ensure that any financial requirements such as deductibles, copayments, coinsurance and out-of-pocket expenses which apply to mental health and addiction treatments are no more restrictive or costly than the financial requirements applied to comparable medical and surgical benefits that the plan confers.

Why does it do that? It does it because in America we want healthy people; not physically healthy people or mentally healthy people, but people who are physically and mentally healthy, because obviously there is an extraordinary relationship between the two. Under this bill, we will accomplish that end.

It also requires equity in treatment limits. This means that the treatment limits, such as the frequency of treatment, number of visits and days of coverage applied to mental health and addiction benefits, are no more restrictive than the treatment limits applied to comparable medical and surgical benefits. Why? Again, because we want to effect the health of the individuals we are serving.

It is important to note that this bill only applies to insurers and group health plans that provide mental health benefits. That is, it does not require plans that do not currently offer mental health benefits to do so. It simply says, if you provide mental health benefits, do so equitably and fairly and equally. That is why PATRICK KENNEDY referred to this as a civil rights bill. It is a civil rights bill.

It also exempts businesses with 50 or fewer employees and businesses that experience an overall premium increase of 2 percent or more in the first year and 1 percent in subsequent years. We believe that perhaps will not happen, but it provides for it.

Research has shown that there has been no significant cost increase attributable to the parity requirement in the Federal Employees Health Benefits Program, which has made parity coverage for mental health care available to more than 8½ million Federal employees for 8 years. So we have had experience at this. This is not a radical departure. This is, however, the provision of equal treatment.

Furthermore, this bill's enforcement mechanisms are real, permitting the IRS to enforce and levy fines and penalties on plans for disallowing employers from deducting health care costs as an expense.

The two offsets in this bill were included in the Children's Health and Medical Protection Act, or the CHAMP Act, which passed the House last August. The first increases the rebate or discount that drug companies are required to provide State Medicaid programs for drugs provided for Medicaid beneficiaries. The second prohibits physicians from referring patients to hospitals in which they have an ownership interest, with the ability to grandfather existing physician-owned hospitals.

It is telling, Mr. Speaker, that this bill is supported by, among others, the American Medical Association, the American Hospital Association, the American Nurses Association, the American Psychiatric Association, and the American Psychological Association.

On the steps of the Capitol in a press conference with the Speaker, with Mrs. Rosalynn Carter, Mr. KENNEDY and Mr. RAMSTAD, as well as David Wellstone, I said that the United Negro College Fund has a wonderful phrase that it uses, and that phrase is that ''a mind is a terrible thing to waste.'' That is so very accurate. And if a mind is a terrible thing to waste, it is a terrible thing not to treat, as we would treat the broken arm or the diabetes or any other physical ailment.

This bill makes America healthier. This bill will save money. This bill makes good sense, morally and economically. Support this vital piece of legislation.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Oklahoma (Mr. SULLIVAN), another member of the committee.

Mr. SULLIVAN. Mr. Speaker, I rise today in support of H.R. 1424, the Mental Health and Addiction Equity Act of 2007. I would like to commend Congressman KENNEDY and Congressman RAMSTAD for the work they have done on this bill.

There is a problem I have with it, though. I am disappointed with the offsets that are in there. I think these offsets do punish the pharmaceutical industry for participating in the Medicaid program, and it places financial limitations on physician-owned hospitals. Unfortunately, these offsets are essentially just a political game, and I hope at the end of the day they are not in this bill.

Mental health illness, if someone has a biologically based mental disorder, it is no fault of their own. They either have it or they don't. It is a chemical imbalance of the brain, and I think it should be treated like any other illness, and it is high time in this country that we do that.

This bill, people are going to say, we are going to score it, it is going to cost all this money. It is not. Some research says we spent $100 billion last year on untreated mental illness in lost productivity in the workforce in this country, and last year we lost $400 billion in lost productivity in the workforce due to substance abuse problems in this country. It is high time that we do not brush this issue aside anymore. We can't do it. It is costing us way too much.

My State of Oklahoma has the highest rate of mental illness in the United States of America. I don't know why, but we do, and we need to address it. That is why I was so glad that Congressman KENNEDY did come to my district to hold a field hearing there.

We heard from businesses. We asked them point-blank, one of the biggest employers in my district, we said, is this going to cost you money? He said, no, it will help us. It will save money. We talked to other people in the district about that as well.

People need this desperately. It is high time that we do treat people that have a mental disorder just like anyone else that has diabetes, a heart illness, or any other illness. I urge my colleagues to support this measure.

□ 1700

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. I thank the gentleman, who is our wonderful chairman of the Health Subcommittee in the House, for yielding. I want to begin by paying tribute to our colleagues, JIM RAMSTAD and PATRICK KENNEDY. They came to my congressional district for a hearing, and there was an outpouring. But, in addition, there was an outpouring across the country and I believe that they carried a candle across the country and that candle has lit the way. They lit the way with their integrity, with their courage, with their patience to listen, and their legislative craft of the bill that is brought before the House today. So to both of you, I salute you and the country thanks you.

America is best when we see where we have not done right, where there is a wrong, and we correct it. Congressman KENNEDY said today that this is civil rights legislation, and it is. Every Member of the House should recognize that, today, we have the opportunity to break down a barrier, one of the last barriers in our country where those that have mental illness are indeed discriminated against in the insurance system of our country.

Now there are some in my congressional district that have led the way. Tony and Fran Hoffman helped to found the National Association of Mental Health. Eve Oliphant has worked for that. And I am really proud that David Wellstone, the late Senator Wellstone's son, is a constituent as well.

There are some very important points that have been made about the bill. There are also many things that have been thrown at it. For those that say that jet lag is going to be paid for by insurance companies, don't insult people that have mental health illnesses in our country. That will not happen. So, my colleagues, let's pass the civil rights legislation today. We will do the country good by doing so.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 4 minutes to the ranking member of the Energy and Commerce Committee, the gentleman from Texas (Mr. BARTON).

Mr. BARTON of Texas. I want to thank Congressman DEAL for his excellent leadership of this issue and floor time and his demeanor and ability to coordinate the effort. I really appreciate that.

Mr. Speaker, I, along with every Member of this body, am very concerned about the almost invisible illness which we call mental illness. There is absolutely no question that it is real. There is no question that we need to do more to alleviate it and treat it and, if possible, make it possible for those that have it to be cured of it. Unfortunately, the bill before us today doesn't do that.

We are in the process of putting together a bill that, if it passes in its current form, does nothing more than bureaucratize, in my opinion, the treatment of mental illness. It goes so far as to put the entire catalog of various diagnoses into Federal statute. I don't think that makes a lot of sense. This Diagnostic and Statistical Manual has numerous categories that are very real abuses, very real problems, but I think it is a debatable proposition whether they constitute mental illness.

For example, code V71.01 of the Diagnostic and Statistical Manual covers professional thieves, racketeers, and dealers in illegal substances. Now in my book, those are thugs and criminals; they are not people suffering from a mental illness. And I don't want, if this bill were to become law and the Diagnostic and Statistical Manual be put into Federal statute, for a criminal defense attorney to stand up in court and cite this law as a reason that their client should be treated for mental illness and not be subject to criminal penalties and hopefully, if proven guilty, put behind bars.

There is a better bill. It is a bill that has come out of the other body. It is a bill that was put together in the other body with bipartisan support. In my opinion, it is a better bill than the bill before us. I would hope that at the appropriate time we might work with the other body and adopt more of that language than the language before us.

Finally, Mr. Speaker, I am concerned that this bill came before us under a closed rule. We did have an open debate in the committee and I want to commend Chairman DINGELL for that. But coming to the floor, we were offered no substitute. We were offered no amendments.

I am also concerned about the offset. The offset is an attack on physician-owned hospitals. And it is kind of odd that the same provision that the CBO now scores as saving hundreds of millions of dollars over 5 years and billions over 10 years, 3 years ago had no savings at all when we looked at a similar provision in the Budget Reconciliation Act.

So I would oppose this on procedural reasons and also policy reasons and hope we would defeat it and then work with the other body on some version of the bill that has already come out of the other body.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, this bill has been a long time coming, and I am sure Senator Wellstone would both be pleased to see us addressing this issue, finally, and also so, so proud of our colleagues, Mr. KENNEDY and Mr. RAMSTAD. The bill will provide countless protections to patients by preventing discrimination and treatment limitations by insurance companies.

All too often I hear stories about children with eating disorders, parents who are substance abusers, individuals with bipolar disorder, or any other number of mental health disorders who have been unable to access coverage for mental health services. These disorders are just as great as any physical malady and, frankly, oftentimes they have a greater impact on an individual's ability to live a healthy, happy life as a productive member of society.

Last year, during our hearing on this bill, for example, we heard from a woman named Marley Prunty-Lara, who was diagnosed with bipolar disease at the age of 15. Her family had to take out a second mortgage on their home and move to another State just to afford care. However, with proper treatment, she is now a fully productive member of society and in fact credits her treatment for saving her life.

What I remember most vividly from her testimony is how lucky she felt that her family was able to afford coverage although they had to make sacrifices to do so. And then I thought, what about all of the other individuals in this country whose insurance companies do not provide them with mental health benefits and cannot afford treatment? What about the individuals whose benefits run out before they have fully recovered? And what about people with chronic conditions? Just like my little 14-year-old daughter has type I diabetes, she will get the treatment she needs for the rest of her life. But what about people with mental health conditions who do not? We know that mental health is fundamental to good health. That is why we need to support this legislation.

I find it interesting that we are addressing the question of how we as a society want to pay for mental health at the same time as we are addressing the same question in the context of the President's budget and health care for children. I honestly hope that we can pass this legislation today and finally put the days of discrimination toward individuals with mental health or substance abuse disorders behind us. It is time to finally pass the Paul Wellstone Mental Health and Addiction Equity Act.

Mr. DEAL of Georgia. I am pleased to yield 2 minutes to another member of the committee, the gentleman from Indiana (Mr. BUYER).

(Mr. BUYER asked and was given permission to revise and extend his remarks.)

Mr. BUYER. I support the Senate-passed version of the mental health parity legislation. It was carefully crafted between mental health groups and business groups. And everyone should note that not all of the mental advocacy groups support this House language. They see some dangers in it.

In particular, in the bill that we are discussing, employers are allowed to drop their mental health benefits, and there is great concern that employers in fact will do that because of the overly broad coverage mandates as specified in the Diagnostics and Statistical Manual which is included in this bill.

The American people must know that the bill before the House today, again, is not supported universally by mental health advocacy groups as the Senate bill is. HEATHER WILSON offered an amendment in the committee; it was defeated. I am very disappointed that no amendments were offered in the Rules Committee. This is, once again, shutting down the democratic process of this House.

I don't know what you have to fear. I am really concerned about that. I am also concerned about the pay-fors for this. To substantially increase the Medicaid prescription drug rebate as one of the offsets, this significant increase could have a detrimental impact, because when you increase these rebates, there is going to be a cost shift, and that cost shift is going to have a depreciative effect. The effect will be you will increase the price on premiums, you will have an increased price of drugs on someone else.

Also, I am very bothered that the second pay-for of the bill would limit Americans' access to the specialty hospitals. These are benefits that so many people are enjoying, these specialized hospitals. They have higher patient satisfaction, lower mortality rates, and lower overall costs for health care. So at a time when our Nation's health care costs are rising and the quality of our care is a top concern, I am very bothered that this provision would cut out that important market innovation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I first want to congratulate the sponsors and thank them, Congressman KENNEDY and Congressman RAMSTAD, for their tireless effort on behalf of this bipartisan bill. I also want to pay tribute to Paul Wellstone. He and his wife Sheila were very good friends of me and my family. They were both leaders in ending discrimination and making sure that every person in this country has access to affordable comprehensive care, including comprehensive mental health and substance abuse treatment.

And, if Paul were here today, he would no doubt tell some stories about those he had met throughout the years who would benefit from passing H.R. 1424. And in his absence today, I remember the many, many constituents who I have heard from since first being elected to the Illinois State legislature many years ago who shared with me the need, their desperate need to pass mental health parity legislation.

Every year, about 40 million of us will experience some type of mental disorder; yet one out of every two children and two out of every three adults with diagnosable mental disorders go without treatment.

The good news is that so many mental illnesses are manageable and treatable and curable. The bad news is that, for so many, treatment for mental illness lies far beyond their reach due to high cost sharing and lower caps on services.

Some have said that using the handbook that defines mental health illnesses and is used by the mental health professionals somehow will add to the costs and jeopardize access altogether. But when implemented in the Federal Employee Health Benefit Program, our own program, in 2001, costs did not increase and not one single insurer dropped out. If we are able to benefit from this level of coverage, shouldn't our constituents get at least that much?

Maintaining strong mental health is just as important as maintaining strong physical health, and it is critical that we pass the strongest parity bill we can today.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to my colleague from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentleman for yielding.

As a physician, I have been involved in treating mental illnesses and my family has suffered from mental illnesses, and I have a tremendous interest in this area. But this bill is going to actually drive people away from being able to have health insurance coverage.

There are many things about this bill that are wrong and bad. I know it is well-intended, but I highly encourage people to vote against this bill because, though the bill is well-intended, I think it is going to cause disastrous effects and I think employers are going to opt out from giving their employees mental health coverage on their insurance. So I highly encourage my colleagues to vote against this bill.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Mr. Speaker, right now there are millions of patients and families around this country who are too scared to talk about the mental illness they are dealing with. They are too scared to go and seek treatment for that mental illness.

□ 1715

And there are millions more in this country who are living in denial, thinking they can just wish away their debilitating illness.

The legislation that we are passing today, that States like Connecticut and others around the country have been passing for the past 10 years, it is going to do a lot to get treatment to those who have insurance.

But I think just as importantly, it says this, it puts the full power of the United States Congress behind the effort to lift that veil of shame and secrecy that too often visits families and patients who are living with mental illness. Mr. KENNEDY and Mr. RAMSTAD are true heroes to those families dealing with mental illness today, and on their behalf, I thank them.

Mr. DEAL of Georgia. Mr. Speaker, I yield the balance of our time, 2 minutes, to a member of the committee, the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, as a physician, I understand the high cost of treating mental illness and substance abuse. I am also personally familiar with how the cost of this care can keep people from receiving the help that they need. But the bill before us does not solve the problem. In fact, it creates some new ones.

The bill is problematic for a multitude of reasons, and we can visit but a few of them. No insurance plan covers every possible physical diagnosis. Then why are we insisting that insurance plans cover every possible mental health or addiction diagnosis no matter the medical significance?

This bill will cost Americans more money and could cost Americans health benefits. According to the CBO, H.R. 1424 will drive up the cost of health insurance for everyone and lead some employers to drop mental health insurance benefits completely.

Another problem is the codification of the Diagnostic and Statistical Manual of Mental Disorders. The DSM-IV is not designed for legal use. It was designed for clinicians so we can adequately diagnose and adequately measure the response to therapy.

The Senate bill, on the other hand, is reasonable. It has been developed with input from patient advocates, mental health providers, and employers. This bill has offsets, and the offsets are counterproductive, such as limiting physician ownership in specialty hospitals. They are very few in number, but specialty hospitals are strong in quality and performance. Maybe that is why the Democrats feared them: They represent high-quality performance that results from competition.

For example, in my area in Texas, Baylor Health in Dallas was named the recipient of the National Quality Forum's 2008 National Quality Healthcare Award. Baylor has a joint venture, a partnership, with physicians sharing ownership of its facility. The bill before us today jeopardizes the high level of care and patient access to care provided by facilities such as Baylor.

The basis for savings calculated by the Congressional Budget Office is flawed data; and quite frankly, it is not relevant to the delivery of health care in the 21st century. And once again, we have another example of how this House leadership will choose politics over policy to the detriment of the American people.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. Mr. Speaker, last March Congressman KENNEDY came to western Pennsylvania to hold a hearing with me and Congressman TIM MURPHY about the critical need for mental health parity legislation. Now, almost exactly 1 year later, I am proud to rise in support of the Paul Wellstone Mental Health and Addiction Equity Act. This much-needed legislation will eliminate the discrepancies between health insurance coverage for mental and physical illnesses by ensuring that patients seeking mental health services are no longer penalized with higher copayments and coverage restrictions.

Passage of this bill is a key step towards ending the stigma surrounding mental illness. Of the 44 million Americans living with mental illness, two-thirds did not receive the treatment they need. Treating mental illness is not only critical to mental health, but also prevents physical ailments that arise when mental health conditions go untreated.

So, Mr. Speaker, this bill will help improve the mental and physical well-being of millions of Americans, and I ask my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time until the end of the debate.

The SPEAKER pro tempore. The gentleman from California (Mr. GEORGE MILLER) is recognized for 20 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I rise in very strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, named in honor of the late Paul Wellstone, who fought vigorously for better treatment for mental illness.

We in the Congress have known for many, many years, and so many of our constituents in our communities that we represent have known for so many years, the need for coverage for those individuals who need mental health treatment, whether it is for themselves or members of their family, and the difficulty in not only having coverage, but providing that care and to make sure that some form of that care is reimbursed. This has been a struggle for many years.

Today we address that struggle head-on with the consideration of this legislation, but we would not be standing here today without the efforts of Paul Wellstone and all of his efforts to rule out the discrimination against individuals in need of mental health services. He is joined in that fight, and they have led that fight, by Congressman PATRICK KENNEDY and Congressman JIM RAMSTAD. Again, we would not be here today debating this legislation and hopefully later this evening passing this legislation so that we can, for the first time, offer as a matter of national policy the idea that there would be parity in the coverage between physical illnesses and mental illnesses, to make sure that those people can get that coverage, can get the treatment that is necessary, can get the care that is necessary for them and for their families.

Yes, the fact is that a number of States have laws governing this treatment for mental illness and the reimbursement for those services, but Federal law still hampers the reach of many of those laws. And as a result, many of the people who would be otherwise covered are not covered, and they continue to suffer under those discriminatory practices, and they fail to

get the services that they need so they can live a better life and so their families can live a better life.

Today we get an opportunity because of the hard work, the efforts that Congressman RAMSTAD and Congressman KENNEDY have made to travel this country, to talk in communities all across the country, to inform them and to discuss with them the possibilities of this legislation, what it would mean to individuals, what it would mean to families, what it would mean to the general health care in this country. They have taken on that mission, and they have convinced, I think, the vast majority of the country, and they have certainly enlisted those who understood the problem before their appearances that this is a problem that we need to address and we need to address now and we need to address in the most comprehensive fashion that we can.

This legislation doesn't do all that I would like to see it do. It doesn't do all that Congressman KENNEDY or Congressman RAMSTAD would hope that it would do. And it doesn't do all that Paul Wellstone wanted us to do in terms of eliminating all of those discriminatory provisions. But it is a magnificent start, and we should begin by passing this legislation today.

Mr. Speaker, at this time I yield to the gentlewoman from New York (Mrs. MALONEY) for a unanimous consent request.

(Mrs. MALONEY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I rise in strong support of this bill. It is long overdue.

Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

This bill requires group health plans to cover mental health and substance-related disorders the same way they cover medical and surgical disorders.

It's time we permanently end discrimination on the basis of illness.

We all know that mental illness is just like any physical illness. But we would never think of limiting treatment for cancer, heart disease, or diabetes.

People would be outraged.

So, it's amazing to me that some people still see mental illness as different and separate from physical illness.

In New York City, since 9/11, we have all seen an increase in the number of people seeking mental health services.

No one should feel ashamed for seeking needed healthcare and no one should be denied care simply because they cannot afford it.

More than ever, our returning soldiers, our firefighters, and our police officers, are suffering from traumatic events and need the proper care.

Our soldiers are coming home from Iraq and Afghanistan suffering from Post Traumatic Stress Disorder and other mental health problems.

Too often, the stigma associated with mental health prevents them from seeking the care they so desperately need.

In my own district, our police officers and others are still coping with the horrors they witnessed after the tragedy of 9/11.

Thanks to the New York City Police Foundation's program, Project COPE, civilian and uniform members of the New York City Police Department (NYPD) are able to access mental health services.

Project COPE is an example of an outside group providing mental health services because too many people are going without proper treatment.

I am proud that today, as a bipartisan body, we will pass legislation that will help ease access to treatment and will help millions of people and their families battling mental illness.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 3 minutes to Mr. ANDREWS of New Jersey.

Mr. ANDREWS. Mr. Speaker, I thank my chairman for yielding and commend Congressman KENNEDY and Congressman RAMSTAD for bringing this bill to our attention.

Someone who is struggling with substance abuse addiction or bipolar disorder, they shouldn't be under a different set of rules for getting their bills paid by their insurance company than if they had a knee injury. That is what this is about. If you have a $500 deductible for knee surgery, you ought to have a $500 deductible for your care for alcoholism or drug treatment or bipolar disorder. The insurance industry would be required to do that under this provision.

What would be wrong with that? Why would people be concerned about this? The first argument that we have heard is that there is a defined set of benefits that would have to be offered here to protect people with mental health and substance abuse issues. Well, there is a reason for that, because the insurance industry in this country has made it a practice of telling us what they don't cover. It is a cottage industry for people to find out that procedures are experimental or there is not enough justification. People find out every day that coverage they thought they had is no longer covered.

The second objection we hear from people is that this costs too much. That directly contravenes the evidence. As a matter of fact, the evidence shows over the long haul this saves money. And in the worst case scenario, the premium increase because of mental health parity laws is 0.6 percent per year, a minimal cost that is far outweighed by the benefit.

Finally, we hear concerns about small businesses. This provision exempts small businesses of 50 and fewer employees.

This is simple good sense. It says that a substance abuse problem or mental health issue should be treated under the same rules for getting your bill paid by your insurance company as a knee operation would be. Mental illness and substance abuse reaches across racial lines, class lines, religious lines, and geographic lines. It reaches into many, many families, including families represented in this institution.

This is a reform that is long overdue. It is why it is a reform that has support from both Republicans and Democrats. I would urge my colleagues on both sides of the aisle to take a commonsense step towards helping families across this country and vote ''yes'' on this much-needed piece of legislation.

The SPEAKER pro tempore. The gentleman from California (Mr. MCKEON) is recognized for 20 minutes.

Mr. MCKEON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to H.R. 1424. Today we are attempting to enact legislation that achieves ''parity'' in the treatment of employer-sponsored coverage for mental and behavioral illnesses. However, although the House bill is well-intentioned, it does not accomplish the goal of providing parity. Instead, it creates new mandates so onerous that they could do far more harm than good, potentially squeezing employers out of the voluntary health care system altogether or eliminating the very mental health benefits we are trying to provide.

First, this bill would give preferential treatment in our health care system to mental health benefits, affording mental illness a special status that is not given to other similarly severe medical illnesses.

For example, under the House bill we are considering today, virtually every mental illness defined by the mental health profession would be required to be covered by private plans. This, despite the fact that most States currently do not mandate this type of coverage. Also, H.R. 1424 does not place a similar requirement on private health plans to cover other types of medical benefits, including hospital services, physician services, drug benefits, or any other category of benefits. What this bill really accomplishes is not ''parity'' between mental health coverage and the medical and surgical benefits that are offered by plans; it is quite simply preferential treatment for mental health benefits over and above all other categories of medical benefits. The changes that have been made to the floor version of H.R. 1424 fail to address these serious concerns.

Second, we have heard the bill's supporters say that this is a balanced bill. Respectfully, it is not. The bill fails to adequately and explicitly protect the ability of private plans to apply commonsense medical management practices currently being used to help ensure the delivery of high-quality medical care and ensure that coverage for working men and women remains affordable.

□ 1730

Under this bill, plans would likely have to pay a mental health provider's bill without question, which would make it very difficult to control costs.

Third, this bill unnecessarily weakens the preemption requirements in the ERISA law. As a result, States would be free to enact standards greater than the Federal standard. Although the majority may argue that ERISA preemption is maintained, their language,

at a minimum, raises serious questions about the ability of States to enact laws and remedies that preempt ERISA and impact group health plans that currently operate under Federal law.

Litigation to determine the meaning of this provision will result and group health plans could be subjected to possibly 50 different State laws on mental health benefits, making it harder to provide one set of rules that apply to all plans. This violates a fundamental rule of ERISA, which creates efficiencies by preventing plans from having to comply with 50 or more different sets of laws. One set of rules, applied equally to all ERISA plans, makes high-quality coverage affordable and available to millions of Americans. If the majority were truly interested in preserving ERISA, they would have adopted the noncontroversial language contained in the competing Senate mental health parity bill.

Fourth, the bill mandates out-of-network coverage if any other benefit is operated on an out-of-network basis. This mandate will prevent plans from coordinating medical care, which will reduce quality and increase the cost of coverage.

Lastly, this bill will increase litigation against ERISA plans by permitting application of State remedies to federally mandated benefits. There will be absolutely no consistency in State court rulings, and litigation costs could skyrocket.

Mr. Speaker, while the broad issue of mental health parity enjoys widespread support, this bill does not. It is not a negotiated compromise between all parties that have a stake in this debate and, therefore, it is not in the best interest of the country as a whole.

However, a viable alternative to the House bill with broad mainstream support already exists and has passed the Senate. The Senate's bipartisan bill has extensive support from mental health advocates, health care providers and business groups representing virtually all sides of this debate. The Senate bill is the product of years of bipartisan negotiations which accomplishes exactly what it sets out to do, provide parity for mental health benefits. It clearly reflects a more balanced and viable solution, and has a much better chance of becoming law if it were considered and passed by the House. Sadly, the majority has refused to consider that legislation, and instead offers the bill we are debating today, which gives preferential treatment to one particular class of medical benefits and has little or no chance of becoming law. Unfortunately, passage of the House bill will likely make it much more difficult to pass meaningful parity legislation this year.

For the reasons stated, I must oppose this bill and encourage my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the time of the gentleman from California.

There was no objection.

Mr. ANDREWS. Mr. Speaker, at this time I would like to yield 30 seconds to the author of the bill, the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I just want to take issue with the point that this is giving some kind of preferential treatment to mental health benefits. If the gentleman would yield for a second on the point, we're having to state that mental health benefits need to be in the bill because no one questions when you get a broken arm, that it's automatically covered. But if it's a mental illness, it's discriminated against. Why we have to put this in the bill is because if we don't, it gets discriminated against. It's as simple as that. That's why we're on the floor today because we have to put it into civil rights law so it's not discriminated against. That's why we're on the floor today. That's not preferential treatment.

Mr. ANDREWS. Mr. Speaker, I am pleased at this time to yield 2 minutes to the gentleman from Iowa (Mr. LOEBSACK) who has been a vigorous advocate for mental health issues since his arrival here.

Mr. LOEBSACK. Mr. Speaker, I rise today in strong support of the Paul Wellstone Mental Health and Addiction Equity Act. This bipartisan bill is the product of many months and even years of thoughtful negotiation, and I congratulate the authors of this legislation, Congressman KENNEDY and Congressman RAMSTAD, on their work to move this bill forward. And I might add that I did know Paul Wellstone, and I knew Sheila very well, too, and I know the both of them were strong advocates on this issue.

I, like many others, have personally felt the effects of mental illness in my family. My mother struggled with mental health issues for as long as I can remember, and I know firsthand how difficult and draining her struggle was.

We have all heard the statistics. One in every five people in our country will experience a mental illness this year. Many of these individuals will seek treatment, and without this legislation many would be denied. This is unacceptable.

I hope today this House will understand the importance of equal access to treatment for those suffering from mental illness. I was elected to this House to do the right thing for the people of the Second District of Iowa and the right thing for the people of America. This is the right thing to do, and I urge my colleagues to support this bill.

Mr. MCKEON. Mr. Speaker, I yield 5 minutes to the gentlelady from Oklahoma (Ms. FALLIN).

Ms. FALLIN. Mr. Speaker, I'm here today to speak in opposition of H.R. 1424. This bill, although well intended, comes with a long series of unintended consequences. And while I fully support the bipartisan efforts to bring parity between mental health and medical benefits and employer-sponsored health care plans, I cannot support this bill as it is currently written. In fact, in my mind, this legislation will diminish care for patients, will increase costs, will restrict access to care, will restrict access to specific hospitals and doctors, along with hurting the financial investments made personally by doctors and specialty hospitals.

Oklahoma has one of the highest concentrations of specialty hospitals in the Nation, and I've had the opportunity to visit a large percentage of them. These specialty hospitals offer very good quality care with physicians who are trained specifically in areas of expertise to deliver to their patients.

These facilities offer specialties anywhere from hip and bone replacement to gynecology, to cardiology, to heart hospitals, spine hospitals, and they do provide some of the best medical care possible in the whole Nation. In fact, some of our hospitals have grown by leaps and bounds because they have people coming from all over the Nation, and they've even been rated as some of the top hospitals in the Nation.

By interfering with the ability of physicians to refer their patients to specialty hospitals, this bill will throw up a legal barrier to good medical treatment. I personally believe that competition is good in a marketplace. It improves the delivery of services. It improves the quality of services and delivery of care. It also offers greater transparency of pricing. We talk a lot in this Congress about patients knowing the price of medical care. It also offers greater transparency in the quality of care, the outcomes of the care so patients can make better choices about their treatment and become more informed about their treatment.

Specialty hospitals and medical specialties also allow doctors new ways for innovation and treatments, new techniques. They bring new techniques and innovations to the marketplace that might not always be there in our regular hospitals. And they've also shown in many cases to have better health outcomes because their doctors specialize in these particular medical practices.

This legislation would restrict patient choice to not be able to choose doctors who would specialize in a heart procedure and a hip replacement or maybe even delivery of babies.

Specialty-owned hospitals have also documented that they can have shorter stays, that they have lower infection rates, sometimes up to 50 percent lower infection rates, lower infection rates of staph infection and lower risk of illness. When you take a person who is going in for a hip replacement and you put them in a hospital with someone who has the flu, you put that person at risk of getting another illness. And when you have a specialty and they're going in for a hip replacement and that's their illness, there's less risk of another illness coming upon that patient.

We also find that a large portion of our medical specialty hospitals take big portions of Medicare patients. I know that that's been a big concern. They are Medicare certified. In fact, many of the hospitals take up to 65 to 70 percent Medicare patients in their facilities. And many of them are required to have the emergency rooms. McBride Hospital, for instance, in Oklahoma City is the third largest hospital in the whole Nation for hip and bone replacement, and people come, as I mentioned, from all over.

They're also required to meet all the procedure requirements of a full-blown hospital. We find that the other hospitals in our community often refer their patient to our specialty hospitals.

If you look at other systems that have rated specialty hospitals and these practices, HHS, MedPac, GAO have studied physician-owned hospitals, specialty hospitals, and found no negative impact on general hospitals. In fact, I heard one speaker say today that 3 percent of our Nation's hospitals are specialty hospitals.

It also has found that there's no evidence of increased utilization by physicians in facilities in which they own, which they have ownership.

And, of course, specialty hospitals have created jobs and investment in our community and have some of the best rated services in our whole Nation.

So today, Mr. Speaker, as we are considering this mental health parity bill, which is an important subject, I find language that I believe will be a disservice to patient choice, patient quality of care in our Nation.

Mr. ANDREWS. Mr. Speaker, may I inquire how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey controls 12½ minutes. The gentleman from California has 9½ minutes remaining.

Mr. ANDREWS. Mr. Speaker, at this time I am pleased to yield 2 minutes to a gentleman who has become expert on both the military and civilian health care system, my friend and neighbor from Pennsylvania (Mr. SESTAK).

Mr. SESTAK. Mr. Speaker, I rise in support of H.R. 1424 for three simple reasons based upon my experience in the U.S. military:

First, today we're seeing 17 percent of those who wear the cloth of our Nation in Iraq and Afghanistan returning with post-traumatic stress disorder. And over one-third are returning with a mental disorder from anxiety to depression. They will feed into our society. How can we not give them the same parity as we do to those who are double amputees and we give prosthetics?

Second, again in the military we put money in in order to prevent a greater crisis. We were the insurance for this Nation. Presently, we spend up to three times the cost, indirect cost of mental illness as it would take for the treatment. How can we not pursue this, both for the good of the individual and the cost-benefit for our society?

And the third simple reason is, I honestly do believe in the ideals that Hubert Humphrey said. The moral test of our government is how well it takes care of those in the dawn of life, the children, those in the twilight of life, the elderly, and those in the shadows of life, the sick, the disabled, the handicapped. I'm sure he would have included in that the mentally disabled, the largest disability in America.

Mr. MCKEON. Mr. Speaker, I'm happy to yield now 4 minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Mr. Speaker, I spoke earlier today about my grave concerns about this bill. I noted that I did my very best to offer amendments to this bill that would mitigate some of the damages that this bill will cause, which will include increased health care cost, and an actual decrease of mental health coverage for many Americans.

What my very sincere but misguided colleagues on the other side of the aisle repeatedly forget is that actions have consequences. When Congress chooses to impose billions of Federal Government mandates on the private sector, they somehow seem to believe that the money that it will take to pay for those mandates will just somehow drop out of the sky or grow on trees. I'm here to remind them that it doesn't. Someone must pay for it.

There's a great thing that we call the free market in America. I'm an ardent capitalist, and I believe that the marketplace, unencumbered by government regulation, is the best way to control quality, quantity and cost of all goods and services, including health care.

The reality is when government steps in and tries to improve the marketplace, they impede and harm the efficient delivery of goods and services, and this definitely includes mental health care.

□ 1745

Please understand me. I'm in complete agreement that mental health is an extremely important issue, but we have over 200 years of capitalistic experience in America that proves beyond a shadow of a doubt that heavy-handed government regulations just simply do not work, no matter how well-meaning they are.

We in Congress will harm Americans if this bill passes. We are trampling on the private sector, punishing employers that already offer a mental health coverage to their employees. We're harming Americans that desperately need mental health coverage, and we're trampling on the Constitution which does not give us the right to impose these restrictions and mandates on the American people and American businesses.

It is an undeniable fact that this bill includes private sector mandates in billions of dollars. It's also a fact that one thing this bill does not mandate is that employers provide mental health coverage, but for any employer that does provide that coverage, and many do and they're commended for doing so, Congress is now going to greatly increase their costs and put regulations on them in their doing so.

And in turn, what will they do? Just grin and bear it? Well, some likely will, possibly cutting costs in other areas, but there will be undoubtedly many businesses that cannot afford these burdens and will simply drop mental health coverage. That will be a shame, and it will be Congress' fault.

The real solution to health care costs, and that's all our health care costs, and the coverage is to stop these mandates and get the regulatory burden off of the health care system, including providing mental health care.

Mr. ANDREWS. Mr. Speaker, at this time I'm pleased to yield 1½ minutes to a very powerful voice for the voiceless, the gentlelady from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Mr. Speaker, I rise this afternoon to voice my strong support of this bipartisan legislation. I became an original cosponsor of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 because I recognize the inequities in our health insurance system.

As a social worker and administrator, I saw firsthand that insurance companies did not cover mental illnesses the same way they covered other illnesses. This created extra strain on patients, families, and health care providers in the communities they live in. Requiring higher deductibles and copayments also blocked access to health care for many.

H.R. 1424 remedies these problems by requiring mental health parity. There should be no difference between a pain in one's abdomen and mental pain or the pain of addiction, but these patients and their families do not receive the same support and help to stabilize their condition and walk the road to recovery. This is wrong and it's time to remedy this discrimination.

I urge my colleagues to vote ''yes.''

Mr. MCKEON. May I inquire as to the amount of time remaining.

The SPEAKER pro tempore. The gentleman from California (Mr. MCKEON) has 6 minutes remaining. The gentleman from New Jersey (Mr. ANDREWS) has 10 minutes remaining.

Mr. MCKEON. I'm going to be our last speaker.

Mr. ANDREWS. I have others I can yield to.

Mr. MCKEON. I'll reserve.

Mr. ANDREWS. Mr. Speaker, I'm pleased to yield 2 minutes at this time to a gentleman who really understands the interface of insurance and health care law, the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, I rise in strong support of the Wellstone Parity Act. This legislation will move our country forward to a more intelligent,

humane, and cost-effective health care system.

Intelligent because it recognizes a scientific fact, that mental illness and disease can be diagnosed and treated like any physical illness and disease.

Humane because it will provide relief and care for millions who suffer needlessly.

And cost-effective because providing access to primary mental health treatment saves much more expensive catastrophic health care costs and increases productivity of workers suffering from illnesses such as depression and alcoholism.

This is not just a theoretical claim, Mr. Speaker. States like the State of Connecticut, which I come from, have had an operational parity bill for a number of years. It is precisely because of that fact that the carefully crafted language surrounding ERISA by the Education and Labor Committee was designed to protect existing parity laws for State-regulated health care plans. We did not want to have a bill that resulted in States ending up going backwards rather than forwards, and commissioners from States like Wisconsin and Connecticut weighed in and advised our committee to, again, make sure that we design the ERISA language carefully to protect State-regulated plans.

Finally, this legislation adheres to fiscally sound PAYGO rules. And on that note, I would again salute the work that's been done and will work to make sure that these policies in the bill will not stifle research and development for new medical cures and treatments to help those suffering from mental health and addiction problems.

Again, I urge passage of this strong, bipartisan legislation. It is long overdue that our country move in this direction.

Mr. ANDREWS. Mr. Speaker, I'm pleased to yield 2 minutes to my friend and neighbor from the State of New Jersey, Mr. HOLT.

Mr. HOLT. Mr. Speaker, I thank my friend, Mr. ANDREWS.

Mr. Speaker, it will be a landmark day when we realize that health is not just about fixing broken bones. It's about having a healthy, complete individual from head to toe.

Today the House takes an important step to require mental health parity in insurance, and I particularly want to thank and recognize PATRICK KENNEDY and JIM RAMSTAD, and the late Paul and Sheila Wellstone.

Mr. Speaker, millions of Americans suffer from mental illness of some form. Few Americans are untouched and no one is immune.

Some of my colleagues have expressed their concern about the cost of providing mental health parity; yet an analysis of the bill indicates that it would result in an increase of less than 1 percent in premiums and would reduce out-of-pocket costs by about 18 percent. Further, according to a recent article in the Journal of the American Medical Association, employers who actively encourage their employees to use mental health services actually experience better health outcomes and, I want to emphasize this, increases in hours worked and productivity gained.

I include in the RECORD an editorial from the Journal of the American Medical Association from last September of 2007 dealing with the treatment of depression.

REDUCING THE BURDEN OF DEPRESSION—BUILDING VILLAGES FOR COORDINATED CARE

(Kenneth B. Wells and Jeanne Miranda)

In this issue of JAMA, Wang et al provide evidence that implementing depression care programs through employer-sponsored managed behavioral health can improve clinical outcomes, job retention, and effective hours worked compared with usual care. The programs encouraged depressed workers to learn about and use evidence-based depression treatments, supported clinicians in following practice guidelines, and offered telephone counseling and self-help workbooks. The monetary value of the increased work time under the program exceeded the direct intervention costs and likely exceeded or was within the range of cost increases due to greater mental health specialty use under the intervention. While formal estimates of cost-effectiveness and employer return on investment are pending, it appears to be in the business interests of many employers to implement such programs to protect their investments in the retention and productivity of workers they have hired and trained.

These findings should be evaluated within the context of the simple but startling facts about depression. Clinical depressive disorders are among the most prevalent of major medical conditions, affecting about 16% of adults in their lifetime. Owing to high prevalence, early age at onset (unlike other debilitating disorders that occur past the age of parenting and work responsibilities), and strong impact on functional status, depressive disorders are leading contributors to disability worldwide. Depressive disorders are highly treatable yet often remain unrecognized and untreated. While a number of effective programs promote higher use of treatments in service delivery settings, particularly primary care practices, these programs are not yet widely implemented. Thus, technology is available to treat this disabling condition, but US health care systems have failed to take full advantage of the technology to reduce personal or societal consequences of depression.

The intervention approach in the study by Wang et al can be characterized as ''building a village'' of health plans, clinicians, and resources that ''surround'' depressed persons with opportunities to learn about and engage in evidence-based care, attending to a careful fit of intervention requirements and context-specific implementation options. This approach has generally proven effective in primary care, and the substantial outreach efforts mirror those in the WE Care study demonstrating that depression treatments are effective for low-income and minority women. In the study by Wang et al telephone managers from the behavioral health company offered counseling and communicated recommendations to clinicians, an extension of their usual role. In the Partners in Care study, primary care nurses expanded their disease management skills to include assessment, education, and follow-up concerning depression. In both studies, patients and clinicians were free to use or not use study resources according to their preferences. Such interventions have the advantage of preserving the naturalistic context of the delivery systems, potentially facilitating the translation of findings into change by example. Interventions in both studies achieved roughly similar outcomes: a 10 percentage-point gain in use of appropriate treatment and in recovery from depression over a year, as well as roughly 2 more weeks of days worked in a year in the study by Wang et al and a month more of days worked over 2 years in Partners in Care.

Depression interventions have many advantages for individuals, their family and friends, employers and society, over and above relief of individual symptoms. As mothers' depression improves following care, for example, their children also enjoy improvements in mental health. The study by Wang et al demonstrates that treatment of depression increases productivity and may reduce economic losses due to depression for employees and employers. If such gains exceed costs of providing the interventions and treatments, there is ''money on the table'' across stakeholders that could be used to pay for interventions. Why then do many individuals with depression endure their illness without care?

One barrier to care is that depression affects motivation and cognition, making it difficult for many individuals with depression to realize they have a need and obtain care without the outreach provided by nurse/care managers. Family members also may fail to identify depression or have knowledge about appropriate care. This suggests that opportunities to improve access to depression care should be embedded within an infrastructure available to potentially depressed persons, such as primary care settings. However, an awareness of the effects of treatment on social costs such as productivity may not provide a strong incentive for clinicians and health plans to improve care, as they do not necessarily face immediate financial consequences from patients' changes in productivity or may not track this outcome. Yet most private health care in the United States is financed through employer-sponsored insurance. Direct contributions to the bottom line of employers offers them an incentive to promote depression care, independent of policy mandates or other motives such as responding to employee demand.

Other stakeholders, including policy makers and the public, may benefit from improved depression care through an increased tax base from employees who work more or an overall improved economy. Yet it is challenging in the US policy environment to use economic gains from one policy sector such as the labor market as leverage to support improved health care, However some policy changes could be implemented to better align the incentives to implement depression care programs across diverse stakeholders and to avoid undermining the goals of such programs, for example by excluding depression treatment from health insurance coverage when changing jobs or insurance based on a recent history of depression treatment in an employer-based depression program. Under such an ill-advised policy, the risk of losing coverage would serve as a major deterrent to seeking care.

The need to coordinate program implementation and policy suggests an expanded concept of ''a village,'' that includes not only wrap-around interventions but coordinated efforts across affected stakeholders. It may be trite that the stakeholder with the most power to influence services delivery for most Americans is the employer, but broader and deeper change in access to depression care may yet require a concerted effort among affected parties to yield programs that address public and self-stigma and to provide access to depression treatments under policies that

facilitate use of such programs and do not penalize individuals for using them. Studies such as that by Wang et al strongly support such integrated solutions.

Exactly how programs to improve depression care are implemented may affect the distribution of benefits—an important issue given evidence of disparities in quality of depression care and the potential for practice-based programs to overcome disparities in depression outcomes. Developers of interventions and policies should consider implications of their design for inclusion of underserved groups who may not seek behavioral health care. Despite the extensive efforts by Wang et al to reach general employees, the majority of persons had already inquired about outpatient care. Learning how to optimize personal and societal gains by improving access to quality depression care across diverse communities through employer, practice, and community-based programs and policy changes is a next agenda for evidence-based action. As a community participant in the Witness for Wellness program recently stated: ''Depression is everybody's business.''

Now, ultimately, despite the economic arguments in favor of parity, it is not a debate about dollars and cents but about lives saved and people restored. Let's work to ensure that those who need access to mental health will get it.

Mr. ANDREWS. Mr. Speaker, it is my privilege at this time to yield 2 minutes to the gentleman from Chicago (Mr. DAVIS), a member of the committee.

Mr. DAVIS of Illinois. Mr. Speaker, I'm convinced that the most widespread and most impactful health issue and problem which we face today is in the area of mental health and mental illness. The numbers of individuals affected are so great until it is more than difficult to get a handle on them, and that is one of the reasons that I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. Speaker, I commend Representatives KENNEDY and RAMSTAD for their leadership in introducing this legislation and shepherding it to the floor.

When we consider the numbers of people who suffer from drug addiction, whose lives are filled with anxiety, depression, fear, and uncertainty, we can readily see that more attention must be paid to our mental health needs. When we see the numbers of people living in shelters, halfway houses, and in many instances under viaducts, abandoned cars, and in the streets, when we see the numbers of people who make up the criminally ill, who hurt, injure, maim and sometimes kill other people because they've never been able to shake their demons who disrupt and plague their lives because they've had no mental health attention or treatment, Mr. Speaker, it is clear to me that this is an idea whose time has come.

I urge passage of this legislation.

Mr. MCKEON. Mr. Speaker, we do have another speaker.

Mr. ANDREWS. I would reserve my time.

Mr. MCKEON. Mr. Speaker, I'm happy to yield at this time to the gentlelady from Oklahoma (Ms. FALLIN) 2 minutes.

Ms. FALLIN. Mr. Speaker, I support bipartisan efforts to bring parity between mental health and medical benefits, but I have a concern, and it's come to my attention, about the mental health parity bill, H.R. 1424.

A Supreme Court decision, Doe v. Bolton, lists mental health as a reason that abortion is allowed for health exceptions.

This bill, as currently written, could be construed to mandate health care coverage for an abortion as part of treatment for a mental health issue such as depression.

As defined by the Court, in their words, ''health of the mother includes all factors, physical, emotional, physiological, familial, and a woman's age, relevant to the well-being of the patient. All these factors may relate to health.''

And furthermore, in testimony by Dr. James McMahon before the House Judiciary Committee in June 1995, he cited 39 partial birth abortions that were performed because of a mother's depression.

Because this issue is unclear, H.R. 1424 lacks a conscious clause applied to this legislation, and there appears to be no protection for an employer to reject health care coverage for such a procedure if they choose to extend mental health coverage to its employees.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

I would say that the manuals referred to in this bill make no reference whatsoever to any abortion services as a covered benefit.

At this time, I'd be pleased to demonstrate bipartisan support for this bill and yield 1 minute to the gentleman, my friend from Connecticut, Mr. SHAYS.

Mr. MCKEON. Mr. Speaker, I will add 1½ minutes to demonstrate also bipartisanship.

Mr. SHAYS. Mr. Speaker, I rise in support of the Paul Wellstone Mental Health and Addiction Equity Act. It is reported 50 million adults, 25 percent of the U.S. adult population, suffer from mental disorders or substance abuse disorders; yet, despite the prevalence of mental illness, there continues to be widespread misinformation and ignorance surrounding the condition.

We need to work to destigmatize this illness and ensure those who need treatment have access to care. At the same time, we need to increase biomedical research into the causes of, and treatments for, mental illness.

It is estimated 98 percent of private health insurance plans discriminate against patients seeking treatment for mental illness by requiring higher copayments, allowing fewer doctor visits or days in the hospital, or requiring larger deductibles than imposed on other medical illnesses.

The National Institutes of Mental Health estimates the annual health care costs of untreated mental illness is $70 billion, and data has shown that instituting equal coverage for treatment of mental illness will result in lower overall health care costs.

By requiring insurers who cover mental illnesses to do so at parity with physical illnesses, we will knock down a tremendous barrier to getting the assistance these individuals require.

While I support the underlying bill, I believe we should temporarily hold off for now increasing the Medicaid drug rebate provisions intended to raise revenue to pay for this legislation. Because the Centers for Medicare and Medicaid Services are in the process of developing new regulations based on the Deficit Reduction Act, it's entirely possible Medicaid rebates will be increased administratively. Since this provision was not in the Senate bill, I'm hopeful we will be able to enact mental health parity legislation without this provision.

With this one reservation, I'm particularly pleased to support this legislation, urge its adoption, and congratulate Congressmen RAMSTAD and KENNEDY for all their efforts to help the mentally ill.

Mr. ANDREWS. Mr. Speaker, if I could inquire of my friend from California if he has any further speakers.

Mr. MCKEON. I'm the last speaker.

Mr. ANDREWS. At this point, Mr. Speaker, I would yield to the gentlelady from California who has worked on this issue for many years on the committee, Mrs. DAVIS, for 2 minutes.

Mrs. DAVIS of California. Mr. Speaker, I worked as a social worker before my career in public office, and I've seen firsthand the results when mental illnesses go untreated. Those who develop a severe mental illness can go from having a career and a family to losing everything.

About half our States now have implemented full mental health parity requirements, and these States have learned a very valuable lesson. They've learned that the benefits of ensuring parity are worthwhile.

□ 1800

Far too many people's illnesses, mental illnesses, linger without treatment, triggering physical complications that only result in more costs. So, proper diagnosis and treatment greatly offset these costs and save health care dollars over the long term.

This bill will also help our servicemembers fighting in Iraq and Afghanistan as they transition to civilian life because national barriers to mental health care ripple out to everyone. Post-traumatic stress disorder and other combat-related conditions can take months, if not years, to develop after discharge. Many of these veterans will not have access to VA health facilities and will rely upon private health insurance to obtain treatment.

Finally, and most importantly, this legislation also addresses the stigma

attached to mental health care. It loudly communicates that mental health care is on an equal footing with physical health care.

Mr. Speaker, I give my enthusiastic support to the Paul Wellstone Mental Health and Addiction Equity Act. I thank the sponsors and encourage my colleagues to join me in voting for it today.

Mr. ANDREWS. Mr. Speaker, I would just represent that I am the last speaker on our side for this portion of the debate.

Mr. MCKEON. Mr. Speaker, I yield myself the balance of my time.

I agree with much of what has been said here, because achieving parity between mental health and medical/surgical benefits is a goal that enjoys widespread support, and I support that. Had this bill been negotiated in an inclusive, cooperative fashion, I believe a parity law could quickly be enacted this year, ensuring access to coverage for those who need it.

There was a road map that would have allowed us to forge a consensus bill. On the other side of the Capitol, stakeholders were brought together and given the opportunity to find agreement on these difficult issues. There was give and take by everyone involved, which is how the Senate was able to produce a bill that achieves parity without undue burden on our employer-based health care system. Unfortunately, we're not following that road map. Instead, we're considering a bill that overreaches and in the process puts at risk many fundamental elements of private health insurance plans.

The majority argues that the latest variation of their proposal addresses key concerns. I wish that were true. Unfortunately, the bill we're considering today contains only modest changes that fail to fully resolve concerns about ERISA preemption, costly litigation, coverage mandates, and a host of other concerns.

By giving preferential treatment to mental health benefits over other types of medical coverage, the bill creates a lopsided system that may actually be biased against mental health coverage because some employers may choose to drop their mental health coverage or, worse, all health coverage rather than comply with more burdensome mandates.

Moreover, the list of conditions that would receive mandatory coverage under this bill would be laughable were it not posing such a serious risk to health care coverage for hardworking families. At a time when health care costs are rising, this bill threatens key management tools that have helped keep costs down. And by weakening ERISA preemption, the bill opens the door to increased litigation and a patchwork of confusing requirements and inefficiencies.

Mr. Speaker, there is a better way to provide parity for mental health benefits. The bill that passed the Senate provides a thoughtful, reasonable and a balanced approach that reflects the deliberations of all relevant stakeholders. Representatives HEATHER WILSON, JOHN KLINE and DAVE CAMP sought to offer that proposal today in the hopes that we would move quickly on a consensus proposal that could be signed into law. Their amendment also used a noncontroversial payment offset, unlike H.R. 1424. Unfortunately, as has become the hallmark of the 110th Congress, we were shut out of meaningful debate, and that amendment, along with a number of other improvements to the bill, will not be considered.

I support a balanced approach to mental health parity and, therefore, I cannot support this bill in its current form. I urge my colleagues to vote ''no'' on this bill so that we can take up the consensus legislation that enjoys community and other key stakeholders' support, those who share our commitment to provide equitable benefits that support mental health without jeopardizing our health care system as a whole. I urge a ''no'' vote.

Mr. Speaker, I yield back the balance of my time.

Mr. ANDREWS. Mr. Speaker, I yield myself the balance of the Education and Labor Committee's time.

My friend from California says that mental health parity is a goal that he lauds. Well, it's a goal that we should achieve right here, right now, today, by passing this bill.

We've heard the argument that the bill establishes preferential treatment for people with mental health and substance abuse issues, exactly the opposite of the truth. The bill establishes parity and equal treatment between mental health and substance abuse and physical and surgical benefits.

We've heard the concern that medical management practices that control costs have been taken out of the bill. What is also true, however, is that nothing in present law, nothing in the status quo precludes medical management practices that are useful in offsetting costs. There is nothing that prohibits that.

Finally, we hear that there is a concern that employers confronted with the defined benefit package, with the guaranteed rights of the insured under this will drop coverage. In States that have similar provisions, there is not a shred of empirical evidence that that is the case. Where State laws extend robust protections to mental health and substance abuse benefits, employers have not dropped mental health coverage; in fact, it has expanded.

This is the right time for the right bill. Its cost is minimal, its benefit is great, its support is bipartisan, and its time for passage is now.

I would urge each of our colleagues, Republican and Democrat, to join this bipartisan coalition and vote ''yes'' on the legislation offered by Mr. KENNEDY and Mr. RAMSTAD.

Mr. Speaker, I yield back the balance of the Education and Labor Committee's time.

The SPEAKER pro tempore. The Chair recognizes the gentleman from California.

Mr. STARK. Mr. Speaker, I yield myself 2 minutes.

It's an important day, and we've been working to achieve mental health parity for decades. We finally have a bill before us to achieve that goal for more than 160 million Americans. And as my colleagues know, this bill is named for one of its chief proponents, the late Senator Paul Wellstone of Minnesota, a true champion for all people, especially those suffering from mental illness and addiction disorders.

I would like to recognize the efforts of Paul's son, David Wellstone, who has been commuting from California to lobby Members of Congress to help get this bill enacted. His dad would be proud. Wellstone Action is one of the hundreds of groups supporting this legislation.

Here in the House, our colleague from Minnesota, JIM RAMSTAD, and our colleague from Rhode Island, PATRICK KENNEDY, have been lead advocates. They've done a stunning job getting 273 cosponsors, including 41 Republicans, a real bipartisan feat in this day and age.

Enough of the accolades. The real reason we're bringing forth this bill is to end discrimination in health insurance for people with mental illnesses and addiction disorders. It's not a new concept. We took a baby step back in '96, but it wasn't enough.

This bill does for our constituents what we already receive through the Federal Employees Health Benefit Plan. We also passed the Children's Health and Medicare Protection Act last summer which would extend mental health parity to Medicare beneficiaries. That bill is still pending in the Senate.

Last year, this legislation went through multiple hearings, five markups in three major committees, and the issues are straightforward. Those who oppose true parity may engage in scare tactics or offer red herrings to distract from the underlying issues, but one thing is clear, the bill is better for patients than the Senate bill, yet the cost is almost exactly the same.

The passage of the Paul Wellstone Mental Health and Addiction Equity Act simply finishes the work we have begun. I look forward to negotiating with the Senate so we can get a bill to the President's desk soon. Tens of millions of Americans are counting on us.

I urge support for this overdue legislation.

Mr. CAMP of Michigan. Mr. Speaker, I yield myself such time as I may consume.

We all support the goal of improving patients' access to treatment for mental illnesses. However, this bill represents a flawed approach that will ultimately do more harm for these patients by driving up costs and resulting in few employers actually offering any health care coverage to their employees.

This bill will place an unprecedented number of mandates on insurers and employers, which will increase the costs of health insurance for working Americans. Whether large or small, these costs get passed along to the purchasers of health insurance, employers and employees alike.

Dramatic increases in health care costs have already forced many employers to drop or limit health care coverage. This in turn makes it more difficult for their employees to obtain any health insurance, let alone mental health and substance abuse benefits. The mandates in this bill will only make the situation worse, making health insurance unaffordable for increasing numbers of Americans. This is why employer groups like the Chamber of Commerce, the National Restaurant Association and the National Retail Federation are all strongly opposed to the bill before us today.

There is a better way to achieve the goals of protecting patients and ensuring they get access to the mental health care they need. Senators DOMENICI and KENNEDY have crafted a bipartisan bill that is supported by mental health advocates, employers and insurers, and if that bill were on the floor today, I would vote for it. The Senate bill adopts a more targeted approach to defining covered conditions.

The bill also allows plans to determine the network of providers while maintaining parity for treatment limits and cost sharing. The Senate approach may significantly reduce the potential cost that could be imposed upon employers while still achieving the goal of mental health parity.

The Senate has worked with the mental health community to balance the needs of patients with the ability to provide quality, affordable and accessible health insurance. These compromises led the Senate to unanimously pass their legislation last September. Unfortunately, in order to pay for the costs associated with this bill the majority has also decided to shift costs to every American by increasing Medicaid rebates from pharmaceutical companies and limiting physician ownership in hospitals. Both of these proposals represent the view that bureaucrats, rather than markets, can better govern health care. At the end of the day, price controls and more government regulation increase health care spending and deny patients access to high-quality care.

Whether they want to admit it or not, the majority is increasing health care on every American twice under this bill. As more and more Americans are having difficulty affording health care, we should be looking to expand affordable health care options, not placing more mandates on employers.

Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time, I am proud to yield 2 minutes to the distinguished gentleman from Pennsylvania (Mr. CARNEY).

Mr. CARNEY. Mr. Speaker, I rise today in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

In recent years, many brave Americans serving in the National Guard and Reserves returned home after fighting for our freedom in Iraq and Afghanistan. They return to their civilian jobs and are subject to their private health insurance. The all-too-common tale, however, is that our veterans have witnessed horrors that many cannot even imagine. One in six of these veterans will experience symptoms of post-traumatic stress disorder, or PTSD, that can impair them for many years beyond their homecoming.

Many of these veterans choose to seek treatment at their local VA hospital or clinic. But for some of our veterans in rural areas of our country, like mine, it is far easier to use their private insurance and seek treatment from their local private doctor. Unfortunately, some of these veterans quickly find that PTSD is not covered in their health insurance plan.

Our veterans shouldn't have to travel for hours simply to meet with a qualified mental health professional. H.R. 1424 fixes this injustice and ensures that our veterans have the choice to seek treatment for PTSD through their private insurance plan.

Mr. CAMP of Michigan. Mr. Speaker, at this time I yield 5 minutes to the distinguished gentleman from Minnesota (Mr. RAMSTAD), a distinguished member of the Health Subcommittee.

Mr. RAMSTAD. I thank my friend for yielding.

Mr. Speaker, the issue before us is not just another public policy issue, it's a matter of life or death for 54 million Americans suffering the ravages of mental health and for 22 million Americans suffering from chemical addiction.

Last year alone, 300,000 people were denied access to addiction treatment, most had health insurance, and 33,000 people committed suicide from untreated depression. Over 150,000 of our fellow Americans died as a direct result of chemical addiction.

On top of the tragic loss of lives, Mr. Speaker, untreated addiction and mental illness cost our economy over $550 billion last year. According to the Wall Street Journal, untreated depression alone cost our businesses $70 billion in lost productivity last year.

So it's ludicrous for the opponents to come here and argue that parity will cost businesses $1.5 billion, as my friend from Washington, member of the Rules Committee, did. If you don't believe the Wall Street Journal, certainly those on our side of the aisle, what do you believe? Cost businesses $70 billion, just depression, untreated depression alone.

Mr. Speaker, all the empirical data, including all the actuarial studies, show that equity for mental health and addiction treatment will save literally billions of dollars nationally. At the same time, it will not raise premiums more than two-tenths of 1 percent, according to the Congressional Budget Office. That's our own CBO numbers. So, I don't know where these people are getting these numbers, these inflated cost figures. Pulling them out of thin air is the only thing I can surmise.

The CBO says it will not raise premiums more than two-tenths of 1 percent. In other words, for the price of a cheap cup of coffee per month, several million Americans in health plans can receive treatment for chemical addiction and mental illness. And it's unfortunate, Mr. Speaker, that some opponents of this legislation have misrepresented the costs of enacting parity.

□ 1815

Mr. Speaker, I'm alive and sober today only because of the access I had to treatment back on July 31, 1981, when I woke up in a jail cell in Sioux Falls, South Dakota. I'm living proof that treatment works and recovery is real.

But far too many people in our country don't have the same access to treatment that I had and other Members of Congress have also had. A major barrier for thousands of Americans is insurance discrimination against people in health plans who need treatment for mental illness or chemical addiction.

The legislation that my friend from Rhode Island, PATRICK KENNEDY, who has worked tirelessly on this legislation, who arranged for all 14 field hearings, who has been a real champion, this legislation that we have authored will end the discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment for people with mental illness or addiction. In other words, no more inflatable deductibles or copayments that don't apply to physical diseases. No more limited treatment stays that don't apply to physical diseases. No more discrimination against people with mental illness or chemical addiction.

The Paul Wellstone Mental Health and Addiction Equity Act simply provides equal treatment for diseases of the brain and the body. This legislation provides people in health plans with the same exact coverage that we as Members of Congress have and other Federal employees as well.

By the way, some of the exaggeration, some of the red herrings as to the use of the Diagnostic and Statistical Manual IV are just beyond belief. The red herrings presented by opponents, caffeine addiction, sibling rivalry, jet lag, would not be subject to treatment because insurance plans can use ''medical necessity'' requirements. So let's not use bogus red herring arguments. Let's come with intellectually honest arguments if you're against this legislation.

Also, the DSM-IV is used for Medicare, Medicaid, and veterans health care. I wonder how many of you can go home and say, look, it's good enough

for Members of Congress but it's not good enough for you, constituents. I don't think anybody in this body would dare do that nor should we. If it's good enough for Members of Congress, it's good enough for the American people.

Mr. Speaker, PATRICK KENNEDY and I have traveled the country from one end to the other, holding 14 field hearings. We've heard literally hundreds of stories of human suffering, broken families, tragic deaths, shattered dreams all because of insurance companies not providing access to adequate treatment for mental illness and addiction. I don't have time, Mr. Speaker, to recite some of these horror stories, but PATRICK and I could share hundreds and hundreds of horror stories caused by discrimination in treatment for mentally ill and addicted people that we heard in these 14 States.

Mr. Speaker, it's time to end the discrimination against people who need treatment for mental illness and addiction. It's time to prohibit health insurers from placing discriminatory barriers to treatment. It's time to pass the Paul Wellstone Mental Health and Addiction Equity Act. The American people, Mr. Speaker, cannot wait any longer.

Mr. STARK. Mr. Speaker, I am pleased to yield 2½ minutes to the distinguished gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, this day has been many years in the making. This mental health parity will be a signature jewel in the crown of the 110th Congress. This legislation reflects our deepest values as Americans.

I want to thank Congressman KENNEDY and Congressman RAMSTAD for your long labors in making real mental health parity a reality. Families all over America will be forever indebted to you.

I have long been a supporter of affordable, accessible, quality health care for every American for both physical and mental illnesses. As a member of the Jersey legislature, I worked for parity legislation that finally came to fruition in 1999. Like the 1996 Federal parity law, the coverage was not complete. Advocates in Jersey continue the fight to ensure real and complete coverage parity.

Today, at long last, this House will take one step closer to making that a reality by passing H.R. 1424, the Mental Health and Addiction Equity Act. Thank you, both of you.

For the first time, this legislation will eliminate inequitable treatment limits and end the imposition of financial requirements on mental health benefits which are not similarly imposed on comparable physical ailments. These two policies are considered to be essential steps toward ending coverage discrimination against individuals with mental illness.

To be clear, this legislation does not mandate insurers or group health plans to provide any mental health coverage at all. This legislation will ensure coverage of the same mental illnesses and addiction disorders available to Members of Congress and 8.5 million other Federal employees. Isn't that a breakthrough.

While opponents of this insist that parity will bankrupt the health care system, research has shown that there's no significant cost increase whatsoever. The Congressional Budget Office has estimated a minuscule impact on premiums for the mental health parity bill, just two-tenths of 1 percent.

This must be passed, both sides of the aisle, and America will benefit.

Mr. CAMP of Michigan. Mr. Speaker, at this time I yield 4 minutes to the distinguished gentleman from Texas (Mr. SAM JOHNSON), a member of the Ways and Means Committee and the Health Subcommittee.

(Mr. SAM JOHNSON of Texas asked and was given permission to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Mr. Speaker, I come to the floor today proud to say I've been looking to the issue of mental health parity since 2002. In March of that year, I chaired the subcommittee that held the very first House hearing on that topic. I heard back then and have continued to hear over the years the concerns from mental health advocates, employers, and benefit managers about what effect parity may have on everyone's goal of providing quality health care to more Americans. So I come to the floor today disappointed that we are debating a bill that I cannot support.

Unfortunately, the majority has decided that politics should trump policy; that instead of bringing a bill to the floor that has the support of all the stakeholders in this debate, a bill the President has said he would sign into law, and a bill the Senate passed by unanimous consent, we're debating a bill that will only delay action on this very important issue.

There are real problems with the bill before us today. The first is the heavy-handed list of mandates. This bill would say to employers and insurance companies, if you decide to include mental health benefits in your health insurance package, you are forced to cover anything and everything related to mental health.

This is a requirement that doesn't exist in any other sector of the insurance industry, and I believe it would have the unintended consequence, in spite of what our opposition says, of forcing employers and companies to decide not to offer mental health benefits at all. This, of course, is not the goal we're striving to achieve today.

This bill also pays for mental health parity with a provision that would have a devastating effect on communities across the Nation. This provision would hurt every physician-owned hospital in this country, and that includes specialty hospitals, long-term acute care facilities, physician-owned full service hospitals, and patient rehabilitation facilities and others.

Physician-owned hospitals serve as an integral part of the health care system in this country. They deliver efficient, high-quality care to their patients and are a benefit to any community. These facilities across the country routinely are recognized nationally for their superior care.

In fact, just last month a hospital in my district, Baylor Health Care System, received the National Quality Award from the National Quality Forum. This award recognizes exemplary health care organizations who are role models for achieving meaningful and sustainable quality improvement in health care.

However, if this provision becomes law, this exemplary hospital would be forced to suffer serious consequences, like reducing patient care.

We all support the goal of equal access to mental health benefits; however, it should not be paid for by sacrificing facilities that bring quality health care to more Americans. Physician-owned hospitals are on the front lines of reforming our health care system, and they shouldn't be punished for the inroads they are making.

This provision will prohibit any new facility from being built as well as deny Medicare provider numbers to any facility currently under construction. It also caps the percentage of physician ownership in existing hospitals. No one facility can have more than 40 percent physician ownership, and no one doctor can own more than 2 percent of a facility. It puts the Federal Government in charge of deciding whether or not these facilities need to expand and help respond to the needs of the community.

There have been a number of studies that have shown specialty hospitals have an overall positive effect over general acute care hospitals.

Today is the day to stand up for innovation and stop taking the funding from the specialty hospitals, Mr. STARK.

Mr. STARK. Mr. Speaker, at this time I am pleased to yield 1 minute to the distinguished gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. I thank the chairman for yielding.

Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

I'd like to thank and recognize my two colleagues and friends who have led this fight with tenaciousness and with integrity for so many years, Congressman KENNEDY, and my friend and fellow Minnesotan, Congressman RAMSTAD. The two of you represent the best that this institution has to offer, and I thank you. You carried on the fight that was started so many years ago by our late Senator from Minnesota, Paul Wellstone, and you've done so in such an admirable fashion. I can't tell you how proud I am to see this come to the floor.

One of Senator Wellstone's qualities was one that you've exemplified. He

stood up and he fought for what he believed in. It didn't matter what the political implications were. It didn't matter what others said. He steadfastly believed that discrimination against people because of mental illness or addiction was absolutely wrong and the antithesis of what America stood for.

Senator Wellstone represented our State of Minnesota, and due to his work, Congressman RAMSTAD's work, Congressman KENNEDY's work, Minnesota has one of the strongest parity acts in the Nation, and it works. If we can do it there, we can do it in this Congress.

I would urge my colleagues to vote for this bill, not accept anything less, not the Senate version, not something from the White House, not a motion to recommit, not a smokescreen. This is the time to get this right the first time. Do the right thing. Pass this piece of legislation. This country will be better for it.

□ 1830

Mr. CAMP of Michigan. At this time I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I am happy to yield 2 minutes to the distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I thank the distinguished Chair, and rise to associate myself with his remarks.

What a remarkable afternoon this has been. What a remarkable journey of two of our colleagues. I rise today to support them for what they have done in the old-fashioned democratic way, reaching out across this country, holding hearings, and bringing back to this body a piece of legislation long overdue. I commend Representative RAMSTAD and Representative KENNEDY. Their work has been extraordinary.

President Kennedy once said that communities reveal an awful lot about themselves in the memorials they create, the people that they honor. This body is about to reveal an awful lot about itself on the legislation we are about to vote on. Two of our colleagues revealed so much about themselves in an effort to bring forth the plight of others less fortunate than they, and unable to be here on this floor to speak. That is the crowning glory of this great democracy that we all participate in.

Patrick Kennedy had it right. This is a certain right. This is a civil right. This is something that goes beyond parity and speaks to the very essence of equality in what we stand for. And two of our colleagues have demonstrated the way to do that beyond the Chambers, beyond the Beltway, and out to the people where it really matters. Thank you so much for bringing their cause here today.

Mr. CAMP of Michigan. I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I am pleased to yield 2 minutes to the distinguished gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. Mr. Speaker, I want to thank my friend, Chairman STARK, for yielding.

Mr. Speaker, I rise today to give my full support to H.R. 1424, the Paul Wellstone Mental Health Parity Act. I want to thank my colleagues, my very good friends, Mr. KENNEDY and Mr. RAMSTAD, for their leadership on this important issue, for having the courage to stand up, to speak up, to speak out to take the leadership and bring this bill before us today.

Today, we win a battle in the ongoing struggle against discrimination. Discrimination against mental illness and addiction is wrong. It is dead wrong. Today, we end that discrimination in health insurance. I believe that health care is a right and not a privilege. Until we can provide real and meaningful health coverage to all Americans, we must take each step as it comes to expand coverage. So, today we take an important step, a necessary step in that direction by requiring parity in insurance coverage.

I have fought long and hard to end discrimination in this Nation, and we have made some real progress. But people suffering from mental illness and addiction have been left out and left behind, and it's time for us to do what is right when they are told that their illness is not covered by their insurance. That discrimination must end, and it must end now.

Mental health parity is a matter of fairness, of equality, and it is the right thing to do. The time is always right to do right.

Mr. CAMP of Michigan. I reserve the balance of my time.

Mr. STARK. Mr. Speaker, could I find out how much time remains on both sides.

The SPEAKER pro tempore. Both sides have 8½ minutes remaining.

Mr. STARK. Mr. Speaker, at this time I am happy to recognize the distinguished gentleman from Maryland (Mr. VAN HOLLEN) for 2 minutes, a member of the Ways and Means Committee.

Mr. VAN HOLLEN. I thank my colleague.

Mr. Speaker, I rise in strong support of this long overdue bipartisan legislation, and I want to commend and thank our colleagues, PATRICK KENNEDY and JIM RAMSTAD, for their leadership, their passion, and their perseverance on this very important issue that is so important to millions of Americans around this country.

Last year, they traveled across this great land, holding a series of field hearings, listening to Americans in communities across the Nation, people from every walk of life. I had the privilege of hosting one of those hearings in my congressional district. The message from that hearing, as with the other hearings from around the country, was very clear, Congress needs to end insurance discrimination in mental health care. Both common sense and simple fairness require that mental health diseases be treated on an equal footing with other health conditions.

According to the National Institute of Mental Health, an estimated 26 percent of Americans suffer from a diagnosable mental disorder in any given year, and approximately 6 percent of our fellow Americans suffer from serious mental illness. Mental disorders are the leading cause of disability for individuals between the ages of 15 and 44. The good news is the science tells us that treatment works. The sad truth is that, for most Americans, health insurance coverage does not now cover the full range of their needs.

We know that for years, for years, employer-provided health care set stricter treatment limits and imposed higher out-of-pocket costs for mental health care. Congress took an important step in 1996 to correct that inequity through the Mental Health Parity Act. But problems remain, and that is the reason we have this very important legislation before us, because insurance companies were setting rigid, arbitrary caps on how they cover mental health. This legislation will finally stop those practices.

Mr. Speaker, Members of Congress have good health care coverage and mental health coverage. Let's give the same thing to the American people.

Mr. CAMP of Michigan. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. HERGER), a member of the Ways and Means Committee.

Mr. HERGER. Mr. Speaker, I would like to encourage every Member of Congress to ask their constituents one simple question: Are your health insurance premiums high enough yet? Because this bill will make them even higher. We all want to improve access to mental health treatment. But the legislation before us could force some employers to drop mental health benefits altogether. Under this bill, plans are actually prohibited from covering treatment for depression, or potentially even a program to help someone quit smoking, unless they agree to cover literally everything in the book.

I am especially concerned by the offset that effectively bans physician investment in hospitals. I am concerned that this provision could have a devastating impact on access to high quality health care. For example, there are just two hospitals in the city of Redding, California, in my northern California district. One of them nearly shut down a few years ago. It was bought by a company that specializes in turning around failing hospitals.

Part of their strategy was to give the physicians who work at the hospital a partial ownership stake. They were successful. As a result, a vital community hospital is still open in a largely underserved area. This so-called ''offset'' would subject it to crippling new regulations, and it could doom other struggling hospitals to closure.

Vote ''no'' on this legislation.

Mr. STARK. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EMANUEL). Pending that, I yield myself 15 seconds to remind the distinguished gentleman from California that the hospital that closed in Redding was the one that killed 167 people by unnecessary cardiac procedures, and we were glad to be rid of it.

Mr. EMANUEL. I thank my friend from California for the time.

When I worked in the White House in 1996, we took two important steps on dealing with mental health parity. The first was signing the mental health parity legislation in 1996. That was referred to earlier. The second was also signing the executive order that ensured that government workers, Members of Congress and their staff, as well as other government workers, also had mental health parity in their health care. Some would think we are a little crazy for being in this job, but now we have got health care coverage for it.

The fact of what this legislation does is provide for the taxpayers in America and make sure that they have the same access to the same type of health care that we have. It's that simple. When we did the first bill, the same people that were opposed to this bill, the insurance companies, said it would ruin the health care system. It didn't happen. The same insurance companies that are in the Federal employee system said they couldn't do what the executive order told them they had to do. They did it.

Every time you try to make a little more reform to have a little more coverage, the insurance companies tell you that you can't do it. We accomplished it, and we accomplished it by doing right by the American people.

The prior speaker mentioned that everybody is for covering mental health coverage, or for having mental health coverage, except for when it comes to covering mental health coverage. You can't be for it and then against it. Everybody was for an increase in the minimum wage, except for when you wanted to vote for it, they weren't voting for it. Everybody thought it was a good idea to increase Pell Grants, except for when it came to vote to increase Pell Grants.

Well, here we are going to do this. You can't just say you're for mental health parity and then vote against it. This is the legislation. It builds on what we did in 1996 and 1999, and brings the type of reforms that are necessary. This is an illness, and these illnesses affect everybody's families, everybody's families, and it makes sure that there is one set of rules to the road when it comes to health care coverage.

I appreciate the time, and it's time that we have this type of legislation on the floor.

Mr. CAMP of Michigan. At this time we have no further speakers, so I reserve my time, except to close.

Mr. STARK. Mr. Speaker, at this time I am happy to yield 1 minute to the distinguished gentleman from Pennsylvania (Mr. PATRICK J. MURPHY).

Mr. PATRICK J. MURPHY of Pennsylvania. I thank my colleagues for taking the fight and leading the fight here.

Mr. Speaker, I rise today on behalf of a teenager from Bensalem, Pennsylvania, for whom mental health care came too late. I rise in favor of a health care system that works for those in need. This legislation not only promotes fairness for those with mental illness, it also will not preempt stronger State laws, laws such as Pennsylvania's Act 106, which has saved countless lives.

I stand with the Republican State Representative from my district, Gene DiGirolamo, as we fight together to preserve these critical laws in conference. Mr. DiGirolamo of Bensalem is a leading advocate for mental health parity, and has worked tirelessly for health care laws that are fair and just.

Mr. Speaker, this bill is bipartisan and long overdue. I urge my colleagues to join us in voting for it.

Mr. CAMP of Michigan. I continue to reserve.

Mr. STARK. Mr. Speaker, do I have the right to close this section?

Then I would reserve the balance of my time.

The SPEAKER pro tempore. Mr. PALLONE had reserved 2 minutes, and he will be the final speaker. But in this section, the gentleman from California has the right to close.

Mr. CAMP of Michigan. I will be our final speaker on this side, Mr. Speaker.

This debate is not really about who's for or against mental health parity, it's about doing mental health parity in the right way. The Senate unanimously passed a mental health parity bill last year, and there, Senators KENNEDY, DOMENICI and ENZI worked in a bipartisan way and brought all affected parties together to reach a compromise that mental health groups, employers and health plans fully support.

What has really not been answered in the debate today, and I don't fully understand, is why put the entire DSM-IV manual in statute. It's a diagnostic code. It's not for coverage decisions on health benefits. That question has never really been fully answered.

Let's do the sensible thing. Let's vote this bill down and adopt the Senate bill. We can have a mental health parity bill on the President's desk by the end of the month if we followed this procedure. So I urge my colleagues to vote ''no'' on this bill.

I yield back the balance of my time.

□ 1845

Mr. STARK. Mr. Speaker, I yield myself the balance of my time just to suggest that while costs have been an issue, basically the Senate bill, as I understand it, would be the preferred vehicle for the opposition to this bill, and I would like to just remind my colleagues that the Senate bill and the House bill cost the taxpayers the same amount of money. There is no cost difference between the Senate bill and the House bill.

We are talking about a cost to employers, if they pay the entire cost of insurance, of 2 cents out of every $10, hardly a phenomenal cost when you think that the savings in productivity, human lives, and the billions of dollars that we would save in lost time and additional costs from the results of addiction and mental illness would be a bonus for which we don't get scored under our scoring procedures.

This is a bill that was first introduced in the Ways and Means Committee, as I recall, almost 20 years ago. I wasn't able to do much with it in 20 years, but my distinguished friends PATRICK KENNEDY and JIM RAMSTAD have been able to do it, and I just want to repeat how proud I am of their tireless work.

I hope that we will end the day today for the under-65 population of this country with mental health parity, and that we could come back again later this year or next year to finish this for us older guys in Medicare, so that we can also extend parity for the rest of the Americans.

I want to thank all the staffs who have worked so hard, my colleagues on the Health Subcommittee of Ways and Means, my colleagues on Energy and Commerce, my colleagues on Education and Labor. This went through three committees, a feat in itself in this Congress. I think it is a bill that the time has come. We can set aside what minor differences there are, go and negotiate with the Senate for the final bill, and I look forward to its passage.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from New Jersey, Mr. PALLONE, controls the remaining 2 minutes.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just want to also thank the two sponsors of this legislation, Mr. KENNEDY and Mr. RAMSTAD. If any of you had been in Trenton, New Jersey, the day when Mr. KENNEDY held a hearing, to see the compassion that he brought to the hearing, to hear him tell his personal story, to see those who are advocates for the bill in my State to show up and basically explain why the type of discrimination that exists now with regard to mental health coverage should not continue.

I think Mr. KENNEDY said on the floor today that this is a civil rights issue, and that is true. People may doubt that a lot of discrimination continues to exist about mental illness, and certainly we have come a long way, there is no question about that, but the fact of the matter is that the discrimination continues. And although we have made some progress in terms of the Federal law, and even different States have passed legislation that is somewhat similar to this, the bottom line is

that we don't have absolute equality or equity at this point, and we need to make sure that if there is going to be mental health coverage, it covers all types of mental health illnesses as well as substance addiction. In addition to that, we want to make sure that the same is true, whether you are in or out of the health care network.

These two gentlemen, my colleagues Mr. RAMSTAD and Mr. KENNEDY, have been working on this bill for such a long time, and it really is a tribute to them and to Paul Wellstone that we are about to pass this bill. We commit, myself and the other chairmen of our respective committees, that we will not only pass this, but we will make sure that we do a bill that we can conference between the two Houses and get it to the President and hopefully get him to sign it before the end of this session.

Mr. ELLSWORTH. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill today is an important step forward in the effort to ensure every American has access to quality mental health care services.

Access to quality, affordable mental health care is just as important as access to traditional health care for Americans struggling with psychological problems. For decades, America has led the world in developing and implementing mental health diagnosis and treatment methods. Unfortunately, while American hospitals, doctors, and counselors provide the best mental health care in the world, many Americans are left without access to the benefits of that system. Too often, cost prohibits people from obtaining adequate coverage and seeking care when they need it.

This bill makes important advances in addressing this problem for Americans with private health insurance. H.R. 1424 will expand access to mental health care and services for Americans with private health insurance, requiring plans to make mental health copayments, deductibles, and other benefits equal to benefits offered for traditional, physical health care. I believe this bill is an important step in breaking down the barrier to treatment many Americans with mental health problems face when they try to improve their lives, and I urge my colleagues to support it.

While I am a strong supporter of the underlying legislation, I would like to express my concern with one of the offsets used to pay for the bill's costs. The Medicaid prescription drug rebate has proven to be an important tool in ensuring access to the best pharmaceutical drugs for low-income Americans. Currently, prescription drug producers already pay a significant rebate in order to participate in Medicaid, and this bill would increase that rebate by almost one third. I am concerned that further expanding this rebate could have a negative impact on research and development of the next generation of treatments. Congress needs to ensure it provides increased access to mental health services without jeopardizing future pharmaceutical breakthroughs.

I will continue to support this bill and encourage my colleagues to do the same. However, as this bill advances to conference with the Senate, I hope that the final product we send to the President will not contain an overly burdensome increase in the Medicaid rebate.

MR. BACA. Mr. Speaker, I rise today in strong support of civil rights and the passage of H.R. 1484, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

This bill is aimed at eliminating discriminatory provisions in mental health. With this bill addiction treatments are provided on par with treatment for other medical illnesses and conditions, such as diabetes, asthma and high blood pressure.

Currently, many families are facing hurdles and obstacles in obtaining quality care for mental illness and addiction disorders.

Over 57 million Americans suffer from a form of a mental health disorder and more than 26 million from a chemical addition. Our early intervention services for mental health and addiction are behind other medical conditions.

This is discrimination; this is not the American way.

In my District alone, we are facing an alarming methamphetamine-use crisis, these patients often require professional help.

Mental health must be recognized as equal to other health conditions and illnesses. The stigma must be removed so more people will be able to seek professional help and our loved ones will be able to live healthy and productive lives.

These are real diseases, and those affected by them deserve coverage. We are living in different times now and we need to pay closer attention to the mental health needs of our families.

For example, the recent school shootings are evidence of where counseling and treatment may have prevented these tragedies, yet stigma and lack affordability of mental health services stood in the way.

I urge my colleagues to support mental health parity and vote in favor of H.R. 1424.

Mr. UDALL of Colorado. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. This bill moves forward the important principles that mental health deserves fair and equal recognition in our health care financing system and that individuals afflicted with mental health disorders deserve no less a chance at recovery than those afflicted with physical disorders.

These principles do not exist for their own sake, and there are plenty of practical reasons that mental health coverage should be equal to that of other types of health coverage. For example, the Journal of the American Medical Association estimates that employers lose as much as $31 billion per year in productivity costs associated with having depressed workers. The story is much the same for alcohol-related illnesses and certainly for suicide. Even if these economic realities did not exist, there remains no scientific justification for treating mental health as separate and inferior to physical health.

Many attribute the historical disparities between the treatment of mental health and physical health to stigmas about the realness of mental health disorders and the credibility of those who claim to have them. If this is true, surely our scientific and health care communities have moved us beyond those stigmas and shown that mental health not only exists, but is as important to one's day to day life as any physical condition. It is time that our laws and our health care financing system caught up to our scientific knowledge in this important respect.

H.R. 1424 will move us in that direction. If passed, it will bring this aspect of our private health insurance system in line with what has worked for Medicare, Medicaid, the Veterans Administration, and the Federal Employees Health Benefits Program—the very same health program available to members of Congress. This is not a mandate. Employer-based health care plans will not be required to offer mental health benefits, but those group plans with 51 or more employees who do offer mental health benefits will be required to provide coverage that is no less substantial than the coverage provided for physical health. This is sound policy, and ensures that those afflicted with mental health disorders can afford the care they need to lead productive, happy, healthy lives.

I am aware that there are some differences between this bill and the similar bill that passed the Senate last year. Some opponents of the House version, I think, have legitimate concerns about the effects of basing coverage on the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV). The instances in which plans and states have adhered to the DSM–IV have not yielded the problems with overuse and treatment for the "worried well" that opponents predict, but the possibility that these problems could occur, I think, is strong enough that these differences should be addressed before the bill becomes law. I am hopeful that ongoing discussions between the House and the Senate will produce a bill that addresses these concerns and finds a suitable compromise.

I will vote for this bill because I believe that moving it forward in the legislative process is one more important step toward the final goal of instituting equity between physical and mental health coverage, a goal I hope can be achieved this year.

Mr. HULSHOF. Mr. Speaker, I am very glad that we are taking up mental health parity today. I support mental health and substance abuse parity, as does most of this body. But there are a few details of this bill I would like to change to ensure that true parity be the final result of the legislation before us.

But because this is brought up under a closed rule, these vital changes cannot be made, thus I will oppose this bill.

Let me add at the outset that I have only the utmost respect for my friend and fellow Health Subcommittee member JIM RAMSTAD. He is a champion on this issue, and the tenants of mental health parity that most here support are in no-small-part thanks to his intelligent, passionate advocacy. I thank the gentleman for that example and his service to this institution.

September 18, the Senate voice voted S. 558, legislation that was the product of input and agreement between mental health advocates, policy experts, health providers, employers, and authoring legislators.

I am concerned that in passing the language in this bill, this House will be marginalizing itself—that in passing a bill with no real hopes of adoption by the other body this body will be seen as out-of-touch, a secondary player, and at worst could hold up much needed mental health legislation.

I would like to highlight two key differences between the House and Senate bills, using the

language from the Senate compromise bill—the codification of the DSM–IV, Diagnostic Statistical Manual, and protection of Medical Management.

DSM

I proposed two amendments at the Ways and Means Committee that would have won my vote there and here on the floor and would move this bill more quickly through a House-Senate conference and to the President's desk for signing.

The first issue, this legislation creates a broad new mandate by codifying usage of the DSM–4 (DSM–IV).

H.R. 1424 imposes a broad mandate to cover all mental illnesses listed in the DSM–IV Manual. DSM is the Diagnostic Statistical Manual that provides diagnostic criteria and codes for billing health plans.

Health Plans will be required to provide coverage for all the conditions listed in DSM–IV—conditions such as caffeine withdrawal and jet lag are included, as other speakers have and will discuss. This is simply a benefits mandate.

The bill exceeds the stated objective of achieving ''parity'' by requiring coverage of all conditions in the diagnostic manual for mental health and substance abuse disorders if a plan decides to cover any mental health or substance abuse conditions at all. No similar Federal requirement applies to any other category of benefits.

Currently, there is no Federal definition of the scope of medical/surgical benefits that plans must offer. Therefore, this is NOT true parity.

MEDICAL MANAGEMENT

The House bill contains no provision to protect medical management practices. These can include such things as coordinated disease management, care management initiatives, health coaching, and patient support tools to improve the quality and accessibility of mental health benefits.

The use of medical management allows plans to provide the right course of treatment and avoid expending resources on ineffective or unproven treatments.

The Senate bill would protect plans ability to manage mental health benefits in this way, even if such management is more intensive than the management of other types of medical services.

The reason FEHB plans have been able to keep their costs down is because they are allowed to offer medical management programs to determine whether a treatment is medically necessary or not.

In fact, the principal investigator who evaluated parity for Federal employees stated in his testimony to the Energy and Commerce Committee that ''these findings suggest that parity of coverage of mental health and substance abuse services, when coupled with management of care, is feasible . . .''

If enacted, H.R. 1424 will limit the ability of group health plans to apply a full range of medical management tools—including the use of provider networks and contracting—tools essential in controlling costs and ensuring quality.

GENETIC INFORMATION NON-DISCRIMINATION ACT

I would like to make one other point on the attachment of the Genetic Information Non-Discrimination Act to H.R. 1424, legislation I supported out of Committee.

But at Ways and Means we fixed language protecting those who donate their time and selves for clinical research, but this final language is not comprehensive.

I am concerned with the definitions of genetic testing/services, that they fully include protection for those going into clinical research. An example: John's employer learns that John is signing up for clinical research and fires him or his insurer drops his policy. The bill now says ''genetic services received pursuant to clinical research.'' So, John isn't protected because he has not had a genetic test or service, he's only signed up to do it. Or maybe the employer discovered that John is interested in participating and fires him.

The services themselves are protected, which is good. However, the definition is missing the protection of the ability to participate in clinical research. The Ways and Means Committee passed language protecting this, and I hope that this language can be perfected at conference with the Senate to protect all clinical research participants.

Mr. SMITH of Texas. Mr. Speaker, I support better health care being made available for the mentally ill. Americans should have the freedom to choose health care plans that offer mental health benefits.

I also support the passage of H.R. 1424, the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007,'' because this legislation represents a step forward in the mental health care debate.

However, I believe the House bill goes too far by limiting physicians' ability to refer patients to physician-owned hospitals. Physician-owned hospitals play an important role in providing high quality care to patients. These facilities should not be penalized for offering accessible health care to so many individuals.

In addition, this legislation requires any plan that provides mental health or substance-related disorder benefits to offer coverage for all disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV). The list of disorders encompassed by this legislation is too broad and could be used by some individuals to take advantage of the health care system.

H.R. 1424 also will not allow employers to have discretion over the benefit coverage decisions for their employees. It instead imposes a mandate that requires employers to cover all conditions listed in the DSM–IV. This mandate likely will increase health insurance costs.

I am hopeful that if this legislation goes to a Conference Committee, the House will adopt much of the language contained in the Senate version of the bill, S. 558, the ''Mental Health Parity Act.'' The Senate bill represents a compromise between the mental health and business communities.

The Senate legislation provides employer discretion by allowing employers to determine which mental health conditions should be covered under their plan and does not include language that penalizes physician-owned hospitals.

I look forward to continuing to work with my colleagues on this important issue and to making sure we have an improved bill at the end of the process.

Mrs. BACHMANN. Mr. Speaker, today we are debating a bill which addresses an issue that is near and dear to my heart: helping those with mental health disorders.

As the wife of a clinical therapist, I have seen the many challenges that people who have mental health disorders face day after day.

These are very real impairments—but through counseling and appropriate treatments, real breakthroughs can be made.

We can help those individuals who suffer, as well as their families and our overall society.

But I have serious concerns about the scope of this legislation and the impact it will have on the affordability of health insurance for all Americans.

By mandating that group health plans offer the same financial benefit structure for both mental and physical disorders, the cost of insurance will increase across the board—and with accessibility of health care services and the affordability of health care coverage so paramount a concern for families across the country.

The Congressional Budget Office has estimated that the cost of these mandates in the private insurance market will total $3 billion annually by 2012.

This will inevitably set up a cycle of increasing costs on employers offering health insurance and thus increasing costs for employees seeking to obtain coverage.

These mandates may even have an adverse affect on access to mental health coverage at all.

My colleagues in support of the bill have stressed that it does nothing to require employers to offer coverage of mental health services—it only mandates what this coverage must include on those who choose to offer mental health coverage.

But it is not hard to imagine that many employers who are frustrated with the increased costs the bill will impose on them will simply drop mental health coverage altogether.

That, of course, would be counterproductive to the intent of the bill.

In fact, it would hurt the very people the bill purports to help.

Mr. Speaker, the cost of health care is at perhaps an all time high.

Between 2000 and 2006, premiums for family coverage have increased by 87 percent, making the average premium families' paid last year $12,106.

This is not the time to make coverage less affordable.

Though I appreciate my colleagues' good intentions, the negative impact this bill would have on our overall health care market is too serious to ignore and I must oppose it.

Mr. CONYERS. Mr. Speaker, I rise to voice my strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which requires equity in the provision of mental health and substance-related disorder benefits under group health plans. This much needed legislation would finally provide for true mental health insurance parity, offering mental health and substance-abuse benefits on par with medical and surgical benefits, ending discrimination against patients seeking treatment for psychiatric disorders.

Mental illnesses have a devastating affect on our nation. According to a 2005 Harvard study, over 35 million Americans suffer from a moderate or serious mental disorder in any given year. Societal costs, such as loss of productivity and the burden on family caregivers, total $113 billion annually. As well, the President's New Freedom Commission on Mental Health reported in 2003 that mental illnesses constitute the leading cause of disability in the United States; the Commission noted that half

of those who need mental health treatment in this country do not receive it.

The treatment of mental illness works. Unfortunately, only those who are able to access care can benefit from it. Most mental disorders are chronic, ongoing illnesses that require consistent and persistent treatment in order to achieve remission. It would seem unconscionable to limit the number of times a cancer patient sees their oncologist for treatment; those suffering from severe psychiatric illness should not be held to a lesser standard of care.

Despite disinformation put forth by some of my colleagues today, the concept of mental health insurance parity is not a new one. In fact, as members of Congress, we all enjoy the benefits of mental health parity that our constituents are deprived of. The Federal Employees Health Benefits (FEHB) Program has offered mental health and substance-abuse benefits on a par with general medical benefits since 2001. A convincing study of the FEHB program published by the New England Journal of Medicine in 2006 proves that the implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.

Mr. Speaker, the inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill, and it reinforces the strategy of insurance companies to deny care rather than provide care. It is our duty to end this intolerable discrimination against the mentally ill, and pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. HOLT. Mr. Speaker, it will be a landmark day when we realize that health is not just about fixing broken bones. It's about having a healthy, complete individual from head to toe. Millions of Americans suffer from mental illness of some form, conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illnesses strain families and can contribute to lost productivity, unemployment, substance abuse, homelessness, or suicide. Few Americans are untouched by it. No one is immune.

Prompt and comprehensive treatment can reduce enormously these effects, but insurance companies—including government plans like Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP)—frequently impose limits on coverage for mental health that are not imposed on traditional medical and surgical care. Already this year, Congress has worked to address these inequalities in the federal health programs.

Today, the House of Representatives is taking a significant step toward finally ending the insurance discrimination that has existed for decades against people with mental illness.

Representative PATRICK KENNEDY and Representative JIM RAMSTAD deserve credit for their strong leadership on the Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, which I am proud to cosponsor along with more than 270 of my colleagues. This much needed legislation would require insurance companies to provide benefits for mental health and substance abuse treatment equal to those provided for physical medical treatment.

The Paul Wellstone Mental Health and Addiction Equity Act would require that all Diagnostic and Statistical Manual of Mental Disorders, DSM–IV, illnesses be covered, rather than letting insurance companies determine their own scope of coverage. This is the same coverage requirements that we as Members of Congress receive under our federal employee health plan, and our constituents deserve no less coverage.

The American Psychological Association, which publishes DSM–IV, reports that lack of insurance coverage (87 percent) and cost (81 percent) are the leading factors for individuals not seeking mental health services. The Paul Wellstone Mental Health and Addiction Equity Act would solve both of these problems.

Additionally, unlike the bill working through the Senate, H.R. 1424 would not preempt state law. This is very important for the residents of my home state of New Jersey and others who already have mental health parity laws on the books. For good reason these states worry that they might be forced to reduce their coverage requirements.

We know that mental illness is treatable, yet because one third of the people affected do not receive needed treatments, mental illness remains a leading cause of disability and premature death. According to the World Health Organization, the costs related to untreated mental illness are $147 billion each year in the United States. Those who oppose the legislation thinking it is too expensive should note this cost.

Yet, an analysis of the Paul Wellstone Mental Health and Addiction Equity Act indicates it would result in an increase of less than one percent premiums and would reduce out-of-pocket costs by 18 percent. Further, a recent article in the Journal of American Medical Association, JAMA, indicates that employers who actively encourage their employees to use mental health services actually experienced an increase in hours worked and productivity gains.

Ultimately, despite the economic arguments in favor of parity, it is not a debate about dollars and cents, but about lives saved and people restored. I recently received a letter from a constituent who is a corporate human resource director. She did not write me in that capacity, however. Instead, she wrote me ''as the sister of a beloved brother who committed suicide one day after his in-patient mental health care benefit 'ran-out'.'' She understood and related to me not only the human resources concerns, but also and especially, the true cost of mental health and the failure to enact mental health parity. Let's work to ensure that those who need access to mental health care, get it.

Mr. TERRY. Mr. Speaker, today the House is considering H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. I strongly support the mental health community and believe that millions of Americans living with mental health illness and addiction need access to treatment. Screening and early treatment remains an important and cost-effective way of combating mental health illness and addiction.

Unfortunately, the bill before us today seeks to extend mental health treatment by stifling innovation, increasing health insurance cost to employers and employees and mandates that ALL diagnoses, such as 'jet lag' and 'caffeine intoxication' listed in the DSM–IV be covered.

A provision in H.R. 1424 also seeks to limit physician ownership in hospitals, regardless of whether those hospitals are in rural or small communities. Physician owned hospitals strive to eliminate preventable complications and errors in order to improve patient care. Specialty care hospitals are an integral part of our community in Nebraska. They provide quality care and help keep costs down. A February article in Forbes highlighted a University of Iowa study which found that tens of thousands of Medicare patients' complication rates for hip and knee surgeries were 40 percent lower at specialty hospitals than at other hospitals.

Mr. Speaker, unlike the Senate bill which requires that insurance companies consider all mental ailments listed in the Diagnostic and Statistical Manual of Mental Disorders, the legislation before us goes one step further by requiring groups which offer mental health benefits to cover all diagnoses under the DSM–IV, this includes disorders such as 'jet lag' and 'caffeine intoxication.' Furthermore, groups would be required to extend current mental health benefits regardless of religious or moral objections they may have to paying for the treatment of psycho-sexual disorders or dubious complaints of less serious problems.

Finally, the bill would increase health insurance costs. The CBO estimates that by 2012, H.R. 1424 would cost $3 billion annually, a cost which would be passed on to employers and employees.

I am concerned that the government mandate currently proposed by H.R. 1424, though well-intentioned, could actually reduce access to mental health care. Many health plans are already responding to customer demand by gradually implementing greater coverage of mental health treatments. Mandating that such coverage would be immediately equal with medical and surgical benefits could force some plans to drop mental health benefits altogether leaving Americans in need of coverage with none at all.

Mr. Speaker, I wanted to come to this floor and vote for a Mental Health Parity bill like the one I supported in the Energy and Commerce Committee last fall. Unfortunately, this is not the same legislation, and therefore I must reluctantly oppose it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, introduced by my distinguished colleague from Rhode Island, Representative PATRICK J. KENNEDY, but ask for a closer at Section 6, and its effect on physician-owned general hospitals.

I have opposed H. Res. 1014, the rule which provided for consideration of H.R. 1424; however, I am in support of the bill itself.

This bill permanently reauthorizes and expands the Mental Health Parity Act of 1996 to provide for equity in the coverage of mental health and substance disorders as compared to medical and surgical disorders. This legislation ensures that group health plans do not charge higher co-payments, coinsurance, deductibles, and impose maximum out-of-pocket limits and lower day and visit limits on mental health and addiction care than for medical and surgical benefits.

Although this legislation does not mandate group health plans, if a plan does offer mental health coverage, then this legislation would require it to offer equity in its: (1) financial requirements applied to mental health and substance-related disorders, (2) equity in treatment limitations, (3) prohibit discrimination by diagnosis, and (4) equality in out-of-network coverage.

This legislation provides for greater transparency in medical management, and strict enforcement by the Internal Revenue Service, something we all want to see more of in the health care industry.

Over the past several decades, America's health care system has been a leader in innovation. This innovation has given patients unprecedented access to specialized care in all different fields of medicine. Whether it's in cancer centers, children's hospitals, or ambulatory surgical centers, patients now have the ability to receive quality care in a hospital of their choice.

Unfortunately, this bill stifles the very innovation and choice that has laid the groundwork to real transformation in our health care system. A provision in H.R. 1424 would severely restrict the ability and capacity of physician owned hospitals to provide quality healthcare to their patients. It does not matter if the hospital is rural, inner city, big or small this legislation will punish these hospitals, the doctors and the nurses that serve their community every day by restricting them from providing high quality care to their patients. Physician owned hospitals serve as an integral part in the future of patient care and should not be dismissed just because they have physician investment.

In Texas, we have inpatient rehabilitation hospitals, long-term acute care hospitals, general care hospitals, and community hospitals that are nationally recognized as the best in the industry and each and every one of them has physician investment. Patients across the great state of Texas have greatly benefited from the safety, quality, and innovation that physician owned hospitals bring.

In an era when hospital deaths from infections, medical errors, and other problems approach 100,000 a year, physician owned hospitals have placed a very large emphasis on eliminating preventable complications and errors in order to improve patient care.

Just this month in a Forbes article, a University of Iowa study found that tens of thousands of Medicare patients' complication rates for hip and knee surgeries were 40 percent lower at specialty hospitals than at other hospitals. These hospitals provide a needed service and they must be allowed to continue their good work now and in the future.

Before Senator Paul Wellstone's untimely death and that of his wife and daughter, I had the opportunity to meet with him and work with him on these very issues. His dedication to creating affordable healthcare for all Americans is what is at the root of this legislation. Having a provision that actually seeks to restrict physicians and hospitals seems to obliterate the bipartisanship and purpose of this bill.

We all support the goal of equal access to mental health benefits. However, we should not believe that it should be paid for by sacrificing facilities that bring quality, efficient and accessible healthcare to all patients.

I urge my colleagues to take a closer look at the effect this legislation will have on physician-owned hospitals. Despite my reservations regarding the disproportionate impact on physician-owned hospitals, ultimately patients benefit from this legislation and therefore I ask each of you to join me in supporting H.R. 1424.

Mr. CONYERS. Mr. Speaker, I rise to voice my strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which requires equity in the provision of mental health and substance-related disorder benefits under group health plans. This much needed legislation would finally provide for true mental health insurance parity, offering mental health and substance-abuse benefits on par with medical and surgical benefits, ending discrimination against patients seeking treatment for psychiatric disorders.

Mental illnesses have a devastating effect on our nation. According to a 2005 Harvard study, over 35 million Americans suffer from a moderate or serious mental disorder in any given year. Societal costs, such as loss of productivity and the burden on family caregivers, total $113 billion annually. As well, the President's New Freedom Commission on Mental Health reported in 2003 that mental illnesses constitute the leading cause of disability in the United States; the Commission noted that half of those who need mental health treatment in this country do not receive it.

The treatment of mental illness works. Unfortunately, only those who are able to access care can benefit from it. Most mental disorders are chronic, ongoing illnesses that require consistent and persistent treatment in order to achieve remission. It would seem unconscionable to limit the number of times a cancer patient sees their oncologist for treatment; those suffering from severe psychiatric illness should not be held to a lesser standard of care.

Despite disinformation put forth by some of my colleagues today, the concept of mental health insurance parity is not a new one. In fact, as members of Congress, we all enjoy the benefits of mental health parity that our constituents are deprived of. The Federal Employees Health Benefits (FEHB) Program has offered mental health and substance-abuse benefits on a par with general medical benefits since 2001. A convincing study of the FEHB program published by the New England Journal of Medicine in 2006 proves that the implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.

Mr. Speaker, the inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill, and it reinforces the strategy of insurance companies to deny care rather than provide care. It is our duty to end this intolerable discrimination against the mentally ill, and pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. SHULER. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health problems in this country.

I believe it should not be an uphill battle to get treatment for millions of Americans living with mental illness and addiction. Thanks to my colleagues Mr. KENNEDY and Mr. RAMSTAD we are moving towards achieving parity between mental and physical conditions.

While I support the underlying legislation, I oppose the closed rule under which it is being introduced, because it does not provide for an opportunity to address the revenue raisers included in the bill. I am particularly concerned with the offset used to pay for the legislation, specifically the Medicaid prescription drug rebate.

Increasing these rebate rates could have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid patients with mental health conditions that we are attempting to help today.

I urge the passage of this bill. However, as this bill advances to conference, I hope that the final product that returns to the House will not contain an increased Medicaid rebate or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Mr. ETHERIDGE. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. As a cosponsor of this important legislation, I applaud your leadership in bringing this bill to the floor and addressing the issue of mental health panty.

According to the National Institute of Mental Health (NIMH), approximately 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder. Unfortunately, the U.S. Surgeon General reports that only one in three of these people receive treatment for their disabilities. A significant reason that people fail to seek medical help for debilitating mental health issues is the lack of insurance.

The Paul Wellstone Mental Health and Addiction Equity Act would help address this problem. By requiring health plans to consider mental health issues on an equal basis with other health problems, this bill ensures that those in need can get the treatment that is medically necessary. We must expand access to mental health to ensure a strong and productive America that provides for its most vulnerable citizens.

Untreated and mistreated mental illness costs the United States $105 billion in lost productivity, a figure that has been increasing every year. According to a study funded by NIMH, treating mental health in the workplace significantly improves employee health and productivity, likely leading to overall lower costs for the employer. Mental health also has a high cost to society—for example, 20 percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. This bill will improve our economy and ensure those in need get the help they need before their illness turns into something worse.

My home state of North Carolina was one of the first states to adopt a mental health parity law back in 1991, and last year the State Legislature expanded and strengthened its mental health parity provisions. I support the efforts of North Carolina's mental health professionals in bringing this issue to the forefront of our State's agenda.

Mr. Speaker, while I strongly support this bill, I disagree with part of the bill's funding mechanism. We must be fiscally responsible, but we should not allow cost offsets to undermine the basic goals of this bill. I am concerned that the large increase in the Medicaid prescription drug rebate will reduce the ability of patients, including those with mental health conditions, to get the prescription medicines they need.

H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program. Innovator drug companies already provide deep discounts to Federal and State Governments for

the prescription drugs covered by the Medicaid program. I am concerned that a huge increase in costs will have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid the very patients with mental health conditions that we are attempting to help today. Mr. Speaker, I hope that you and the House conferees will work to address this issue in conference negotiations with the Senate.

After careful consideration, I urge my colleagues to join me in voting for H.R. 1424.

Mr. LANGEVIN. Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which I am proud to cosponsor. I know many people have worked hard to bring this important measure to the floor, including my friend from Minnesota, the co-chair of the Bipartisan Disabilities Caucus, Mr. RAMSTAD. Most of all, I would like to recognize the commitment and perseverance of my good friend and colleague from Rhode Island, PATRICK KENNEDY. PATRICK has been my good friend for many years, and I have watched him harness his passion and his knowledge to address the challenges faced by those with mental illness. He has raised awareness about a topic that had previously been considered taboo by the American people, using his own personal experiences to humanize the issue of mental health. I know that the people of Rhode Island admire his leadership, and I thank him for his tireless efforts.

Mental illnesses and substance abuse problems are at epidemic levels in this country. According to recent estimates, more than 35 million Americans experience the disabling symptoms of mental illness. Depression alone costs employers over $35 billion dollars a year in lost productivity, and that figure does not even factor in the multitude of other behavioral and psychological disorders that challenge our society on a daily basis. Substance abuse also directly affects an estimated 25 million Americans. An additional 40 million are indirectly affected once family members of abusers and the injured victims of intoxicated drivers are considered. Put simply, the social and monetary costs of these problems are astounding.

This bipartisan legislation makes tremendous strides in ending the inherent discrimination in our insurance system against patients seeking treatment for these illnesses. It permanently reauthorizes and expands the Mental Health Parity Act of 1996 to provide for equity in the coverage of mental health and substance-related disorders. It does not achieve equity by mandating that group health plans provide mental health coverage. However, if a plan chooses to offer coverage—as it rightfully should—then the coverage it offers must be no more restrictive in the financial requirements or treatment limits that are provided for medical or surgical disorders. This will mean equity in deductibles and co-pays, as well as in the frequency and number of visits. It will also establish parity for out-of-network coverage. In short, it will vastly expand coverage and access for those seeking treatment for their mental health.

Mental health parity is already available to members of Congress and over 8 million Federal employees under the Federal Employee Health Benefits Program, FEHBP, at minimal additional cost to the program. It is time that we extend this benefit to all Americans, and this legislation takes us considerably closer to that goal. I strongly urge my colleagues to vote in favor of this bill.

Mr. MCDERMOTT. Mr. Speaker, today is an historic day. Along with others, I have labored for a very long time to produce a comprehensive mental health parity bill. Without a doubt, our actions today will benefit real people in real ways. Many times we come to the floor to debate and vote on legislation that many Americans may wonder what is the relevance or the purpose? No one who has suffered a mental illness or has watched a family member suffer a mental illness will ask what is the relevance?

As a doctor and psychiatrist, I want to emphasize to my colleagues that this bill will make a genuine difference in the lives of the American people we serve. I know the suffering of mental illness. Not only do many patients still face the stigma of mental illness, but they also face discrimination in coverage.

Most Americans would be outraged if they heard that health plans charged higher copayments for cancer treatments or limited hospitals stays for those with heart diseases or denied care for diabetes. We would all be outraged. But, that is what we allow for mental illness.

We have heard a great deal about the costs of requiring mental health parity. What we hear very little about is the cost of not providing mental health parity. Many untreated mental illnesses can metastasize into serious physical and costly illnesses. Untreated depressions can result in heart disease. An untreated eating disorder can result in kidney failure. Yet, had we treated the mental illness we could have saved millions of dollars in costly care.

The issue of increasing costs of insurance is simply and categorically false. We know from the FEHBP experience that mental health parity has not resulted in significant costs. In fact, CBO has reported that H.R. 1424 would increase premiums by just two tenths of one percent. I would argue the longer term savings would offset any increase in premiums and that we will see a savings.

Access to mental health is simply access to quality primary care. It's key to preventing disease and improving outcomes. It simply makes no sense to treat the brain differently than the kidney or lungs or heart.

We have also heard a great deal about the use of the DSM–IV and scope of coverage. The use of DSM–IV is a tool for diagnosing mental illness and ensures that doctors, not insurance companies, define a mental illness. Some of my colleagues have argued that the use of DSM–IV will mean that plans must cover jet lag. These are not DSM diagnoses and refer to V Codes and not developed for the DSM.

My colleagues also argue that the use of the DSM–IV will prohibit plans from medical management. Again, my colleagues are wrong. As a practitioner, let me assure you that diagnosing and treating illness are very different things. Treatments can and will still be subject to medical necessity, like any other illness.

I think it is important for me to correct the record. Many of the speakers who addressed the House today are not health care professionals and have little understanding of mental illness. Yet, they claim to be experts on diagnosing and treating mental illness.

Finally, let me say a few words about the physician ownership offset. Just a couple of weeks ago, the administration sent to the Congress the Medicare 45 percent trigger recommendations. We have heard over and over again that Medicare spending is not sustainable and we need radical reforms. Yet, when we offer a small reform measure that will save more than $2 billion over 10 years, and protect patients from unnecessary care, some Members come to the floor to oppose. In fact, they argue that this physician ownership issue reduces choice or access. Who chooses to spend $2 billion more?

I understand that there may be some clinics that are providing quality care and we need to work to ensure that Medicare beneficiaries are not denied access. But, let's remember what we are doing. This is about closing a loophole to limit physician ownership of medical facilities to reduce over utilization and protect full service community hospitals. Many of these physician owned facilities do not staff an emergency department or an ICU. This is about protecting the integrity of the Medicare program. This is about controlling Medicare spending.

I strongly support H.R. 1424. Let's end this inhumane practice of discriminating against those with a mental illness. Let's make sure that when families pay premiums for health insurance coverage that they have the right to medically necessary coverage.

Mr. KIND. Mr. Speaker, I rise today in strong support of long overdue legislation that would equalize care for the millions of Americans suffering from mental health and substance-related disorders. More than 10 years after passing the Mental Health Parity Act, Congress now has the chance to finish the job it began and ensure that no Americans face discrimination in insurance coverage of mental health care.

Patients throughout the country struggle with the enormous financial costs of mental health and substance abuse treatments not covered by insurance. Many go without treatment, creating a burden on families, communities, and even our economy. Over 1.3 billion work days are lost annually due to mental disorders, more than stroke, heart attack, and cancer combined. In addition, employers face $135 billion in lost productivity each year due to untreated alcoholism and $31 billion due to untreated depression.

Enacting H.R. 1424 is important not only as a way to remove barriers to mental health and substance abuse care, however, but also as a way to remove the stigma long associated with these disorders. Equalizing care would send a strong message that the 57 million Americans suffering from mental health disorders and 26 million from chemical addiction should be treated no differently than individuals suffering from other medical conditions. I applaud the leadership and work of Representatives KENNEDY and RAMSTAD for their tireless efforts to bring this important legislation forward, and I am proud to give them my strong support.

In moving forward, it is my hope that the House and Senate can work together to find common ground so that mental health parity can be enacted. as part of this process, I would encourage negotiators to review the offsets used to pay for H.R. 1424, particularly the increase in the base Medicaid drug rebate level. I encourage Congress to consider the

effect this increase would have on small businesses that provide drugs and biologics to the Medicaid program, as well as possible disincentives this increase could create for companies to innovate and develop important new medicines. Although I am not opposed to raising the base rebate amount on principle, I am concerned that it may not be a prudent step to take without a thoughtful and complete review of its possible impacts.

Ms. BALDWIN. Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

All Americans deserve access to affordable, comprehensive health care—to meet both their physical and mental needs. I believe that Americans should be provided comprehensive coverage for mental health services. Mental illness and substance abuse are real and treatable health problems—just like hypertension, cancer and heart disease; yet millions of hard-working men and women still find that their health plans place strict limits on coverage for mental health benefits.

I am proud to be an original cosponsor of H.R. 1424. This bill will finally provide for equity in coverage of mental health and substance-related disorders.

We know all too well the inequities that currently exist for those seeking mental health care and substance-related care. They are subjected to higher co-payments, higher deductibles, and more restrictive treatment limits.

I have heard hundreds of heart-wrenching stories from my constituents in Wisconsin about the effects that these inequities have had on their families.

One woman's story was especially poignant about the inequities of the current system. In the same year, both her husband and her daughter required major medical care because of life-threatening conditions. One had a disease of the kidneys, and one suffered from severe clinical depression. Both patients required emergency visits and extended treatment. Both patients were compliant and followed their doctor's treatment instructions. Both patients were covered under the same family policy.

But the insurance paid for twice as much of the costs associated with the kidney disease than they did for the severe depression, because depression is a mental illness.

And while her husband underwent multiple treatments for his kidney disease, her daughter was told after a few psychiatric visits that her insurance would not pay anything toward further visits because she had used up her allotted number of visits for the year.

These higher patient costs and treatment limits are unconscionable. I am delighted that H.R. 1424 will require equity in financial commitments and equity in treatment limits for mental health and substance-related disorders as compared to medical and surgical benefits. In addition, it will prohibit discrimination by diagnosis and provide Americans with the same mental health coverage that Members of Congress have.

Mr. Speaker, I urge my colleagues to join me in voting in favor of H.R. 1424.

Mr. BUTTERFIELD. Mr. Speaker, I rise today in strong support of the H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007. This legislation is a great step in ensuring that group health plans are discouraged from charging higher co-payments, coinsurance, deductibles, and imposing the maximum out-of-pocket limits on mental health and addiction care than those imposed for medical and surgical benefits.

Although I fully support the intent of this measure, Mr. Speaker, I have slight reservation over one of the offsets used to pay for the legislation, specifically the large increase in the Medical prescription drug rebate.

Innovative drug companies already provide deep discounts to Federal and state governments for prescription drugs covered by the Medicaid program. H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program at a time when many drug companies are facing big financial challenges.

As a member of the North Carolina delegation, I realize the economic impact that this innovative industry has on my State, employing over 25,000 North Carolinians with many coming from my congressional district. I also understand the threat that this rebate poses to research, development, and access to drugs for the Medicaid beneficiaries of my poverty stricken district. We need these companies to continue investing in the United States, creating good jobs, and developing the new drugs our patients need.

Mr. Speaker, it is my hope that the House will come together and support this progressive piece of legislation. I am pleased that we did not give up on this bill and have moved forward despite the President's veto of the Children's Health and Medicare Protection Act of 2007. Further, I would also like to encourage my colleagues who will be engaged in the conference negotiations to bring to us a final product that will not deter innovation of new treatments for the diseases and ailments that affect American families.

Mr. SESSIONS. Mr. Speaker, today on the floor of the House of Representatives we are considering the issue of mental health parity. Unfortunately, some of my colleagues have clouded this important issue with extensive and over-burdensome regulations. As a supporter of mental health parity it is regrettable that I can not support the bill at hand. With over 50 million adults suffering from mental disorders it is necessary that there is access to mental health services. The Senate has passed legislation on parity that will allow access to these needed services, and I applaud and support their efforts.

As a long time supporter of the Genetic Information Non-Discrimination Act, it is disappointing that this legislation was coupled in with the over regulated mental health parity bill. Congress has taken great strides over the last few years towards adequately protecting an individual's genetic information an encouraging lifesaving genetic testing. Attaching this legislation to the flawed parity bill puts those efforts to shame. Congress should take up the Genetic Information Nondiscrimination Act on its own and allow those, like myself, to vote in favor of the bill.

Mrs. BEAN. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health and substance-related disorders in this country.

I believe it should not be an uphill battle for the millions of Americans living with mental illness and addiction to receive quality care. Thanks to my colleagues, Mr. KENNEDY and Mr. RAMSTAD, we are taking strides to achieve parity between mental and medical conditions.

While I support achieving mental health parity, I am concerned about using the Medicaid prescription drug rebate as an offset to pay for this legislation.

Innovator drug companies already pay significant rebates to Federal and state governments for their prescription drugs to be covered by the Medicaid program. As a result of this "best price" policy, Medicaid programs already obtain drugs at a below-market price. I am concerned that further increasing this rebate will have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid the patients with mental health conditions we are helping today.

As the economy weakens and our manufacturers are courted with large subsidies to move their operations and jobs overseas, we must not stifle innovation. We need our pharmaceutical companies to continue investing in the United States, creating good jobs, and inventing new drugs our patients need.

I urge the passage of H.R. 1424. However, as this bill advances to conference, I hope the final product that returns to the House will not contain an increased Medicaid rebate, or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as a psychiatric nurse with 15 years of hands-on patient care experience, I strongly support mental health parity. All health insurers should provide coverage for mental and behavioral care.

An overwhelming body of evidence links mental- and emotional well-being to physical well-being. Simply put, the two go hand-in-hand.

For too long, too many health insurance companies have cut corners, when it comes to providing mental health benefits. Left to the "free market system," many insurers have opted not to cover mental health care, claiming that it is not medically necessary, or simply ignoring the issue and forcing patients to absorb the costs.

For too long, patients have suffered unfair expenses or delayed getting care, and the economic impact to our society has been large. Suicides, missed work due to depression, and other mental health issues have been the result of private industry's refusal to offer mental health benefits.

It is time that we put this harmful practice to a stop. I want to commend Representatives PATRICK KENNEDY, JIM RAMSTAD, and Senators TED KENNEDY and PETE DOMENICI for their tireless work to develop this legislation.

While I strongly support mental health parity, I believe that the Senate bill has been better tested by the stakeholder and business communities. The House version contains a provision, intended to help pay for the mental health benefit, that would result in reduced spending for physician-owned hospitals.

Baylor cardiovascular hospital, in my district in Dallas, would be affected by the provision. In order to collect future Medicaid reimbursements, the hospital would need to reduce its percentage of physician ownership; and growth of the hospital could be severely restricted.

It is my belief that Dallas residents are best served with as many options of affordable

health care as possible—including mental health care. I hope that the House and Senate can resolve differences in the final legislation that will not harm local hospitals, yet pay for the benefits without increasing the Federal deficit.

For me, the bottom line is this: mental health parity should have existed from the onset of our modern health insurance system. Mental wellness is just as important as physical wellness. The two are the foundation for a life of wholeness and satisfaction.

Again, I thank my colleagues, stakeholder groups, and members of the Other Body for their hard work on such a critical issue.

Mr. TANNER. Mr. Speaker, I rise today to express my concern with one of the proposals being used to fund this legislation. I agree that improving coverage of mental health services is a laudable goal, and long over due, I might add. However, the proposal to help fund this increased coverage through increasing the Medicaid drug rebate is troubling to me. Drug companies already provide deep discounts to Federal and State governments for the prescription drugs covered by the Medicaid program. This legislation calls for a 33 percent increase in that rebate. I hope that a substantial increase in the rebate will not have a chilling effect on research and development for the next generation of treatments for those very patients with mental health conditions we are trying to help today.

As everyone knows, I am a strong supporter of pay go provisions. So I want to commend our leadership for their efforts to continue to address these funding issues. The other funding provision being used for the improved coverage in this bill is designed to ensure that any potential conflict of interest created by physician ownership interests in specialty hospitals is limited. I think this provision goes a long way toward creating a more equitable situation for all hospitals.

I plan to support final passage of this legislation. However, I hope that we can work together as this process goes forward to negotiate a conference agreement that offers a more balanced approach.

Mr. DINGELL. Mr. Speaker, today we are voting on the passage of H.R. 1424, the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007'', which will permanently reauthorize and improve the Mental Health Parity Act of 1996. I commend my distinguished colleagues, Representatives KENNEDY and RAMSTAD, for their efforts in crafting this important piece of legislation.

H.R. 1424 will create true parity of coverage for mental health and substance abuse disorders. It will ensure that healthcare plans that provide mental health coverage do not charge higher co-payments, coinsurance, or deductibles for mental health or substance abuse care. It will also ensure that care for mental health and addiction disorders is no more restrictive than medical or surgical care.

Mental illness and addiction disorders have long been recognized by the healthcare community as actual and legitimate health afflictions which may have a significant affect on an individual's life and well-being. It has long been accepted that these afflictions deserve treatment by professionally trained healthcare providers.

As I think of all of the different diseases and afflictions recognized by our scientific and healthcare communities, I struggle to find a reason why someone who has healthcare coverage should confront discriminatory barriers to treatment simply because of the nature of the disease. Mental health and addiction disorders can be just as painful and debilitating as medical and surgical disorders. The strains of these illnesses affect individuals, families, and society as a whole.

I urge my colleagues to vote to pass H.R. 1424 to achieve comprehensive mental health and substance abuse parity.

Mrs. JONES of Ohio. Mr. Speaker, today I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I am honored to support one of the many noble causes of the late Senator Paul Wellstone and strongly believe that this bill will address and improve our Nation's need for enhanced mental health services.

The plight of families suffering from mental illness is immense due to an absence of adequate social services and the unwarranted stigma surrounding mental health issues. Due to the unwarranted social stigma and a systemic failure to ensure health care coverage, over two-thirds of the people who suffer from mental illness go untreated according to the Department of Health and Human Services. Within minority communities, even greater needs exist for mental health services.

According to the National Institute on Mental Health, 20 percent of our children and 26.2 percent of American adults suffer from a diagnosable mental disorder in a given year. As the leading cause of disability in the U.S., many people suffer from more than one mental disorder at a given time. Thus, the need for mental health services is immense, and we cannot allow discriminatory practices by insurance companies to be an impediment to accessing available services.

Last year, I introduced H. Con. Res. 86 to express the sense of Congress that an appropriate month should be recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was a premier journalist who, before her untimely death, authored a children's book titled, Sometimes My Mommy Gets Angry, winner of the National Alliance for the Mentally Ill Outstanding Literature Award. Through this story of how a little girl copes with being reared by her mentally ill mother, Moore Campbell was able to raise public awareness of mental health issues and heighten the consciousness of this topic within minority communities.

In conclusion, I would like to affirm my support for H.R. 1424. This legislation is necessary to assist families who are struggling through the effects of mental illness and will contribute greatly to our Nation's overall wellness.

Mr. MORAN of Virginia. Mr. Speaker, I rise today in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. I want to congratulate Congressmen KENNEDY and RAMSTAD for their excellent work on this bill. Their effort to secure parity for all Americans suffering from mental heath conditions has truly been an historic one, and I am proud to stand here today and support the House's comprehensive mental health parity bill.

Mental health conditions are the leading cause of disability for Americans aged 15–44, and are implicated in 90 percent of the more than 30,000 suicides that occur here annually. Productivity loss due to depression costs employers an additional $31 billion per year before disability claims are even taken into account. Every day, patients suffering from these debilitating conditions are denied treatment by insurers who do not provide mental health coverage—patients who could be treated safely and effectively thanks to new advances in medicine.

Mental illness is, according to nearly all medical experts, a biologically-based illness just like getting cancer, or diabetes, or the flu. But in addition to the horrendous costs that untreated and unchecked mental illness imposes on patients and society as a whole, failure to provide parity in coverage for mental illness stigmatizes patients suffering from mental health conditions and decreases the likelihood that they will seek treatment that could aid their suffering and enable them to be more productive members of society. This unjust stigmatization has no biological or medical basis, and yet it threatens promising American lives every day. We do not blame cancer patients for having cancer—why should we treat patients suffering from mental health conditions any differently?

H.R. 1424 is a comprehensive mental health parity bill that will ensure access to vitally needed treatment for countless Americans currently suffering from mental health conditions. Again, I applaud my good friends on their efforts on this bill, and I am proud to support this historic legislation here today.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired. Pursuant to House Resolution 1014, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. HOEKSTRA

Mr. HOEKSTRA. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. HOEKSTRA. Yes, in its present form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

Mr. PALLONE. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Hoekstra of Michigan moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the text of the bill H.R. 3773 as passed by the Senate on February 12, 2008.

The SPEAKER pro tempore. Does the gentleman from New Jersey continue to reserve his point of order?

Mr. PALLONE. Yes, I continue to reserve my point of order.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes to speak in support of his motion.

Mr. HOEKSTRA. Mr. Speaker, this bill is intended to ensure the mental health of Americans; yet, no American's health can be fully secured if they are under attack by a terrorist or facing the potential threat of terrorist attack.

It has now been 18 days since the Protect America Act expired, taking with it the full array of enhanced tools for the intelligence community to aggressively investigate potential attacks and detect and prevent potential terrorist attacks. This motion to recommit would ensure the health of Americans by inserting the text of the Senate bill to modernize FISA.

Eighteen days is long enough; yet, the leadership of the House still has done nothing to appoint conferees on the Senate bill to modernize FISA.

The SPEAKER pro tempore. The gentleman will suspend.

Mr. PALLONE. Mr. Speaker, I insist on my point of order. The gentleman is not confining his remarks to the point of order.

The SPEAKER pro tempore. The point of order was reserved and the gentleman from Michigan was recognized on his motion to recommit.

Mr. HOEKSTRA. Thank you, Mr. Speaker. May I continue?

The SPEAKER pro tempore. The gentleman from Michigan may continue.

Mr. HOEKSTRA. As I said, as we deal with this bill, 18 days is a long time, yet the leadership of this House still has done nothing to appoint conferees on the Senate bill to modernize the Foreign Intelligence Surveillance Act, which passed the Senate with overwhelming bipartisan support and is supported by a majority of the House. The Democratic leadership continues to block this bill, even though a number of responsible Democrats support it and the bill will pass if brought to the floor.

It was 18 days ago, it was 3 weeks ago that it was brought to the floor to have a 3-week extension, on top of a 2-week extension, on top of a 6-month extension. It is time to move this bill forward and to again give our intelligence community the tools that they need, the enhanced tools that many recognized after 9/11 that the intelligence community needed to keep America safe. It is time to bring up the Senate-passed FISA bill.

In the 18 days since the expiration of the Protect America Act, we have already seen multiple examples where our country's ability to follow up on potential threats has been significantly impaired.

In Tampa, the Transportation Security Administration stopped a man trying to board a plane with a box cutter in his backpack. Officers also found books in the backpack titled ''Muhammad in the Bible,'' ''The Prophet's Prayer,'' and ''The Noble Qur'an.'' There may be instances in that situation where there may be intelligence clues that we would want to follow up. We want to know whether there are any connections to foreign terrorists and whether at that very moment there may be other people in other airports trying to board planes with box cutters.

We don't want our intelligence officials to have to wait for lawyers to fill out voluminous paperwork in order to obtain permission from a Federal judge to follow up on those leads. Precious time could have been lost while an attack was in progress.

Last Friday, authorities found toxic ricin, or perhaps toxic ricin, in a hotel room in Las Vegas. Absent any evidence in the hotel room to prove probable cause that the ricin was tied to international terrorists, it may have been impossible for the intelligence community to follow up on any evidence that may have pointed to a suspected tie with foreign terrorists.

These are the things that happen in the United States. When you take a look at other things that are happening around the world, our troops in harm's way in both Iraq and Afghanistan, our brave men and women who are serving in the embassies in the Foreign Service around the world today, it is important that our intelligence community be given the tools and the techniques to keep Americans, our servicemen, our embassies, and our foreign personnel safe.

It has now been 18 days. The majority promised us that they could deal with this issue, first they said in 6 months, then they said in 2 weeks, then they said in 3 weeks. It has clearly been much more time than that, and every day that we delay, we lose a little bit of our capability to track the threats that face this country.

The chairman of the Senate Intelligence Committee has said the same thing. The Director of National Intelligence has said the same thing. So now for 18 days our capabilities have slowly been eroding, but each day piles on to the loss that we had from the day before.

There are real threats out there. There are real threats to Americans, to our troops, and to other individuals serving overseas. It is time to make sure that our intelligence community has all of the tools that it needs to keep America safe. We need to join with the Senate. We need to join with the 68 in the other body who overwhelmingly passed a bipartisan FISA modernization bill that gives the intelligence community the tools that they need to keep America safe.

I call on my colleagues and the leadership on the other side of the aisle to support this motion to recommit, to send a clear signal, and then to move forward on an overall bill. Because if this passes today, what it will do is send a clear signal.

POINT OF ORDER

Mr. PALLONE. Mr. Speaker, I insist on my point of order.

I raise a point of order that the motion to recommit contains nongermane instructions in violation of clause 7 of Rule XVI. The instructions in the motion to recommit address an unrelated matter within the jurisdiction of a committee not represented in the underlying bill.

The SPEAKER pro tempore. Does any other Member wish to be heard on the point of order?

PARLIAMENTARY INQUIRIES

Mr. HOEKSTRA. Yes, I do.

Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state it.

Mr. HOEKSTRA. Under the rule, the text of H.R. 493, as passed by the House, is added at the end of this bill. H.R. 493 deals with genetic information discrimination. The title of the bill is ''genetic information'' and not mental health.

Mr. Speaker, how is it that a genetic information discrimination bill can be added to a mental health bill but the FISA bill to protect us from terrorist attack cannot?

The SPEAKER pro tempore. That additional text will be added by operation of House Resolution 1014 upon passage of the bill.

Mr. HOEKSTRA. Mr. Speaker, further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. HOEKSTRA. If I understand the Speaker and if you have just answered my question correctly, the majority has the tools at its disposal to include the FISA bill in any legislation that passes the House but is refusing to do so?

The SPEAKER pro tempore. That is not an appropriate parliamentary inquiry.

Does any Member wish to speak further on the point of order? If not, the Chair is prepared to rule.

The Chair will rely on the precedents of February 26 and February 27, 2008. The instructions in the motion to recommit address foreign intelligence surveillance, a matter unrelated to issues of health and mental health and within the jurisdiction of committees not represented in the underlying bill. The instructions are therefore not germane and the point of order is sustained. The motion is not in order.

Mr. HOEKSTRA. Mr. Speaker, I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

MOTION TO TABLE OFFERED BY MR. PALLONE

Mr. PALLONE. Mr. Speaker, I move to table the appeal.

The SPEAKER pro tempore. The question is on the motion to table.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HOEKSTRA. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 223, nays 186, answered ''present'' 1, not voting 18, as follows:

[Roll No. 99]

YEAS—223

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Reyes
Richardson
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NAYS—186

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson, Sam
Jones (NC)
Jordan
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Regula
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

ANSWERED ''PRESENT''—1

Johnson (IL)

NOT VOTING—18

Blunt
Boehner
Brown-Waite, Ginny
Conyers
Cuellar
DeFazio
Diaz-Balart, L.
Gerlach
Gonzalez
Johnson, E. B.
Keller
Poe
Rangel
Renzi
Rush
Saxton
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in the vote.

□ 1922

Messrs. JORDAN of Ohio, HALL of Texas, MCCOTTER, and PLATTS changed their vote from ''yea'' to ''nay.''

Mr. LYNCH changed his vote from ''nay'' to ''yea.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 289. Concurrent resolution honoring and praising the National Association for the Advancement of Colored People on the occasion of its 99th anniversary.

The message also announced that pursuant to the provisions of S. Con. Res. 67 (110th Congress), the Chair, on behalf of the Vice President, appoints the following Senators to the Joint Congressional Committee on Inaugural Ceremonies:

The Senator from Nevada (Mr. REID).

The Senator from California (Mrs. FEINSTEIN).

The Senator from Utah (Mr. BENNETT).

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007—Continued

MOTION TO RECOMMIT OFFERED BY MR. KLINE OF MINNESOTA

Mr. KLINE of Minnesota. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. KLINE of Minnesota. In its current form I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Kline of Minnesota moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SEC. 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Mental Health Parity Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Mental health parity.
Sec. 3. Effective date.
Sec. 4. Federal administrative responsibilities.
Sec. 5. Asset verification through access to information held by financial institutions.

SEC. 2. MENTAL HEALTH PARITY.

(a) AMENDMENTS OF ERISA.—Subpart B of part 7 of title I of the Employee Retirement Income Security Act of 1974 is amended by inserting after section 712 (29 U.S.C. 1185a) the following:

''SEC. 712A. MENTAL HEALTH PARITY.

''(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

''(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

''(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan)

that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

''(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

''(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

''(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

''(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

''(d) SMALL EMPLOYER EXEMPTION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

''(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

''(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

''(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

''(e) COST EXEMPTION.—

''(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connections with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(A) 2 percent in the case of the first plan year in which this section is applied; and

''(B) 1 percent in the case of each subsequent plan year.

''(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

''(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) and shall be subject to the applicable notice requirements under section 104(b)(1).

''(6) NOTIFICATION TO APPROPRIATE AGENCY.—

''(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election.

''(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

''(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

''(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

''(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

''(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(i) a breakdown of States by the size and type of employers submitting such notification; and

''(ii) a summary of the data received under subparagraph (B).

''(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

''(f) MENTAL HEALTH BENEFITS.—In this section, the term 'mental health benefits' means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

''(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.''.

(b) PUBLIC HEALTH SERVICE ACT.—Subpart 2 of part A of title XXVII of the Public Health Service Act is amended by inserting after section 2705 (42 U.S.C. 300gg–5) the following:

''SEC. 2705A. MENTAL HEALTH PARITY.

''(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

''(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

''(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

''(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

''(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity

and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

''(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

''(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

''(d) SMALL EMPLOYER EXEMPTION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

''(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

''(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

''(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

''(e) COST EXEMPTION.—

''(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(A) 2 percent in the case of the first plan year in which this section is applied; and

''(B) 1 percent in the case of each subsequent plan year.

''(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

''(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) of the Employee Retirement Income Security Act of 1974 and shall be subject to the applicable notice requirements under section 104(b)(1) of such Act.

''(6) NOTIFICATION TO APPROPRIATE AGENCY.—

''(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election. A health insurance issuer providing health insurance coverage in connection with a group health plan shall provide a copy of such notice to the State insurance department or other State agency responsible for regulating the terms of such coverage.

''(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

''(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

''(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

''(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

''(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(i) a breakdown of States by the size and type of employers submitting such notification; and

''(ii) a summary of the data received under subparagraph (B).

''(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

''(f) MENTAL HEALTH BENEFITS.—In this section, the term 'mental health benefits' means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

''(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.''.

SEC. 3. EFFECTIVE DATE.

(a) IN GENERAL.—The provisions of this Act shall apply to group health plans (or health insurance coverage offered in connection with such plans) beginning in the first plan year that begins on or after January 1 of the first calendar year that begins more than 1 year after the date of the enactment of this Act.

(b) TERMINATION OF CERTAIN PROVISIONS.—

(1) ERISA.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended by striking subsection (f) and inserting the following:

''(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.''.

(2) PHSA.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg-5) is amended by striking subsection (f) and inserting the following:

''(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.''.

SEC. 4. FEDERAL ADMINISTRATIVE RESPONSIBILITIES.

(a) GROUP HEALTH PLAN OMBUDSMAN.—

(1) DEPARTMENT OF LABOR.—The Secretary of Labor shall designate an individual within the Department of Labor to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under group health plans in accordance with this Act.

(2) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Secretary of Health and Human Services shall designate an individual within the Department of Health and Human Services to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under health insurance coverage issued in connection with group health plans in accordance with this Act.

(b) AUDITS.—The Secretary of Labor and the Secretary of Health and Human Services shall each provide for the conduct of random audits of group health plans (and health insurance coverage offered in connection with such plans) to ensure that such plans are in

compliance with this Act (and the amendments made by this Act).

(c) GOVERNMENT ACCOUNTABILITY OFFICE STUDY.—

(1) STUDY.—The Comptroller General shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on the cost of health insurance coverage, access to health insurance coverage (including the availability of in-network providers), the quality of health care, the impact on benefits and coverage for mental health and substance use disorders, the impact of any additional cost or savings to the plan, the impact on out-of-network coverage for mental health benefits (including substance use disorder treatment), the impact on State mental health benefit mandate laws, other impact on the business community and the Federal Government, and other issues as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of Congress a report containing the results of the study conducted under paragraph (1).

(d) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor and the Secretary of Health and Human Services shall jointly promulgate final regulations to carry out this Act.

SEC. 5. ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS.

(a) ADDITION OF AUTHORITY.—Title XIX of the Social Security Act is amended by inserting after section 1939 the following new section:

''ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS

''SEC. 1940. (a) IN GENERAL.—Subject to the provisions of this section, each State shall implement an asset verification program described in subsection (b), for purposes of determining or redetermining the eligibility of an individual for medical assistance under the State plan under this title.

''(b) ASSET VERIFICATION PROGRAM.—

''(1) IN GENERAL.—For purposes of this section, an asset verification program means a program described in paragraph (2) under which—

''(A) a State requires each applicant for, or recipient of, medical assistance under the State plan under this title to provide authorization by such applicant or recipient (and any other person whose income or resources are material to the determination of the eligibility of the applicant or recipient for such assistance) for the State to obtain (subject to the cost reimbursement requirements of section 1115(a) of the Right to Financial Privacy Act) from any financial institution (within the meaning of section 1101(1) of such Act) any financial record (within the meaning of section 1101(2) of such Act) held by the institution with respect to the applicant or recipient (and such other person, as applicable), whenever the State determines the record is needed in connection with a determination with respect to such eligibility for (or the amount or extent of) such medical assistance;

''(B) each such applicant or recipient (or other person) shall provide such authorization directly to the financial institution involved as a condition of eligibility for such medical assistance; and

''(C) the State uses such authorization to verify the financial resources of such applicant or recipient (and such other person, as applicable), in order to determine or redetermine the eligibility of such applicant or recipient for medical assistance under the State plan.

''(2) PROGRAM DESCRIBED.—A program described in this paragraph is a program for verifying individual assets in a manner consistent with the approach used by the Commissioner of Social Security under section 1631(e)(1)(B)(ii).

''(c) DURATION OF AUTHORIZATION.—An authorization provided to a State under subsection (b)(1) shall remain effective until the earliest of—

''(1) the rendering of a final adverse decision on the applicant's application for medical assistance under the State's plan under this title;

''(2) the cessation of the recipient's eligibility for such medical assistance; or

''(3) the express revocation by the applicant or recipient (or such other person described in subsection (b)(1), as applicable) of the authorization, in a written notification to the State.

''(d) REQUIRED DISCLOSURE.—The State shall inform any person who provides authorization pursuant to subsection (b)(1) of the duration and scope of the authorization.

''(e) REFUSAL OR REVOCATION OF AUTHORIZATION.—If an applicant for, or recipient of, medical assistance under the State plan under this title (or such other person described in subsection (b)(1), as applicable) refuses to provide, or revokes, any authorization made by the applicant or recipient (or such other person, as applicable) under subsection (a)(1)(B) for the State to obtain from any financial institution any financial record, the State may, on that basis, determine that the applicant or recipient is ineligible for medical assistance.

''(f) USE OF CONTRACTOR.—For purposes of implementing an asset verification program under this section, a State may select and enter into a contract with a public or private entity meeting such criteria and qualifications as the State determines appropriate.

''(g) TECHNICAL ASSISTANCE.—The Secretary shall provide States with technical assistance to aid in implementation of an asset verification program under this section.

''(h) REPORTS.—A State implementing an asset verification program under this section shall furnish to the Secretary such reports concerning the program, at such times, in such format, and containing such information as the Secretary determines appropriate.''.

(b) STATE PLAN REQUIREMENTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (69) by striking ''and'' at the end;

(2) in paragraph (70) by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (70), as so amended, the following new paragraph:

''(71) provide that the State will implement an asset verification program under such section.''.

(c) WITHHOLDING OF FEDERAL MATCHING PAYMENTS FOR NONCOMPLIANT STATES.—Section 1903(i) (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (21) by striking ''or'' at the end;

(2) in paragraph (22) by striking the period at the end and inserting ''; or''; and

(3) by adding after paragraph (22) the following new paragraph:

''(23) if a State is required to implement an asset verification program under section 1940 and fails to comply with the requirements of such section, with respect to amounts expended by such State for medical assistance for individuals subject to asset verification under such section.''.

(d) REPEAL.—Section 4 of Public Law 110–90 is repealed.

(e) ADJUSTMENT TO PAQI FUND.—Section 1848(l)(2) of the Social Security Act (42 U.S.C. 1395w–4(l)(2)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–73), is amended—

(1) in subparagraph (A)(i)—

(A) in subclause (III), by striking ''$4,960,000,000'' and inserting ''$4,360,000,000''; and

(B) by adding at the end the following new subclause:

''(IV) For expenditures during 2014, an amount equal to $1,000,000,000.'';

(2) in subparagraph (A)(ii), by adding at the end the following new subclause:

''(IV) 2014.—The amount available for expenditures during 2014 shall only be available for an adjustment to the update of the conversion factor under subsection (d) for that year.''; and

(3) in subparagraph (B)—

(A) in clause (ii), by striking ''and'' at the end;

(B) in clause (iii), by striking the period at the end and inserting ''; and''; and

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

''(iv) 2014 for payment with respect to physicians' services furnished during 2014.''.

Mr. KLINE of Minnesota (during the reading). Mr. Speaker, I ask unanimous consent to waive the reading of the amendment.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota?

There was no objection.

The SPEAKER pro tempore. The gentleman from Minnesota is recognized for 5 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, I rise today to offer this motion to recommit on H.R. 1424 with instructions forthwith, to substitute the Kline amendment for the underlying bill.

Last night the Rules Committee issued its 50th closed rule of this Congress and did not allow consideration of the Wilson-Kline-Camp substitute amendment. This motion to recommit gives us the opportunity to pass a mental health parity bill that has both bipartisan and bicameral support, and it does so immediately, allowing the House to approve a real mental health parity bill this very night.

My motion is a viable, commonsense alternative that, contrary to H.R. 1424, achieves real parity in the treatment of employer-sponsored coverage for mental and behavioral illnesses. The motion to recommit substitutes H.R. 1424 with the version similar to the mental health parity legislation S. 558 that passed the U.S. Senate last year under unanimous consent.

During the markup of H.R. 1424 before the Committee on Education and Labor, I offered a version of the compromise Senate bill as an amendment, believing that if Congress intends to move forward with mental health parity legislation, this compromise language is the most sensible alternative and our best chance of enacting legislation on this issue this year.

Unlike H.R. 1424, this motion is a product of over 2 years of bipartisan negotiations between mental health advocates, health care providers, and business groups representing virtually all sides in this debate. The motion accomplishes what it sets out to do. It

provides parity for mental health and substance abuse benefits. It provides parity while preserving the foundation of the ERISA benefit structure, protecting the ability of group health plans to medically manage their claims and providing plans with the flexibility to determine and administer on a voluntary basis the benefits provided to working men and women and their families. By steering clear of the benefit mandates and litigation traps contained in H.R. 1424, this motion makes it possible for employers to continue to provide high-quality affordable benefits, and it does so while responsibly offsetting the cost.

This motion to recommit includes an important provision that will save the American taxpayers billions of dollars by reducing the fraud in the Medicaid system by requiring all States to implement an electronic asset verification program within their Medicaid eligibility systems. Many States have balanced budget requirements and thus have limited dollars to allocate for the Medicaid programs. These new State-level Medicaid asset verification systems would ensure that Medicaid applicants are not intentionally hiding significant amounts of funds in undisclosed bank accounts in order to fraudulently enroll in a State's Medicaid program. This is a responsible way to pay for mental health parity benefits.

Finally, this motion to recommit includes language to clarify that the bill does not require a group health plan to cover abortion as a treatment. For these reasons, I strongly urge my colleagues to support this motion to recommit and vote in favor of this commonsense alternative.

I yield to the gentlewoman from New Mexico (Mrs. WILSON).

□ 1930

Mrs. WILSON of New Mexico. Mr. Speaker, I would ask my colleagues to remember only three things about this motion to recommit:

First, it happens immediately. This is ''forthwith'' so we can do this tonight. Don't send it back to committee. We can do it right now.

Second, it substitutes the Senate bill that is supported by 245 different organizations, including the National Alliance for the Mentally Ill, the American Psychological Association and numerous others. It's a bipartisan bill that passed unanimously in the United States Senate. It has the parity provisions very similar to the ones that Mr. KENNEDY and Mr. RAMSTAD have brought forward, but an important policy difference. The Ramstad-Kennedy bill does not require employers to cover mental health care. It says, if they do offer it, it must include every diagnosis in the DSM-IV manual, everything. No other, including the Federal employees health plan, goes that far. I think that the likely result of that will be what we all don't want to see, which is employers drop mental health coverage completely. That's why organizations like the National Alliance on Mental Illness support the Senate bill and not the House bill. They want to see an expansion of coverage for the mentally ill, not a loss of coverage for 18 million seriously ill Americans.

The third thing that I want you to remember is this: There's been a lot of discussion about the pay-for in the bill we're asked to vote on here on the floor tonight. This motion to recommit would defeat the provision that will close physician-owned hospitals, including a lot of them in rural areas of America as a different pay-for that extends a successful pilot project for electronic verification of assets for Medicaid eligibility.

So three things. We can do it tonight, it doesn't go back to committee. It is better policy which will extend greater coverage for those who are mentally ill. And the pay-for doesn't hurt our rural, physician-owned hospitals.

Mr. PALLONE. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would yield initially to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act and against this motion to recommit.

My friends, this is a cynical attempt by the Republican leadership to kill a bill that they never liked from the start. Too many people worked too hard and for too long on this legislation to let it be derailed now.

274 Members have cosponsored the bill. Three committees have passed it. And my two good friends, PATRICK KENNEDY and JIM RAMSTAD, have worked for years to reach this vote today. I will not let their hard work be for nothing.

Mr. Speaker, I know what it's like to live every day with a disability and how important it is to have the care and the resources that allow me to live a normal life. See, you can see my disability. It's obvious. But with a wheelchair, with adaptive equipment, it really levels the playing field. With other support I can live a very fulfilling and normal life.

But, Mr. Speaker, there are millions of people across this country who live with a silent disability, a hidden disability, struggling day in and day out with substance abuse, mental illness, chemical imbalance, other mental illness challenges, and they don't have the support that they need, and they struggle day in and day out. They don't have the support they need because they don't have mental health parity. We have the opportunity to change that and give them the care and the support that they need to live a normal life.

PATRICK KENNEDY, my good friend, has had the courage to speak for all those suffering from the hidden disability of mental illness. He's been a champion and a leader, and millions of people across this country are looking to him right now and they will be looking at all of us to pass this bill and allow them the access and the care and the treatment that they deserve. We can't let them down.

I urge my colleagues to support this bill and reject this cynical attempt and specious motion to recommit.

Mr. PALLONE. Mr. Speaker, I reclaim my time and I want to thank the gentleman from Rhode Island for what he said.

I yield the balance of my time to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I thank the gentleman for yielding.

Mr. Speaker, I urge my colleagues, and I ask them to vote ''no'' on this motion to recommit.

The House bill is stronger than the Senate bill. The House bill provides stronger parity protections than the Senate bill for the same cost. The House bill requires parity in out-of-network benefits. The Senate bill does not. Out-of-network care is important where plans cover a limited number of providers and there are long waiting lists to access the care.

The House bill requires coverage for all clinically significant disorders if the insurer chooses to provide coverage for mental illness. The Senate bill lets health plans pick and choose which diseases they will cover, so they could deny care for autism, eating disorders, alcoholism and more.

And also, on this motion to recommit, when it comes to protecting human life, I stand with my colleagues on both sides of the aisle. But this abortion provision in this legislation is a red herring. If this abortion provision was a problem, why would my colleagues, our colleagues, our friends in the Senate like Senator COBURN, Senator BROWNBACK, Senator DEMINT vote for it?

I sit on the Energy and Commerce Committee where this bill came from. The abortion issue never was raised.

Under the House bill, health care plans retain the right to make decisions about medical necessity, and nothing in this bill would overturn the ability of health care plans to impose a conscience clause and not cover certain services due to religious or moral objections. This was made part of Federal law in 2005 under the Abortion Nondiscrimination Act authored by Congressman DAVE WELDON. That is the law today. Nothing in this bill would affect the Weldon amendment as we know it. Nothing in this bill would affect the ability of a plan to prohibit coverage of abortion either on medically necessary grounds or on a conscience clause.

The bill provides for treating mental health services and physical services with parity. It doesn't address how plans cover physical, i.e., abortion

services. The bill addresses the diagnoses plans must cover, but does not tell plans what specific benefits they have to provide for those diagnoses.

The SPEAKER pro tempore. All time has expired.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. KLINE of Minnesota. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered, and suspending the rules with regard to H.R. 5400.

The vote was taken by electronic device, and there were—ayes 196, noes 221, not voting 11, as follows:

[Roll No. 100]

AYES—196

Aderholt
Akin
Alexander
Altmire
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Bonner
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Lincoln
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly
Doolittle
Drake
Dreier
Duncan
Ehlers
Ellsworth
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Gene
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Musgrave
Myrick
Neugebauer
Nunes
Ortiz
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Regula
Rehberg
Reichert
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOES—221

Abercrombie
Ackerman
Allen
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bono Mack
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castle
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Frelinghuysen
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NOT VOTING—11

Boehner
Brown-Waite, Ginny
Gonzalez
Johnson, E. B.
Keller
Poe
Rangel
Renzi
Rush
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 1956

Mr. SESTAK changed his vote from ''aye'' to ''no.''

So the motion was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 268, nays 148, not voting 13, as follows:

[Roll No. 101]

YEAS—268

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bishop (GA)
Bishop (NY)
Blumenauer
Bono Mack
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Buchanan
Butterfield
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Castle
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fossella
Frank (MA)
Frelinghuysen
Gallegly
Gerlach
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Hayes
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hobson
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (NY)
Kirk
Klein (FL)
Knollenberg
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McHugh
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Pelosi
Perlmutter
Peterson (MN)
Pickering
Platts
Pomeroy
Price (NC)
Pryce (OH)
Rahall
Ramstad
Regula
Reyes
Richardson
Rodriguez
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta

Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (TX)
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tiahrt
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Weller
Wexler
Wilson (OH)
Wu
Yarmuth
Young (AK)

NAYS—148

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Brady (TX)
Broun (GA)
Brown (SC)
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Carter
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Deal (GA)
Doolittle
Drake
Dreier
Duncan
Ehlers
Everett
Fallin
Feeney
Flake
Forbes
Fortenberry
Foxx
Franks (AZ)
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Heller
Hensarling
Herger
Hinojosa
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson, Sam
Jones (NC)
Jordan
King (IA)
Kingston
Kline (MN)
Kuhl (NY)
Lamborn
Lampson
Latham
Latta
Lewis (CA)
Lewis (KY)
Linder
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pitts
Porter
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Roskam
Royce
Ryan (WI)
Sali
Schmidt
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Souder
Stearns
Tancredo
Terry
Thornberry
Tiberi
Turner
Walden (OR)
Weldon (FL)
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (FL)

NOT VOTING—13

Brown-Waite, Ginny
Gonzalez
Johnson, E. B.
Keller
Musgrave
Poe
Rangel
Renzi
Rush
Walberg
Welch (VT)
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 2003

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1014, the text of H.R. 493, as passed by the House, will be appended to the engrossment of H.R. 1424.

SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 5400, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5400.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 402, nays 0, not voting 26, as follows:

[Roll No. 102]

YEAS—402

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly
Doolittle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCotter
McCrery
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Musgrave
Myrick
Nadler
Napolitano
Neugebauer
Nunes
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—26

Arcuri
Berkley
Brown-Waite, Ginny
Cardoza
Cleaver
Dicks
Doyle
Emanuel
Feeney
Gonzalez
Holden
Johnson, E. B.
Keller
McCollum (MN)
McDermott
Murtha
Neal (MA)
Poe
Rangel
Renzi
Rush
Sessions
Wasserman Schultz
Woolsey
Wu
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining.

□ 2011

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PAUL WELLSTONE BILL

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I wanted to take an opportunity during this 1-minute to again congratulate my good friend and colleague, Representative PATRICK KENNEDY, and to pay tribute to the late Senator Paul Wellstone.

Any of us who represent people know that there are millions who are languishing in the darkness of mental health and mental health disease. And for once now we are moving a bill that deals with the idea that no one can be discriminated against in any health policy, whether it is increased financial cost, whether it is that they deny you the equal treatment that you would get if you had a broken leg, or whether or not it is a discrimination in the diagnosis.

This bill, H.R. 1424, gives you a new lease on life. It is the civil rights of mental health. And so, Mr. Speaker, I am hoping that we will eliminate from this bill the dastardly provision that does not allow our hospitals that may be owned by physicians in urban and rural areas serving the poorest of people to be eliminated through this bill.

Let us go forth with the Paul Wellstone bill and eliminate the distraction that undermines good health in America.

WE NEED AMERICAN TANKERS

(Mr. TIAHRT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIAHRT. Mr. Speaker, I am outraged tonight that we are outsourcing our national security.

Today, in the House Appropriations Subcommittee on Defense, we heard testimony that the Department of Defense has modified the Buy American Act with a memorandum of understanding that exempts our allies in Europe from the same requirements we demand of U.S. manufacturers.

The results are that in the last three major contracts, we've lost them all to European manufacturers. Marine One, the replacement of the President's helicopter, went to a foreign manufacturer. The Light Utility Helicopter went to a foreign manufacturer. Last Friday, the Air Force announced that we are going to send the air refueling tanker to a foreign manufacturer.

Today, in testimony on the other side of the Capitol, Air Force Secretary Michael Wynne said in a subcommittee that, according to the news, the European-made A330 airframe selected for the new refueling airplane could be used to replace a fleet of air control surveillance and other special mission aircraft. That would mean 200 more aircraft and 40,000 more jobs going to Europe overseas.

Mr. Speaker, we've got to stop this today. Rebid the tanker contract because we need American tankers made by American companies with American workers.

□ 2015

SUPPORT THE COLOMBIA TRADE PROMOTION AGREEMENT

(Mr. BRADY of Texas asked and was given permission to address the House for 1 minute.)

Mr. BRADY of Texas. Mr. Speaker, U.S. relations with Latin America stand at a critical juncture.

Just last weekend after a successful attack by Colombian troops against the terrorist FARC, Venezuelan President Hugo Chavez expressed his outrage and ordered his troops to the Colombian border. He convinced Ecuador to do the same. There is evidence that Chavez has colluded with these terrorists and seeks to destroy the democratic government of Colombia.

The U.S. must support our ally at this critical time. And Congress has a unique opportunity to do just that by passing the Colombia Free Trade Agreement.

Colombia is our ally. They are committed to democracy. They are reducing violence in our country. They are fighting the terrorists in our backyard. This is not the time for America to turn our back on Colombia. We need a ''yes'' or ''no'' vote this year on this important free trade agreement.

RAISING CONCERN OVER THE AIR FORCE'S CONTRACT FOR TANKER AIRCRAFT FROM A FOREIGN MANUFACTURER

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute.)

Mr. SHIMKUS. Mr. Speaker, I too want to join my colleague from the State of Kansas to raise concern about the recent announcement by the United States Air Force on the tanker contract.

National security is always a big concern. Having airplanes built by U.S. manufacturers and paid for by U.S. tax dollars is critically important. We want to continue to make sure that as we look at this contracting and bid-letting that everything was done according to our current rule of law and the processes designed by this House in legislation passed over this year. I promise to commit myself to the work of my colleague from Kansas to make sure that that all was done.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. WELCH of Vermont). Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE HOUSE ALSO SHOULD CONDEMN THE HUMANITARIAN CRISIS IN GAZA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. ELLISON) is recognized for 5 minutes.

Mr. ELLISON. Mr. Speaker, today I voted in favor of House Resolution 951 to condemn rocket attacks from Gaza into Israel and the death and fear those attacks have caused. These rocket attacks must be condemned, and they must be stopped. I've been to Sderot, and I have seen how these rocket attacks cause fear and suffering among the people there, where it is extremely difficult to carry on anything approaching a normal life. The residents of Sderot and now Ashkelon face a daily barrage of rockets, and that is intolerable. Terrorists are bombing citizens, not soldiers. There is nothing in Islam to justify hurting innocent civilians. Bombers cannot use religion to justify what they're doing, and I condemn it.

But this resolution is not enough. If we want to be morally consistent, we must condemn rocket attacks on Israel and also condemn the humanitarian crisis in Gaza too. The 1.4 million inhabitants of the Gaza Strip exist in a state of dreadful isolation, quite literally cut off from the world. Basic supplies and necessities are at a minimum. Ninety percent of the industry has closed down. Unemployment is rampant, and poverty and disease are endemic. Only a few weeks ago, the people of Gaza broke through walls to buy groceries in Egypt. I regret the resolution we voted on today did not devote adequate attention, in my view, to the plight of the people of Gaza.

To suggest that this is the Gazans' just desserts for voting the wrong way in the Palestinian legislative elections in January 2006 does nothing to improve the quality or alleviate the human suffering on either side of the border. We in Congress need to show compassion for the people of Gaza, Sderot, and Ashkelon and the tremendous human suffering they are undergoing. Israeli Prime Minister Ehud Olmert says he does not want the humanitarian crisis in Gaza to continue, and the Bush administration should do all it can to help him meet that commitment.

This resolution criticizes one of the leading advocates for stability and peace in the region: Egypt. The Egyptian Government has made it clear that it is doing all it can to close off smuggling. What's needed is a greater degree of cooperation with Egypt. This resolution does nothing to advance that cooperation. We need to engage Egypt, not pass resolutions that publicly offend or diminish our relations with them. Absent strong evidence that Egypt is complicit in allowing weapons smuggling to occur, I am not in favor of Egypt bashing.

I understand Egypt is doing what it can to control the border despite restrictions on its security forces imposed by Egypt's peace treaty with Israel. If Egypt had direct contact or diplomatic channels with all parties involved in the conflict, the United

States should prevail upon Egypt to help effect a prisoner exchange, stop the rocket attacks on Israeli citizens, and improve the humanitarian conditions for citizens of Gaza.

It's a fortunate coincidence that the Secretary of State is in the region right now, and I am supportive of her taking an active role in resolving this conflict. Beyond resolutions and expressions of sympathy, we need real actions from the Bush administration to solidify and advance the commitments of leaders in the Middle East to a lasting peace through the two-state solution envisioned well before Annapolis. I ask my colleagues here in the House to join me in urging the Secretary of State to highlight the humanitarian needs of ordinary citizens of Gaza alongside the fear and death among ordinary Israelis as she seeks to mediate the situation so tragic for all involved.

Finally, as a Member of Congress, I am concerned about the resolution's references to Iran. Now, I agree that Iran is playing a negative role in the region, but we have seen what the Bush administration has done with past congressional resolutions. I want to repeat that there is nothing in the resolution that should be construed as a justification for military action. I remain opposed to military action against Iran. We need to start a bilateral dialogue. That has been and will continue to be my position. The most effective way to stop Iran's harmful activities is to engage them directly.

Mr. Speaker, though I wholeheartedly condemn the rocket attacks on Israel, I urge my colleagues to consider the suffering of all of the people, including the people of Sderot, Ashkelon, and Gaza.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE GROWING U.S. NATIONAL DEBT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina. Mr. Speaker, last night I spoke on the floor about my concern that allied countries have only paid $2.5 billion of the $15.8 billion they pledged to help rebuild Iraq. While many of Iraq's oil-rich neighbors are not making good on their promises, the United States has already spent $29 billion to help rebuild Iraq, and Congress has approved an additional $16.5 billion.

Unlike the United States, which is borrowing money from foreign governments to pay its bills, many of Iraq's neighbors are running record surpluses. While oil is at a record high of nearly $104 a barrel, American taxpayers are facing prices of more than $3 at the pump. Last night on the floor, I heard Congresswoman MARCY KAPTUR talk about the possibility of gas going to $4 a gallon. And Congressman TODD TIAHRT spoke about the Air Force's recent decision to award a multibillion contract for a new tanker aircraft to a foreign firm. He made the point that our government is putting the United States at an economic disadvantage by awarding contracts for a French tanker built by Europeans rather than an American tanker built by an American company with American workers.

Mr. Speaker, all of these issues tie into my concern over America's economic future. Our national debt is growing by $1.4 billion a day and nearly $1 million by the minute. The total current debt is more than $9 trillion, which means almost $30,000 in debt for each man, woman, child, and infant in the United States. And as our debt climbs, we are borrowing money from foreign governments to pay our bills.

It is obvious that our current fiscal policies are not sustainable. On February 26, 2008, during a hearing of the Financial Services Committee, I had an opportunity to question a panel of top economists about when our country's current financial practices will get beyond a point of no return. Dr. Mark Zandi, chief economist for Moody's Economy.com, responded that this point of no return will come ''once we get into the next President's term.'' He continued to say that if we're not successful in addressing the economic questions currently facing our Nation, ''we've got a significant problem.''

I've read a lot of history books, and most recently I read Pat Buchanan's book ''Day of Reckoning.'' I agree with his assessment that ''no world power has long survived the levels of debt and dependency America is incurring.''

If America does not get its priorities straight and get a handle on its spending, we will not be able to survive as a great Nation.

Mr. Speaker, because it is urgent that we turn our economic situation around, I hope that the Congress and the next President will take this issue seriously. Out of fairness to the American taxpayers and future generations, we can no longer delay the need to pay down our debt and work towards sounder economic policies.

With that, Mr. Speaker, I will ask God to continue to bless our men and women in uniform and ask God to please bless their families and ask God to please continue to bless America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

SUNSET MEMORIAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

Mr. FRANKS of Arizona. Mr. Speaker, it is March 5, 2008, in the land of the free and the home of the brave, and before the sun set today in America, almost 4,000 more defenseless unborn children were killed by abortion on demand—just today. That is more than the number of innocent American lives that were lost on September 11th, only it happens every day.

It has now been exactly 12,826 days since the travesty called Roe v. Wade was handed down. Since then, the very foundation of this Nation has been stained by the blood of almost 50 million children. And all of them had at least four things in common.

They were each just little babies who had done nothing wrong to anyone. And each one of them died a nameless and lonely death. And each of their mothers, whether she realizes it immediately or not, will never be the same.

All the gifts that these children might have brought to humanity are now lost forever.

Mr. Speaker, those noble heroes lying in frozen silence out in Arlington National Cemetery did not die so America could shred her own Constitution, as well as her own children, by the millions. It seems that we are never quite so eloquent as when we condemn the genocidal crimes of past generations, those who allowed their courts to strip the black man and the Jew of their constitutional personhood, and then proceeded to murderously desecrate millions of these, God's own children.

Yet even in the full glare of such tragedy, this generation clings to a blind, invincible ignorance while history repeats itself and our own genocide mercilessly annihilates the most helpless of all victims to date, those yet unborn.

Perhaps it is important for those of us in this Chamber to remind ourselves again of why we are really all here.

Thomas Jefferson said, ''The care of human life and its happiness and not its destruction is the chief and only object of good government.''

The phrase in the 14th amendment capsulizes our entire Constitution. It says: ''No state shall deprive any person of life, liberty or property without due process of law.'' Mr. Speaker, protecting the lives of our innocent citizens and their constitutional rights is why we are all here. It is our sworn oath.

The bedrock foundation of this Republic is that clarion Declaration of the self-evident truth that all human beings are created equal and endowed by their creator with the unalienable rights of life, liberty and the pursuit of happiness. Every conflict and battle our Nation has ever faced can be traced to our commitment to this core self-evident truth. It has made us the beacon of hope for the entire world. It is who we are.

And yet another day has passed, Mr. Speaker, and we in this body have failed again to honor that foundational commitment. We failed our sworn oath and our God-given responsibility as we broke faith with nearly 4,000 more innocent American babies who died today without the protection we should have given them.

Mr. Speaker, I believe that this discussion presents this Congress and the American people with two destiny questions.

The first that all of us must ask ourselves is very simple: Does abortion really kill a baby? If the answer is "yes," there is a second destiny question that inevitably follows.

And it is this, Mr. Speaker: Will we allow ourselves to be dragged by those who have lost their way into a darkness where the light of human compassion has gone out and the predatory survival of the fittest prevails over humanity? Or will America embrace her destiny to lead the world to cherish and honor the God-given miracle of each human life?

Mr. Speaker, it has been said that every baby comes with a message, that God has not yet despaired of mankind. And I mourn that those 4,000 messages sent to us today will never be heard. Mr. Speaker, I also have not yet despaired. Because tonight maybe someone new, maybe even someone in this Congress, who hears this sunset memorial will finally realize that abortion really does kill little babies, that it hurts mothers in ways that we can never express, and that 12,826 days spent legally killing nearly 50 million children in America is enough, and that the America that rejected human slavery and marched into Europe to arrest the Nazi Holocaust, is still courageous and compassionate enough to find a better way for mothers and their babies than abortion on demand.

So tonight, Mr. Speaker, may we each remind ourselves that our own days in this sunshine of life are also numbered and that all too soon each of us will walk from these Chambers for the very last time.

And if it should be that this Congress is allowed to convene on yet another day to come, may that be the day when we finally hear the cries of the innocent unborn. May that be the day we find the humanity, the courage, and the will to embrace together our human and our constitutional duty to protect the least of these, our tiny American brothers and sisters, from this murderous scourge upon our Nation called abortion on demand.

It is March 5, 2008—12,826 days since Roe v. Wade—in the land of free and the home of the brave.

□ 2030

HONORING THE LIFE OF FRANCES BARHAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, I rise today in honor of a life well lived. Last week a great American and a good friend of mine Mrs. Frances Barham of Mayodan, North Carolina, passed away.

My friend Frances was a lifelong North Carolinian, a woman dedicated to her community, her State, and her country. She was renowned for her unflagging attention to community issues both large and small. Her example of service is perhaps best exemplified by her receiving the distinguished North Carolina Long Leaf Pine Award, a high honor bestowed on only the finest of North Carolina citizens.

Over the course of her remarkable life, Frances positively influenced countless students in her three-decade-long service in Rockingham County schools. She was an active member of her church for more than 70 years, and was a fixture of community involvement and service.

Everywhere Frances invested her time, she made a difference, whether as a Girl Scout leader, as a member of the Mayodan Historical Society, or as a board member of the John Motley Morehead School of the Blind. In 1990, her long record of service was recognized by the people of Mayodan when she was named the town's Citizen of the Year.

She was also actively involved in the political process, because she knew that freedom meant exercising her political rights as an American. A reflection of her involvement and commitment to the realm of public service is that she was the first woman to chair the Board of Elections of Rockingham County.

While I was not able to attend her funeral on Monday, I know that her life was celebrated by many, and her passing leaves a hole in many, many people's lives. To all she left behind, I extend my sincere condolences. She was a great woman, and we will miss her ready smile and sharp wit.

REVISIONS TO BUDGET ALLOCATIONS AND AGGREGATES FOR HOUSE COMMITTEES FOR FISCAL YEAR 2008 AND THE PERIOD OF 2008 THROUGH 2012

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Madam Speaker, under section 314(d) of S. Con. Res. 21, the Concurrent Resolution on the Budget for fiscal year 2008, I hereby submit for printing in the CONGRESSIONAL RECORD a revision to the budget allocations and aggregates for certain House committees for fiscal year 2008 and the period of 2008 through 2012. This revision represents an adjustment to certain House committee budget allocation and aggregates for the purposes of sections 302 and 311 of the Congressional Budget Act of 1974, as amended, and in response to consideration of H.R. 1424 (Paul Wellstone Mental Health and Addiction Equity Act). Corresponding tables are attached.

Under section 211 of S. Con. Res. 21, this adjustment to the budget allocations and aggregates applies while the measure is under consideration. The adjustments will take effect upon enactment of the measure. For purposes of the Congressional Budget Act of 1974, as amended, a revised allocation made under section 211 of S. Con. Res. 21 is to be considered as an allocation included in the resolution.

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal years, in millions of dollars]

House Committee	2007		2008		2008–2012 total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Energy and Commerce	−1	−1	1,571	1,567	2,285	2,272
Ways and Means	0	0	2,830	4,029	−1,814	−1,814
Change in Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424):						
Energy and Commerce	0	0	0	0	−840	−840
Ways and Means	0	0	0	0	−360	−360
Total	0	0	0	0	−1,200	−1,200
Revised allocation:						
Energy and Commerce	−1	−1	1,571	1,567	1,445	1,432
Ways and Means	0	0	2,830	4,029	−2,174	−2,174

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal year 2007	Fiscal year 2008 [1]	Fiscal Years 2008–2012
Current Aggregates: [2]			
Budget Authority	2,250,680	2,354,721	(3)
Outlays	2,263,759	2,358,831	(3)
Revenues	1,900,340	2,016,859	11,141,734
Change in Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424):			
Budget Authority	0	0	(3)
Outlays	0	0	(3)
Revenues	0	0	−675
Revised Aggregates:			
Budget Authority	2,250,680	2,354,721	(3)
Outlays	2,263,759	2,358,831	(3)
Revenues	1,900,340	2,016,859	11,141,059

[1] Current aggregates do not include spending covered by section 207(d)(1)(E) (overseas deployments and related activities). The section has not been triggered to date in Appropriations action.

[2] Excludes emergency amounts exempt from enforcement in the budget resolution.

[3] Not applicable because annual appropriations Acts for fiscal years 2009 through 2012 will not be considered until future sessions of Congress.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

(Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes as the designee of the majority leader.

Mr. MEEK of Florida. Mr. Speaker, it is an honor to come before the House once again. As you know, the 30-Something Working Group comes to the floor every week to discuss issues that are at the forefront of what is going on in the country, and there are a lot of good things that are happening here under the Capitol dome on behalf of the American people.

As you know, many times we focus on the issue of Iraq, and just to continue to keep the Congress focused on that very issue, and also to keep the American people tuned in on what is happening, as of March 4, 2008, total deaths in Iraq, U.S. casualties, are 3,973; total number of wounded in action and returned to duty is 16,211; and the total number of wounded in action when not returning to duty is 13,109.

As we look at these issues and continue to focus on trying to get out of Iraq more sooner than later, I definitely want the Members to continue to focus on the sacrifice that many of our men and women are carrying out on a daily basis, and their families, I must add.

Just a case in point, Mr. Speaker, just yesterday I returned. I went to the opening of the Florida legislature. Because of bad weather, I ended up finding myself traveling through Atlanta, and I ended up getting here late yesterday evening. There was a soldier on the plane with us, and I noticed him sitting a couple of seats up ahead of me. I didn't have the opportunity to have a discussion with him. As a member of the Armed Services Committee, I always enjoy talking to our men and women in uniform.

He was ahead of me. When he came out of the gate there at the Delta terminal, there were about 30 of his family members there that were just happy to see him. Tears and prayers being answered for this young man coming back home. I understand he is from Virginia.

I did have the opportunity, I had one of my congressional coins in my computer bag, and I had the opportunity to shake his hand after 5 minutes of celebration from his family. Many of them were thanking God for his return. This kind of love is really, if one was to use biblical terms, almost close to agape love, the fact that family members had an opportunity to see their son, nephew and father and husband return back.

I think we should have the resolve every day, even on weekends, to figure out how we can bring our men and women home. I personally don't have a close relative or family member that is in theater right now, be it in Iraq or Afghanistan, but I want the Members to keep the conscience of those that do have individuals that are in harm's way.

There are a number of families on military bases, a number of families that are in subdivisions and communities. There are young people that their fathers and mothers were members of the Army Reserve and members of the National Guard that have their family or their father that is serving in Iraq.

Even though we see more peaceful days in Iraq and we don't see the political achievement that the Iraqi Government was supposed to make, I still want to share with the Members of how long can we keep that peace, and at what cost, not only in life but in U.S. taxpayer dollars.

As we talk about infrastructure issues here in this country, as we talk about the economy in this country, in Iraq we are financing new infrastructure for the Iraqi people. Here, in the United States, we still have crumbling bridges, projects that are still on the drawing board to be carried out, and they are not being carried out.

So as we get into this big discussion with the White House over the budget, as we have the debates in committees, I just want every Member, Democrat and Republican, to think about those that are living in the real world that are looking forward to a celebration that I witnessed last night.

With that, Mr. Speaker, I would like to talk a little bit about rebuilding our economy and the economic forum on Wednesday that the House Democratic leaders hosted, our second economic forum, the forum which convened national experts on economic and financial issues. It will address the state of America's economy. I think as we look at this whole New Direction Congress, it's important that we look at that we have already passed a bipartisan stimulus package that wasn't all that it should have been or all that it could have been, if I can say that, but it was something. I know that we are going to be working very hard to do even more. It will help create 500,000 American jobs. The plan was targeted as a temporary fix to allow rebates for those families that are most at risk in this bad economy, in this bad economic turndown. I think later this spring, the recovery rebates put hundreds of dollars, up to $600 per individual and $1,200 per married couple, plus a $300 tax credit in the hands of more than 30 million Americans. That is a bipartisan piece of legislation, and I think that it's very, very important that we continue to march in that direction.

I also think that it's important that when we look at these record oil prices and we look at some of the things that we are pushing for here on the House floor, and as we work on the Senate side, I think it's important that the Bush administration works with us as we continue to rebuild this economy. Many of the Presidential candidates are out there talking about different proposals, different packages. But I can tell you right now, there's a lot of work to be done, Mr. Speaker and Members, until that actually takes place.

I know that the American people are building a lot of hope and enthusiasm around this very issue of the economy, and there are many States that are voting now that are looking at this as a primary action that they would like to see take place.

As we also start looking at the economy, we have to also pay attention to what some U.S. families are going through these days. For many of them, it used to be an unaccepted practice to even purchase a car if you couldn't pay for it in cash. It was almost an unaccepted practice to use your credit card to pay your light bill or to buy food at the grocery store. We are having more Americans that are doing that now.

More credit card companies are sending many of our constituents credit cards at very, very low interest rates at the beginning, and then 6 months later, kicking in a number of penalties that they are going to have to pay. I think it's important that we keep our eyes on this very issue.

This bipartisan feeling and structure that we have here on the floor that we built with the economic stimulus package will also help us offer a new long-

term vision to not only lower fuel prices but to lower health care costs and increase health care quality. That is something that we tried to do, Mr. Speaker, before the closing of the first session of the 110th Congress, and something that we are going to continue to work on.

We have made several attempts to be able to lower energy prices and create thousands of new green jobs, providing incentives for clean and renewable energy. I think that it's very, very important that we do that because OPEC knows that we are forever more dependent on them. I encourage those cities and counties and States that are moving more towards clean burning fuel and flex vehicles and hybrids.

I was recently in New York and I was very excited to see many of the taxicabs are now transferring over to hybrid vehicles made by Ford. I personally purchased a Ford Escape, and it's a hybrid. Things have gotten better in the Meek family. I think that it's important that we all embrace this concept because it is a national security issue, Mr. Speaker. I think it's also important that we empower American ingenuity and also business tools to win in this global economy.

Also, I talked a little earlier about the issues of Iraq getting a big part of the dollars. But the dollars are not necessarily coming to our country and not coming to benefit U.S. families. Just to paint a picture so folks don't feel that I am just talking about energy or talking about it just for the sake of talking about it, Americans are paying more than double for gas than they did when President Bush first took office.

You look at January 22, 2001, it was $1.47. I remember those days when I used to fill up the tank. Now, on average, a price of a gallon today is $3.13, and some of my constituents would say, That is a low number, Congressman. I am paying a lot more than that.

I think it's important we pay attention. This information is from the Energy Information Administration. Again, these are not charts that someone made up in the back room and said, This looks good, let's put it on the floor. As it relates to gas and oil and home heating costs, they have skyrocketed, and so have oil companies' profits. When you look at the price of gas here, like I pointed out in 2001, at $1.47, you look at 113 percent as relates to the profit line. You look at the oil companies, what they have done over the years goes all the way over to 2008 and the 310 percent profit, in the billions. I think it's important that everyone understand what is happening here as it relates to who's paying and who's benefiting. Profits are not a bad word. But greed is.

Mr. Speaker, I don't blame the oil companies, I blame the Republican minority that was once the majority, and also I blame the White House for giving these oil companies an unfair advantage over the U.S. taxpayer. As we start to balance the playing field in a bipartisan way, I am encouraging my colleagues, especially on the Republican side, to think about the price that their constituents are paying at the pleasure of many of these oil companies that are celebrating not only record-breaking profits in the billions, but it is really sad for what is happening, especially right now in the economy.

This data was compiled by the Center for American Progress. I think that it's important that we look at and also note that there was a meeting that I had in my folder, and I need to pull that information out, in 2001, with Vice President CHENEY and many of the oil executives there at the White House, which is the best public housing in the United States of America and has the most famous office on the face of the Earth, that there was a meeting, and that happened in 2001.

□ 2045

Well, I can tell you, it must have been a great meeting, because there was an energy bill that was passed shortly thereafter that gave many of our oil companies an unfair advantage over the U.S. taxpayer and what they pay at the pumps.

These are the facts here: $30 billion in 2002 as it relates to profits. If a small business saw this kind of jump, it would no longer be a small business. I don't know of a small business outside of probably a dot.com company or some sort of search engine that picked up a niche and ended up really shooting through the roof as it relates to profits. But they are few and far between. But it seems like all of the oil companies hit the jackpot after this meeting and the endorsement of the Republican Congress.

In 2002, $30 billion in profits; 2003, $59 billion in profits; 2004, $82 billion in profits. Meanwhile, we are paying more at the tank, and it is inching up. In 2005, $109 billion in profits; 2006, $118 billion in profits; and 2007, $123.3 billion in profits that many of these oil companies have earned.

So when we start talking about turning green, when we start talking about making sure that the U.S. taxpayer gets their fair share and has a balanced playing field, then we have to talk about investing in the Midwest versus the Middle East. We have to talk about creating more green opportunities through biofuels and clean burning fuel here in the United States that will put people to work here in the United States and will maybe turn these companies into investing in the U.S. versus the Middle East. I think it is safer. I think it will get us more out of the conflicts that we find ourselves in in the Middle East, and I believe that it will help our economy beyond what we have seen thus far.

The economy right now is based on how much you can borrow. As you can see, the Fed has cut interest rates by half a percentage point, and then they cut it again by half a percentage point. So it really has been built on how much you can borrow, or how much can you take out of the home, which is your financial security.

Many U.S. taxpayers and many U.S. citizens have found themselves in the situation where they have to rob Peter to pay Paul and not have those dollars to be able to assist their families in receiving a higher education, or being able to assist their families or young people in their family, assisting them in starting a new business.

I think that, Mr. Speaker, when we look at that, we have to look at the way that we are digging ourselves out of this hole. Unless we get out of Iraq more sooner than later, we will find ourselves continuing to see the image of the United States of America financially deteriorate in international markets. I think it is important that every American pays attention to this.

I hope I can get my chart that talks about the deficit, because I think that it is important that we focus on that, because even when we look at the economic stimulus package, it was based on borrowed money. It wasn't money because of good financial controls. It wasn't because the President and the Office of Budget and Management have done such a great job. It is not because we had discipline with the Republican Congress that was the Congress before this Congress as it relates to fiscal discipline. We now owe foreign nations more than we have ever owed them in the history of the Republic.

I would couch it this way: You have a neighbor that comes over to you and knocks on your door and says, can I borrow $40? And you say, well, this is my neighbor, I believe he is pretty good for it. I will give him the $40. Well, every time you see that neighbor, you are going to think about that $40. I don't care if it is the next day. And when they are talking to you and they don't necessarily mention anything about the $40 that they owe you, now you become a little bitter. Now you don't even want to listen to what that person has to say, unless they are saying they are going to give you your money back.

That is the position we are in now in the United States of America. We owe China money. We owe them. We owe OPEC countries money. We owe them. We owe Iran money. Even though folks run around here talking about Iran is a threat, Iran, we owe them money. So when we start to think about these issues, we have to think about them as it relates to making sure that we move in a way that is fiscally sound, and I think that it is important that every Member of Congress pays very close attention to that.

When you look at this war, because it is the 800 pound gorilla that is in the room, you have to look at it from the standpoint of saying the money that we are spending there, and I have been there three times in Iraq, the money we are spending there, what is the return? They say, well, who is winning?

Well, I know that my district is not winning, because I am not able to even bring the dollars home I need.

We have Members running around here on the floor on the Republican side saying, oh, we need earmark reform, or we need Member project reform, when Republicans ran rampant when they were in charge with all kind of projects, bridges-to-nowhere and all kind of meaningless projects that are out there.

Meanwhile, I have a community back in South Florida, they are concerned about road money. They are concerned about mass transit. They are concerned about health care. They are concerned about education. And they want the Federal dollar to be able to make it down there so that we can educate the next generation. Not only in what you may call a pre-K through 12th grade experience, but also higher education. They are concerned about that.

Meanwhile, here in Washington, D.C. there is a spending spree on how much money can we send to Iraq? The last $70 billion I voted against going into Iraq. It didn't have any strings attached, it didn't have any accountability measures attached to it.

I remember when I first got here about 6 years ago, there was a discussion about we are doing this on the backs of future generations. Now the discussion is we are doing it on our own backs right now. We are weighing ourselves down and our chin is hitting the ground because we have so much weight on it. How much weight? Let me just point it out here. Hopefully the chart will make it here before I finish this segment of what I have to say.

When you look at it, and I have a smaller chart right here, hopefully we will have the bigger one, 224 years, 1776 up until 2000, 42 presidents, 42 presidents were only able to borrow $1.01 trillion from foreign nations. That is $1.01 trillion from foreign nations.

In 7 years, 6 years of a Republican Congress that was rubber-stamping everything that the President brought to this Chamber, President Bush and that Republican Congress were able to run up $1.33 trillion. That is in 7 years, versus what U.S. presidents in 224 years were able to accomplish.

Why do I point that out? I point that out to shed light on this deficit issue. When you pass tax cuts that you can't afford for the very super-wealthy when they are not asking for it, you have two wars going on and you really don't have a plan to take yourself out of the first war in Iraq, I think former President Bill Clinton says it best when you talk about Iraq. I will go back to the neighbor scenario, Mr. Speaker.

If there is a fire and your neighbor's house burns, it is the neighborly thing to do for you to accept that individual into your home, and probably their family. All of us would do it. We are all people of goodwill. You will probably let them stay. If you didn't have an extra room, you would let them stay in the living room on the couch, pull the sleeper couch out and let them stay there. Maybe a month will pass and they will still be there. Maybe some will even allow them to stay 6 months. Maybe even a really nice person would let them stay a year-and-a-half. But 5 years later, it is no longer about the fire.

So I think it is important that we look at this issue of getting out of Iraq more sooner than later, because it is no longer about the fire, it is about something else.

So when we look at this, as I just pointed this out and I want to make sure Members can see it, $1.01 trillion, $1.33 trillion. Seven years, this is what happened under not only the leadership of the Bush administration, but also the Republican Congress. Where did this come from? The U.S. Department of Treasury, which the Secretary of the Treasury is appointed by the President of the United States and confirmed by the Senate. I think it is important that people understand that I am not on the floor sharing fiction, that I am actually sharing fact.

As we look to make these hard decisions, I think it is important that Americans understand that we are paying more on the debt service on the money that we owe these foreign nations and that we owe overall on the debt, we are paying more on that than we are putting into homeland security. So when you have folks coming here waiving arms and carrying on saying that, well, you know, we have got to protect America. I am more standing for protecting America. Oh, I am with the troops. No, I am with the troops. I got a tattoo on my chest saying I am with the troops. When they come here and make these bold statements and giving these great floor statements, I think folks really need to understand what is really going on.

Here is a picture, Mr. Speaker. You talk about the 110th Congress and the boldness of Democrats when we came here. With some few Republicans voting with us, we voted to stop the President on the surge. When you look at the surge, it is costing the U.S. taxpayers billions and billions and billions of dollars that, again, from the first chart, that we borrowed.

This is the President and some of our Republican colleagues on the other side, as a matter fact, a supermajority of them that were there saying, Mr. President, we are going to be with you. We are 40-plus. They cannot override you, because we are going to stand with you in harmony.

Here is a picture to make that point, to make it visual for you, because I just want to make sure that Members don't feel that there is anything that is being shared here that is not true.

This is the chart, again, talking about the dollars. Look at Japan. This is actually in the billions of dollars, $644.3 billion that we owe Japan. China has a double margin here. They are up there at $349.6 billion. I think it is important that everyone understands what is happening there. Then it goes on to the U.K., $239.1 billion. These numbers are actually higher now. But these are the numbers that I just wanted to make sure going across.

You see this other red bar here that talks about OPEC nations? Those are nations that are oil producing nations. They sit in a room and talk about what a barrel of oil will cost, and it will affect our neighborhoods and heating oil prices and all.

So when we start talking about the management of the country and start talking about how we are going to move in the right direction, I think it is important that everyone pays attention to who is getting what they want and who is not getting what they need.

Here is another example. The President proposed deep cuts in key priorities, in the COPS Program, which is Community Oriented Policing. I used to be a state trooper. I can tell you that many of my colleagues in law enforcement, there are a number of sheriffs, the National Association of Sheriffs, the National Association of Chiefs, they all fight for this Community Oriented Policing.

What does it do? Well, it actually makes communities safer, and it allows them to be able to put bike patrols and foot patrols in neighborhoods where usually you will have crime. It allows them also, Mr. Speaker, to be able to go and create after-school programs for young people that are at risk. But that has received a 100 percent cut.

Talk about weatherization assistance. When we look at the whole issue of heating oil prices and what it costs to heat a home right now, Mr. Speaker, I think it is important for everyone to understand that those individuals that are financially challenged, especially those receiving Social Security benefits, are not able to receive any assistance whatsoever. A 100 percent cut in that program.

When we look at the Department of Homeland Security, First Responder Grants, they took a 78 percent cut. What does that mean back in the hometown or the parish or what have you? It means that 78 percent of what the Federal Government would have given to your local government to protect the homeland has now been cut, and those dollars are hard to find.

When you look at EPA Clean Water Grants, that has been cut by 21 percent. When you look at Community Development Block Grants, that has been cut by 20 percent. When you look at the Low Income Energy Assistance Program, that has been cut by 17 percent.

I give those examples and I am making those points, Mr. Speaker, to say that when you look at $70 billion in Iraq and you look at no-strings-attached, they seem to be able to get away with what U.S. taxpayers and U.S. cities and U.S. mayors and governors cannot get away with.

□ 2100

This past Tuesday, and I mentioned earlier at the top of this hour, I had

the opportunity to go to the opening session of the Florida legislature. I heard the House Speaker talk about the deficit in the State of Florida, some 4 billion plus dollars that they have to be able to fill the gap, because they are not like those of us that are here that can be able to take out a high interest credit card and say, let's put it on that card, whatever it costs. We will worry about it later, but we just need to do it now whatever we feel like doing.

In the States, they actually have to balance. Constitutionally, they have to balance their budget. So that means something has to be taken from someone else to fill that gap. And so when you start filling that gap, I want to make sure that everyone in America understands that you are talking about cutting assistance to seniors, you are talking about higher tuition rates in colleges. Even though we cut student loan rates here on the Federal end as relates to interest rates, they are going to end up seeing higher tuition because they have got to make ends meet. You are going to end up seeing many of our youth programs cut. You are going to end up seeing many assistance for small businesses at the State level cut. They are going to have to find that $4 billion in Florida from somewhere.

So I think it is very, very important, we started looking at this whole issue of Iraq and accountability and all of the things that we talk about here on the floor. You have got to think about how these decisions trickle down to local government. When you start looking at the Bush tax cuts for those that are the connected and the wealthy, we start looking at that as devolution of taxation. We've cut your taxes up here in Washington, blah, blah, blah. You look at the previous Republican Congress, oh, this is what we've done. Apparently the American people caught on to it and that's why the Democrats are in the majority now. It's devolution of taxation.

What does devolution of taxation mean? It means once you cut something here, you're going to have to balance in the local government area. So the State government has to cut what it gives to local governments and school boards and parishes. And then, when it gets to the local government, they're going to have to make cuts to be able to fill the gaps, the obligation that the State is not making.

So when you look at those gaps being filled, I can guarantee you that many of my constituents and many of us who know what it means to punch in and punch out and have a 15-minute break in the morning and a solid half-hour for lunch and if you get a 15-minute break in the afternoon. But those individuals that know what that means, then they know that they're going to end up getting the short end of the stick, or the messy end of the stick as we may say down in Florida.

I think it is important that people understand what is happening here and what is not happening here. What is not happening here is that the President is not moving in a responsible way to get us out of Iraq. There is great debate as it relates to the Presidential candidates. The picture that I showed you of a number of my colleagues on the other side of the aisle who stood with the President and said that they will not allow him to be overridden and there they are there standing in the picture, are standing in the schoolhouse door as it relates to the kind of reform that should be happening.

What is happening here, to give you a report on that, is that there is a great attempt to be able to try to bring ourselves back into fiscal control as it relates to the budget and start working on knocking down this deficit. We are paying more on the debt service than we pay on Homeland Security. That is a problem. If the debt service is in competition with what we invest in education, that is a problem.

So when you look at these issues and you look at 2010 and the sunset of these Bush tax cuts, when you look at what first responders are not getting, 100 percent cut as relates to the COPS program, community-oriented policing program that many law enforcement officials called for and endorse 110 percent; when you look at these issues and you say that there is no money, when you have crumbling bridges here in the U.S. and you have bridges that are being built in Iraq by U.S. contractors and Middle Eastern contractors, you can't help but question who is doing the right thing and who is doing the wrong thing. Because, I am going to tell you right now, it is not happening. In all of the Congressional districts that you look around, I don't see any Congressional district saying, Oh, we're happy with what we have. We don't need anything else. We don't care about infrastructure and making and creating U.S. jobs. We don't care about investment and green collar jobs to where if we wanted to put sod on the top of the Capitol building, that won't be an overseas job. If someone dropped out of high school, they have an opportunity to take part in that. If someone went on to college, if someone went on to post-education and became an architect and they would have a part in that. Will it build our economy? Truck drivers will make money. You will have individuals in the agriculture field that will make money and will be able to stimulate our economy for real jobs. We would no longer have the discussion that took place in Ohio just last night as relates to the Presidential primary on who is shipping jobs overseas and who is creating jobs on land here in the United States.

So as we look at that, Mr. Speaker, I think that we should look at it from the standpoint that we have to win. The U.S. taxpayer must win. We are here to represent that individual. I didn't come to represent anybody else on another continent; I came here to represent, not only my constituents, but by them voting for me to be here, Mr. Speaker, they federalized me to be able to deal with the issues of the United States of America and be a part of board of directors of the greatest country on the face of the Earth. We want that to continue to be the case.

What we don't want is what we are seeing, the downward spiral, irresponsible spending, and the cuts that the Bush White House has said that has to be made to be able to carry out a mission in Iraq that has no end in sight as far as they are concerned. I think that the American people will rise up once again in the upcoming election in saying that we are willing to put in the people who are going to put an end to this practice.

I beg my colleagues on the other side of the aisle to please join us, those of us on the Democratic side that are trying to find a way to not only bring about accountability in Iraq, but bring our men and women home so that they can be reunited with their families; so that they can actually go to some of the programs that I go to of my kids. I get an opportunity to see them. I had an opportunity to have dinner with my family this afternoon earlier. I just want them to have that opportunity. I want the men and women that serve in uniform to have that opportunity. I want that State Department worker that has had to volunteer to go to Iraq to have that opportunity. I want that church or that synagogue or that mosque to be able to spend that spare time in trying to build families versus trying to comfort families of what is going on with their loved ones in harm's way. I want that kind of America that we are used to seeing.

Like I said earlier, it is no longer about the fire, it is about something else. And I think that it is important that the Members, their number one priority should be every day that they hit this floor is how they can reunite these families and to be able at the same time save the U.S. taxpayer money or their investment. If we can come to the floor and put $70 billion like that, and that is without my vote, over into Iraq to continue what the President would like to see carried out in Iraq, then we should be able to do the same in stimulating our economy here domestically and making U.S. families stronger and making Americans stronger.

With that, Mr. Speaker, as usual, the 30–Something Working Group, we do want to hear from the Members. I want to make sure that the Members share information with us and staff share information with us. You can e-mail us at the 30SomethingDems@mail.house.gov. That is 30SomethingDems@mail.house.gov. Also, we encourage the Members, and all of the charts that we have here are also on www.speaker.gov/30something.

I think it is also important to note, Mr. Speaker, that we look forward to the coming days as we start to tackle

these issues every month of this year, I think, leading up until maybe about 4 or 5 more months, the Members will have an opportunity to go back to their districts for a week and have these district work weeks. I encourage all of our constituents to engage us on these issues and to continue to keep the pressure on so that we make the right decisions here in Washington, DC.

Mr. Speaker, it was an honor to address the House once again. I yield back the balance of my time.

PROTECT AMERICA ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. MCCAUL) is recognized for 60 minutes as the designee of the minority leader.

Mr. MCCAUL of Texas. Mr. Speaker, I rise today in support of the Protect America Act, and I urge the Democratic leadership in the House to bring to the floor the bipartisan bill that was passed in the Senate overwhelmingly which brought this act to permanency.

Unfortunately, last month what we saw was, on February 15, this act did not come to the floor; rather, it expired. The Democratic leadership failed to bring that to the House floor. And with the expiration of the Protect America Act, our intelligence communities went dark in many parts of the world.

This is a game of dangerous politics. It is putting the American people at great risk as every day passes. I urge again the Democratic leadership to bring the bipartisan Senate bill to the floor so that democracy can operate, because the American people support this bipartisan legislation that the Senate passed and we need to pass it now to protect American lives. If I can just step back and give this some context.

The Foreign Intelligence Surveillance Act actually passed in 1978, during the Cold War. It was a time, again, during the Cold War, not the threat that we face today, a very different threat. The FISA Act, because the technology now has outdated the law, needs to be modernized. And that is exactly what the Protect America Act does.

The Director of National Intelligence came to the Congress last year to tell us that we needed this modernization because there are dangerous loopholes and intelligence gaps in our collection capability, and that needed to be fixed. Many of us here in the House listened to that warning, answered that call, and voted in a very bipartisan way last August for the Protect America Act. Unfortunately, as I stated, last month, on February 15, the Democratic leadership allowed that act to expire, again placing Americans in grave jeopardy.

And what did we hear from the Democratic leadership at that time? Majority Leader STENY HOYER said, there really is no urgency here; the intelligence agencies have all the tools that they need. Chairman SILVESTRE REYES at the time said, Things will be just fine. Things will be just fine.

But things aren't fine. And all you have to do is look at a letter that we received in the Congress from the Director of National Intelligence and the Attorney General pointing out the grave risk that this expiration is giving to the American people. They said: The expiration of the authorities in the Protect America Act would plunge critical intelligence programs into a state of uncertainty, which could cause us to delay the gathering of, or simply miss, critical foreign intelligence information. And then, they say, that is exactly what has happened since the Protect America Act expired days ago without the enactment of the bipartisan Senate bill.

This is the Director of National Intelligence, a man who served under Democrats and Republicans. This is the Attorney General of the United States. They said we have lost intelligence information this past week as a direct result of the uncertainty created by Congress' failure to act. I submit that this is not only a failure to act; it is a dereliction of duty to the American people. We have the most solemn obligation first and foremost to protect the American people. Mr. Speaker, we are failing in that obligation in the House today.

Intelligence is the best weapon we have in the war on terror. Intelligence is the first line of defense in the war on terror. And, if I could step back to 1993 and tell a story.

I used to work in the Justice Department. I worked on FISAs. In 1993, an individual named Ramzi Yousef came in the country with a fake Iraqi passport, and he plotted to bring down the World Trade Center. Fortunately, he wasn't successful that day, although he did kill people. Innocent lives were lost, and he caused great damage to these buildings. He fled, ended up eventually in Islamabad in Pakistan, where he met up with his uncle, Khalid Shaikh Mohammad. Khalid Shaikh Mohammad of course is the mastermind of September 11. There, they talked about the idea of flying airplanes into buildings.

Eventually, Ramzi Yousef was caught in Islamabad and brought back to justice. But the intelligence that we missed back then because some of the flaws in the system, the 9/11 Commission studied this and they made several recommendations. And, of course, at the time they analyzed what we passed in the PATRIOT Act to fix this problem, that being the fact that a wall separated the criminal division from the foreign counterintelligence. The left hand literally didn't know what the right hand was doing. This caused great consternation within the Justice Department and within the intelligence community. I remember working before the PATRIOT Act passed and I remember some of these frustrations myself.

There is a great quote from an FBI agent who was frustrated with this. He said: You know, someday someone will die and, wall or not, the public will not understand why we were not more effective at throwing every resource we had at certain problems. Let's hope the national security law unit will stand behind their decisions then, especially since the biggest threat to us now, Osama bin Laden, is getting the most protection.

I draw this analogy because the same principle applies to the FISA modernization, and that is that if we fail to pass this act, someday someone will die.

□ 2115

The biggest threat to us is Osama bin Laden and al Qaeda; and they are, unfortunately, now getting great protections. They are getting constitutional protections that they don't deserve. We are required to go to this FISA Court any time we want to listen to overseas intelligence. Foreign communications from a foreign terrorist to a foreign terrorist, we are required to go to a court in the United States with a showing of probable cause, giving a terrorist constitutional protections they do not deserve and putting not only Americans in the United States at great risk, but the war fighter abroad at great risk.

There is a great example last year. Three American soldiers were kidnapped. Because of the FISA restrictions, we had to get lawyered up, go to the FISA Court, apply for a warrant, and show probable cause for an emergency FISA warrant. Many hours expired. In the meantime, one of those soldiers was killed, and two we haven't heard from since. This is a tragic outcome. Again, this is putting Americans at great risk.

We talk a lot in the 9/11 Commission about connecting the dots. And the fact of the matter is, if we can't gather and collect those dots, there is no way we can connect the dots. And the gentlelady from New Mexico has stated so eloquently so many times that very point. I want to yield to her. The gentlewoman from New Mexico (Mrs. WILSON) has been the leader in the House on this issue. She was the one who really brought this issue to the attention of the Congress, and I believe America owes her a great deal of gratitude, so we can fix this intelligence gap we currently have in the law and ultimately save lives.

Mrs. WILSON of New Mexico. I thank my colleague from Texas, and I also thank him for his leadership on this issue. It has been a tremendous help to this body to have people who have actually worked and tried to enact and implement the provisions of the Foreign Intelligence Surveillance Act to come and be able to explain why it doesn't work in the way it is intended to work in a time of terror.

I think it is important for people to understand, what is the Foreign Intelligence Surveillance Act and why do we

have it. In the 1950s and the 1960s, there were abuses by our intelligence agencies where they were wiretapping Americans without warrants. In fact, a friend of mine gave me a copy once of a declassified memorandum signed by Robert Kennedy and J. Edgar Hoover that authorized the wiretapping of Martin Luther King. So there were abuses in the 1950s and 1960s, and the 1978 Foreign Intelligence Surveillance Act was put in place. The intention of it was to say if you want to collect foreign intelligence in the United States, and there are reasons to do so, you go to a special court called the FISA Court and get a warrant.

There are folks we suspect of being spies who are here in the United States, people working for the Soviet Union, at that time, or Cuba or China, and you want to be able to go to a court and get a warrant to listen to someone in the United States. And the Foreign Surveillance Intelligence Court was set up for that purpose. But it was written in a way that was technology specific.

In 1978, that was the year I graduated from high school. The telephone was on the wall in the kitchen, and it still had a dialy-thing in the middle. It wasn't even a push-button phone at my house. The Internet didn't exist. Cell phones were Buck Rogers stuff. So the law was written in a technology-specific way that said over-the-air communications you can listen to, you don't need a warrant for that. And at the time, almost all international calls were over the air. They were bounced over a satellite. But to touch a wire in the United States, it is presumed to be a local call and you need a warrant.

Of course today, the situation is reversed. There are over 200 million cell phones in America, and all of that communication is bouncing over the air. But that is not what we need for foreign intelligence and to prevent another terrorist attack.

So, ironically, we now have a law written specific to 1978 technology which does not protect local calls and does protect international calls. Why, because today almost all international calls are over a wire or a fiberoptic cable. And because of the way that global telecommunications is now routed, telecommunications now follow the path of least resistance, and it is entirely probable that a phone call from northern Spain to southern Spain may transit the United States because that might be the path of least resistance. Likewise, a call from Afghanistan to Pakistan or a call from the Horn of Africa to Saudi Arabia may well transit the United States. But in order to listen to that communication, if you touch a wire in the United States, our courts were saying you have to have a warrant.

So we now have the situation that was building up last year where we had intelligence agencies trying to develop statements of probable cause to get a warrant to touch a wire in the United States to listen to foreigners in foreign countries principally for the issue of preventing terrorism because terrorists use commercial communications. And so we had this huge backlog of requests. And it is worse than just the time it takes to develop a case for probable cause or to go to the courts and the time it takes our experts to be able to take time away from actually listening to terrorists to explain to other lawyers and judges why they believe someone is affiliated with a terrorist group. Sometimes you can't meet that high standard of probable cause.

Think about this for a second. If we are trying to get a warrant on someone here in the United States because we believe they are involved with organized crime, you have all of law enforcement to go out and look at what they are doing and talk to their neighbors and so on. If you have someone who is a suspected terrorist living in the Horn of Africa, you can't send the FBI out to talk to their neighbors. Sometimes the probable cause standard is too high to meet; and as a result, by the middle of last year, we had lost two-thirds of our intelligence collection on terrorism. The law had to be changed.

In the first week of August we changed it with the Protect America Act. Eighteen days ago that act expired. Now, to their credit, they worked through the backlog in that 6 months and they were able to get collections started on that whole backlog of intelligence collection related to terrorism. Those won't expire for a year. But here's the problem. New tips come in every day.

I sometimes go out and visit our intelligence agencies in my role as the ranking member of the Technical and Tactical Intelligence Subcommittee. Sometimes the director of that particular agency will say, Congresswoman, I know you are here to get a briefing on such and such a program, but I want you to know the threats we are following today. This is who we are looking for today. This is the tip we got yesterday that we are trying to track down. We have 12 terrorists who transited Madrid who just finished training in Pakistan. We are trying to figure out where they are going. We think we know the throw-away cell phone numbers that they picked up in the rail station in Bonn. We need to listen to them to figure out their plans, capabilities, and intentions. Are they going to kill Americans tomorrow?

That's why this is so important. We have to match the terrorists stride for stride, and we can't afford to have delays in intelligence collection when we are trying to prevent another terrorist attack.

Mr. MCCAUL of Texas. Mr. Speaker, as so eloquently stated by the gentlelady, this is about saving American lives, first and foremost. That is the issue at stake here. And it is also about protecting our war fighters so we don't have to go through a court in the United States to get a warrant to hear what al Qaeda is saying overseas about the threats to our military.

Mrs. WILSON of New Mexico. If the gentleman would yield for a question, is it true that if we have soldiers in a war zone, whether it is Iraq or Afghanistan, if we have soldiers in a war zone, that they may actually be authorized to shoot an insurgent, but they have to go back to talk to lawyers in Washington in order to listen to them? Is that true?

Mr. MCCAUL of Texas. That is the absurd result of us failing to pass the Protect America Act in this body. It is putting our soldiers at grave risk.

These constitutional protections, to extend them to foreign terrorists, the FISA when it was enacted was not enacted to give foreign terrorists constitutional protections. It was enacted, if you are an agent of a foreign power in the United States, to give some protection.

I have quoted before Admiral Bobby Inman who is one of the principal architects of the FISA statute. Again, it was designed to, when we want to monitor an agent of a foreign power in the United States, go to a special court and get a warrant. It was not designed to apply to foreign terrorists overseas talking to terrorists overseas. And these constitutional protections that I suppose our friends on the other side of the aisle would like to extend to the terrorists turns the statute on its head.

What Admiral Inman says is to apply FISA to ''monitoring foreign communications of suspected terrorists operating overseas such as Osama bin Laden and other key al Qaeda leaders turns the original intent of FISA on its head.'' This is the man who was principally responsible for writing the statute.

He says, contrary to some of the rhetoric coming from the Democrats, it is the members of al Qaeda, not American citizens, as our colleagues will say, it is al Qaeda who is the target of these intelligence-gathering activities.

I think the majority of the American people support the idea that we should be able to hear what al Qaeda is saying overseas without getting lawyered up and going to a court to get a warrant. We know this agenda is driven by many on their side of the aisle, the special interests, the ACLU, the trial lawyers, and it is such a dangerous policy.

Mrs. WILSON of New Mexico. If the gentleman would yield for a question, is it true that under the Protect America Act, in the Senate bill, the bipartisan Senate bill that we should vote here on this floor on as soon as possible, is it true that it is still against the law to listen to an American in the United States? Do you still need a warrant to listen?

Mr. MCCAUL of Texas. You still need a warrant because the fourth amendment of the Constitution applies to persons in the United States. But the fourth amendment of the Constitution

does not apply to foreign terrorists overseas not in the United States.

That is the sort of root of this problem is that we are applying constitutional protections to overseas terrorists. Now how absurd is that?

I think if the American people really knew what was going on up here and really knew what this debate was all about, and I do think that they are rising by the day. We are getting letters and phone calls by the day, and I believe they are not going to stand for this kind of nonsense that puts the American people and the war fighter at risk.

Mrs. WILSON of New Mexico. If the gentleman would yield, there are some fallacies about the Foreign Intelligence Surveillance Act that I think we need to put to rest.

One is there is an emergency provision, you can just listen to this stuff and go to the court 72 hours from now. You have an emergency provision. It is true there is an emergency provision, but you have to develop the whole case for probable cause and present it to the Attorney General who has to stand in the shoes of the judge. So you have to get all of the work done; you just don't have the final signoff for a judge. And the time problem occurs before you get to that point. It is to develop the whole case for probable cause.

I have seen one of these packets. It is sometimes close to 2 inches thick of paper that explains how you meet all of the requirements of the act. When it really matters, when we had three soldiers who were kidnapped in Iraq, it took over 24 hours to get an emergency warrant.

I don't know whether that would have saved our soldiers or not. We thought we had a tip on who it was that had kidnapped them. I don't know if it would have been fast enough even if we would have been able to turn it on immediately. But I know if they were my kids, a 24-hour delay is not good enough, and we should expect more from our Government.

Mr. MCCAUL of Texas. Reclaiming my time, I would like to add to that, having worked on FISA applications, as the gentlelady has seen, it is a very cumbersome, paperwork-intensive process to establish probable cause and to get a court-ordered warrant. In many cases, it took us 6 to 9 months to get these warrants.

Now, it has been a little streamlined since 9/11, but it is still a very, very cumbersome process. And again, the statute was never intended to apply to this type of situation. That is why we need to fix this now.

Again, the majority leader, STENY HOYER, says there is no urgency. There is no urgency. Tell al Qaeda that.

Chairman SILVESTRE REYES, things will be just fine. Tell al Qaeda that. They must be celebrating. When they look at what we are doing with this statute, they must be saying to themselves, How naive. We are playing right into their hands, and this needs to stop.

I yield now to the gentleman from Georgia (Mr. GINGREY).

□ 2130

Mr. GINGREY. Well, I thank my colleague for yielding. I thank all of my colleagues for bringing this important issue to the floor tonight to make sure that each and every Member on both sides of the aisle has a good understanding of this issue. And anybody who might be listening or tuned in, but mainly for our colleagues here to understand.

The gentlewoman from New Mexico clearly understands the issue. The gentleman from Texas, having worked in the Justice Department, clearly understands the issue. Our colleague from Pennsylvania (Mr. DENT) who was here last week with us, I know that he clearly understands.

But it can be confusing. And you know, you listen to this, and I think sometimes eyes glass over pretty quickly when you get into the weeds of it.

But I think the bottom line is what my colleagues have already said. This law originally passed for the reasons Representative WILSON outlined back in the late 1970s. And it was very much based on the technology of the time.

And here we are in 2008, and I don't even have a hard line at my apartment here in Washington. We have a cell phone. And we have a cell phone that has a yearly contract. But, of course, the bad guys, what they do, in regard to cell phone technology, is they buy these throwaway cell phones and these burn cards and it's very difficult to track them.

So in the modernization of FISA in the Protect America Act, and indeed in the PATRIOT Act, we tried to bring that law into the 21st century. And I'll tell you this; I trust the three Michaels on this. I trust the Attorney General, Michael Mukasey; I trust Michael McConnell, the Director of National Intelligence. I trust Michael Hayden, the Director of the CIA. And I think they would tell us what they are telling us no matter who was in the White House, no matter who the Commander in Chief was. This is not political. They're basically saying to the Congress, we need these tools. We need these new tools. We need to grant immunity to the telecommunications companies so they can provide phone records to us, so that our intelligence experts can look at this data, if you want to call it data mining. I don't know exactly how it's done. But you have to have that ability.

And indeed, the telecommunications companies in this country are required by Federal law under the penalty of both civil and criminal if they don't provide this data. So they're darned if they do and they're darned if they don't. And the Democrats seem to want to insist that this liability persist. I don't know. Maybe it's a sop to the trial lawyers. But it's absolutely essential that we pass this bill.

And as my colleagues pointed out, here we are 18 days since the FISA law expired. I heard Mr. REYES say on television this weekend on one of the Sunday morning TV shows, well, you know, we've talked to the telecommunications companies. He, of course, I'm referring to the gentleman from Texas, who is the chairman of the Select House Committee on Intelligence basically saying it's time, now that we understand, he understands the need that let's go ahead and pass this law.

And here we are this week and what happens? You know, this is the 18th day. It just goes on and on and on.

So clearly, I think when you strike right to the bottom line, it's exactly what my colleagues have said. You don't have to understand it any more than that. We need this renewal. We need this modern technology of this law to continue to protect our citizens.

I'm honored to be here with my colleagues and to share my thoughts, although I don't have the depth of knowledge that they do. I don't need to have that. I just have a little faith in what my colleagues are telling me and the need to protect our citizens.

So with that I will yield back to the gentleman from Texas, and be glad to be with my colleagues for the rest of the hour and continue to dialogue with them.

Mr. MCCAUL of Texas. I thank the gentleman for his comments. And reclaiming my time, there is an urgency here. We need to act in real time with real time intelligence. We can't afford to wait 6 to 9 months for a FISA Court to issue a warrant to a foreign terrorist overseas who has no constitutional protections.

Let's look at what the Director of National Intelligence said about this issue just recently since the expiration of the Protect America Act. He says, ''Our experience in the past few days since the expiration of the act demonstrates that these concerns are neither speculative nor theoretical. Allowing the act to expire without passing the bipartisan Senate bill has had real and negative consequences for our national security. Indeed, this has led directly to a degraded intelligence capability.''

I don't know of any American who can read these words from our Director of National Intelligence, the man who heads up our intelligence communities, the man who served under both Democrats and Republican, and not have a chill run up your spine when you read this quote. The threat, the risk, the grave risk that the majority is putting this country in by allowing this act to expire. There is an urgency and we need to get it passed.

With that I am going to yield to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. I would like to thank the gentleman from Texas (Mr. MCCAUL) and the gentlelady from New Mexico, Congresswoman WILSON, for their leadership on this critical issue. I'm also pleased to be joined by my colleague from Georgia (Mr. GINGREY).

But after looking at that graphic, I think all of us should take note. It was not only Attorney General Mukasey and National Intelligence Director McConnell who have talked about the degradation of our intelligence and the intelligence product. But it's also the chairman of the Senate Intelligence Committee, a Democrat, JAY ROCKEFELLER, who also talked about how our intelligence capacity has been degraded because of the failure to enact the Protect America Act. He said, and I quote, ''What people have to understand around here,'' and that's the Senate, ''is the quality of the intelligence we are going to be receiving is going to be degraded. It is going to be degraded. It is already going to be degraded as telecommunications companies lose interest.''

He said three times, this capacity will be degraded. And I do want to applaud the gentleman from Texas for bringing up that e-mail that was cited in the 9/11 Commission report from the FBI agent who was so frustrated in August of 2001 about the failure of our law enforcement intelligence officers being able to collaborate effectively because of the wall that existed pre-PATRIOT Act. And he talked about that frustration. And he wanted to make sure those barriers were removed. And he also talked about how so many protections were being provided to Osama Bin Laden and al Qaeda at the expense of the security of the American people.

When we came to this Congress, the 110th Congress, when it first convened, we were told by the new leadership under Speaker PELOSI that fulfilling the recommendations of the 9/11 Commission report was a top priority. Well, it's time to equate those words with action. It's absolutely essential that we do so.

And many of our friends on the other side of the aisle, and this shouldn't be a partisan issue because we have bipartisan support for this bill. We have more than a two-thirds majority in the Senate, and there are over 20 members of the Democratic Caucus who have said that they're going to vote for this bill. It shouldn't be a partisan issue. We all know that.

And they've often talked about that we should be allowing our law enforcement officials to deal with these terrorists more effectively and that we shouldn't be using our military as much. That is what they say.

I have a letter here from the Fraternal Order of Police asking us to pass this law. We need to give law enforcement the tools they need to do their job. We can't simply say on the one hand we shouldn't be using the military but we should be using law enforcement, and then tie the hands of those very law enforcement officials we need to help us.

Mr. Speaker I will be happy to submit this letter for the RECORD so that people can see what the Pennsylvania Fraternal Order of Police police have said or, actually it's the National Fraternal Order of Police, what they have said, why we need to enact the Protect America act.

GRAND LODGE,
FRATERNAL ORDER OF POLICE,
December 4, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington. DC.
Hon. MITCH MCCONNELL,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR SENATORS REID AND MCCONNELL: I am writing to you on behalf of the members of the Fraternal Order of Police to advise you of our position as the Senate prepares to consider legislation amending the Foreign Intelligence Surveillance Act.

The FOP does support the inclusion of language that would adequately protect telecommunications companies which cooperated with the Federal government and law enforcement investigators from any liability as a result of that cooperation. It is important that such a provision strike the right balance between the need to investigate and gather intelligence about our nation's enemies—those actively plotting to attack and kill our fellow citizens—and the genuine expectation of privacy of the customers of these firms. It is important to emphasize that these records were voluntarily turned over because these companies were trying to assist the Federal government and law enforcement protect the United States and investigate terrorists, and we do not believe they should be punished for providing this assistance. In the view of the FOP, this is no different from a citizen helping to protect their streets by participating in a Neighborhood Watch program and reporting suspicious activity to the police.

The attacks on the United States in 2001 were a turning point in our nation's history and, like any turning point, it demands that we change and adapt without yielding our essential liberties or compromising our American values. One of these values is that of compromise, of working together to find common ground and solving problems. The defense of the United States against our terrorist enemies is not the sole province of any entity. If we are to be victorious in this struggle, we must work together. I am proud that law enforcement agencies at every level of government, Federal, State, and local, have changed the way they work so as to foster greater cooperation in the war on terror. I am pleased that our nation's corporate citizens worked with law enforcement and Federal investigators in the wake of September 11th. And now I implore our executive and legislative branch to put aside political considerations, to seek the common ground and to do the right thing those who acted in the best interests of their nation and its citizens.

Law enforcement officers must make decisions every day weighing the safety of the public against the individual's expectations of privacy—occasionally these decisions have to be made in seconds—because a law enforcement officer may not have the luxury of having months to deliberate the matter. It is time for all parties—the Administration, Congress and interest groups from both sides of this issue—to stop the hyperbole and work together to reach a solution that will protect those companies that came to the aid of their country in our war against terrorism.

I urge both of you, as leaders of your respective parties, to bring the compromise version of this legislation to the floor and work together to see it pass. I thank you in advance for your thoughtful consideration of the views of the more than 325,000 members of the Fraternal Order of Police. If I can be of any additional assistance on this or any other matter, please do not hesitate to contact me or Executive Director Jim Pasco in my Washington office.

Sincerely,

CHUCK CANTERBURY,
National President.

Moreover, my own Attorney General from the Commonwealth of Pennsylvania, Tom Corbett, visited me today. He's down here with the Attorneys General. He also talked about the need to enact the Protect America Act. And it is absolutely essential that we do so.

People are often frustrated by what they consider the mindless partisanship, the inability of people to get things done in Washington. That's why they're upset with Washington. They believe that Washington is broken. They're angry because Congress just fails to get commonsense legislation accomplished. And I think they want us to put the national interest ahead of special interests.

I think great points have been made here tonight about why we should pass this law, and I think we have to recognize what's holding this up. There are people in this body who are more interested in protecting the concerns of the most litigious among us in our society at the expense of the security of the American people. We all know a bipartisan accord has been reached on this FISA Act, on the Protect America Act. There really should be no more excuses. It's time to take yes for an answer. It's time to get the job done. I look forward to working with all of you to make sure we accomplish this before our intelligence is degraded further than it is today.

With that I would yield back to my friend from Texas.

Mr. MCCAUL of Texas. I thank the gentleman for his comments. Reclaiming my time, the gentleman is absolutely correct. This is a bipartisan piece of legislation. The Senate passed it overwhelmingly in a bipartisan way. In fact, the Chairman of the Intelligence Committee, Senator ROCKEFELLER, a Democrat, said this is the right way to go in terms of security of the Nation.

The gentlelady serves on the Intelligence Committee. We serve on the Homeland Security Committee, Mr. DENT and I. When you talk about the security of the Nation, you've got to leave your partisan politics and your special interests behind because protecting the American people deserves better than that. It doesn't deserve the partisan rhetoric.

Twenty-five attorneys general signed a letter, Democrat and Republican, please pass this act. So I do believe the time is now.

And the sad thing is, the most tragic thing is, we know good and well if this was brought to the floor today or tomorrow, that it would pass overwhelmingly. And yet the American people are denied that opportunity to vote on this bill, through their representatives, because special interests are holding this up.

Again, I point to the ACLU and the trial lawyers who want to take a shot at the companies, the private sector, who have carried out their patriotic duties, when the government asked them in a time of war to do their duty, to help the United States Government listen to terrorists overseas and somehow we should subject them to liability. I think that's crazy. If the government did something wrong then, of course, the government should be held accountable.

When companies are acting on behalf and certified on behalf of the Attorney General to do this, essentially a mandate to do it, they should not be held liable for those actions. So I think that is the real issue here, what's holding up this bill that would protect Americans.

I yield to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I thank my colleague.

In fact, one of the reasons that attorney generals and the Fraternal Order of Police are so strongly in support of this legislation is that they worry that what's happening to our telecommunication companies because of their cooperation with the government on terrorism will also extend and poison the relationship between law enforcement and our telephone companies.

There are at least 15 States where we have over 25 lawsuits, some of them against telephone companies that weren't even involved, and those who are involved can't defend themselves in civil court without revealing to the terrorists how we're collecting intelligence on them and compromising our national security. I'm convinced, having looked at this, that they actually have immunity. They just can't prove it. And it is up to this Congress to clarify that companies that cooperated with the U.S. Government in helping us prevent terrorism through electronic surveillance are immune from civil liability lawsuits. I think the law is clear. It's up to the Congress to step up and reaffirm it quite clearly.

My colleague from Georgia says, and he's right, that this is kind of a difficult-to-understand technical subject in some respects. But there are some things that aren't difficult to understand. I mean, we all remember where we were the morning of 9/11. We remember who we were with, what we had for breakfast, what we were wearing, who we called first to check to see if they were okay.

Very few Americans remember where they were in August of 2006 when the British government arrested 16 people who were within 48 hours of walking onto airliners at Heathrow and blowing them up simultaneously over the Atlantic. One of the terrorists that was involved intended to bring his wife and his 6-month-old baby with him so that they'd all die together. Comprehend that evil for a moment. You're willing to kill your own 6-month-old child in order to blow up an airliner. If that had happened, more people would have died that day than died on the morning of 9/11. But you don't remember it because it didn't happen. And it didn't happen because of cooperation between the British, American and Pakistani intelligence services. Forty-eight hours. They were within 48 hours.

How much time should we wait while lawyers gather in Washington to develop cases for probable cause to get a warrant on a foreigner in a foreign country?

I yield back to my colleague from Texas.

□ 2145

Mr. MCCAUL of Texas. I thank the gentlelady for her insight, and she's absolutely right that this terrorist surveillance program has protected Americans from the very scenario that you mentioned.

We all remember this day. It's etched in our memory forever. I will never forget this day, and every patriotic American will never forget what they did to us that day. But yet, every day this Act, since it has expired, with every day there's greater risk to this happening again.

There's a reason why this hasn't happened again. It's because we have been able to thwart and to stop plots against the United States to kill us. That's what this program does. That's what the Protect America Act did until the Democrats allowed it to expire almost 3 weeks ago.

Alluding back to Ramzi Yousef, very interestingly, and I know the FBI agents when they arrested him, when they busted down his door to talk about what the gentlelady talked about in terms of a sinister evilness about the terrorist, to get in the mind of the terrorist, what they found were about a dozen baby dolls, and those baby dolls were stuffed with chemical explosives. They were going to carry those on the airplanes and blow them up.

Now, chemical weapons we saw with the London arrest. They always go back to their old tricks. They attempted to sneak chemical explosives onto these airplanes. Fortunately, we had good intelligence. Without good intelligence, people die. Without good intelligence, we cannot fight this war on terror. Without good intelligence, we cannot protect the American people, and as we stated before, we put the war fighter at tremendous risk.

So, with that, I will yield again to the gentleman from Pennsylvania.

Mr. DENT. That graphic you just showed from 9/11 in New York vividly reminds me of that day, and my cousin was on the 91st floor of the north tower. He was one of the lucky ones. He got out. Everybody above him was killed, and all 11 people on his floor made it out, and it was a harrowing experience which I won't go through here tonight.

But we should also remember an article that was written by a woman named Debra Burlingame. She wrote this editorial in The Wall Street Journal a few years ago, and she talked about the fact that there were two individuals in this country before 9/11 that FBI agent you referred to earlier was concerned about. He was concerned about those individuals, and for whatever reason, nobody in the FBI was prepared to go to the FISA Court to go on a nationwide manhunt for these two individuals. Didn't happen until the afternoon of September 11, 2001.

And those two individuals that Debra Burlingame wrote about, who we were so concerned about, who were operating out of San Diego, who were making phone calls to Yemen into a switchboard run by the brother-in-law of one of those two individuals, bin Laden would call into that switchboard himself.

The point is those two individuals were the ones who crashed the plane into the Pentagon, and the pilot of that plane was a man named Burlingame, Captain Burlingame, the brother of Debra, and it really speaks to the issue that we should be surveiling and monitoring calls of people who are not American citizens and who we suspect that are engaged in serious terrorist activities.

We had a sense that those two people were bad actors, but we failed to act. We can't let that happen again. Heaven forbid if there's another terror attack like that of 9/11 or something worse, and heaven forbid if, for whatever reason, we failed in our duty to provide our law enforcement officials, our counterterrorism officials the tools they needed to connect the dots. And as you so eloquently stated, we cannot connect the dots if we can't find the dots. That's precisely the point.

Mr. MCCAUL of Texas. I thank the gentleman, again, for his insight.

Because of the wall back then and because of the intelligence gap, people did die, 3,000 Americans. Haven't we learned our lesson? How many times do the terrorists have to hit us? We know before September 11 there were many attacks against American interests, whether it was Beirut, the Khobar Towers, the USS *Cole*, the 1993 World Trade Center, they went back to it again. When are we going to learn the lesson?

The 9/11 Commission came out with its recommendations, and yet I don't believe we're heeding the warnings from the 9/11 Commission today. When are we going to learn the lesson that we need the dots to connect them in the first place?

And I think it's worth repeating, for those who have just tuned in, again the FBI agent's frustration that Mr. DENT has referred to, and I can see this. Having worked with the FBI, I can see an agent who is pounding his head against the wall because some bureaucratic rule prevents him from coordinating with the intelligence side of the house and he can't get the intelligence he needs to protect Americans because the intelligence community knows that

two of these terrorists are in the United States but they can't tell the FBI about it. It is an absurd result, and he says, very, very frustrating, sending a letter to FBI headquarters, which could be a career-breaking act to do, very dangerous thing for an FBI agent to do, but he voices his frustration, saying someday someone will die. This is before 9/11. And law or not, the public will not understand why we were not more effective at throwing every resource we had at certain problems. They don't seem to understand the biggest threat to us now is Osama bin Laden.

That fell on deaf ears, and I'm afraid that this message is now falling on deaf ears again. It's certainly falling on deaf ears in this House when the majority fails and it's a dereliction of duty not to bring this bill that will protect American lives to the floor of this House.

Mrs. WILSON of New Mexico. It's not even the majority. The majority of this House, a bipartisan majority of this House, would pass this bill tonight if the liberal Democratic leadership would allow a vote. That's the thing that's so frustrating to me. This is a bill that passed with 68 votes in the Senate. It's pending on the floor of this House. The liberal Democratic leadership who, to a person, opposed the Protect America Act in August is blocking the will of the majority of the House of Representatives that wants to protect this country. They're standing in the way of protecting this country and letting the majority work its will.

Why? Because they're concerned about lawsuits against telephone companies and the deep pockets of the telecommunications industry, with trial lawyers saying, hey, aren't you with us.

Well, this majority in this House, led by the Republicans in this House, know that national security is the priority of the country, not protecting the trial lawyers.

Mr. McCAUL of Texas. I thank the gentlelady, and I couldn't agree more.

If, God forbid, we are hit again while we have this act expiring, while we're dark in many parts of the world, while we're losing intelligence all over the world, if we could have stopped it when it happens here again and the American people wake up and realize who is responsible for this, and if American blood is spilled once again, that blood will be on the hands of Congress, and I feel very passionately, and I yield to the gentleman from Georgia.

Mr. GINGREY. I thank the gentleman from Texas for yielding.

It's just like I said earlier about the chairman of the House Select Committee on Intelligence, the gentleman from Texas (Mr. REYES), who I have tremendous respect for, and I think on both sides of the aisle, my colleagues would agree with me, a good man, a good Member.

And what he said Sunday morning, this past Sunday morning, was, look, we have now had the opportunity to talk with the telecommunication companies and understand what it is they need to provide under the law and why they did that, why they did it in a patriotic way, and yes, Mr. Moderator, we are ready to move forward and modernize this bill. And I'm reading his lips. I'm listening to what he says, and I believe him and I sincerely believe that he wanted this bill to be brought to this floor this week.

As my colleagues have already said, it would pass overwhelmingly, but unfortunately, I can't help but believe that a good man, Mr. REYES, is being trumped by his leadership. And as the gentlewoman from New Mexico just said, why? Why would they do that unless, again, it's more concern for this special narrow interest group of trial attorneys that want to bring more lawsuits against telecommunications companies who were just obeying the law that they were required to obey.

I just want to point out, too, that as my colleagues have said, the 9/11 Commission, which was insisted upon by the 9/11 families, led by a distinguished Democrat, Lee Hamilton, former Republican Governor of New Jersey, Governor Kean, they clearly understood that we had a stovepipe system pre-9/11 in regard to intelligence gathering, as my colleague from Texas said, not really finding the dots, much less connecting them.

And it was a clear outline, a clear blueprint that that commission asked us to do. That, indeed, is what ultimately led to creation of a directorship of national intelligence so that those 16 or 18 communities of intelligence, many of which are within the Department of Defense, could talk to one another so that we could win this war. This global war on terrorism is not going to be won with air superiority, sea superiority, greater weapons systems. It's going to be won with greater intelligence, and that's what this is all about. And I yield back to my friend from Texas and I thank him for the time.

Mr. McCAUL of Texas. I thank my colleague, and he points out so eloquently how important good and accurate intelligence is.

Because we had an intelligence gap, September 11 occurred. What we're trying to do is to stop that from ever happening again. Without that, we fail, and it's the best weapon we have, the first line of defense in the war on terror. And yet, for some reason, the majority in the Congress are being denied the right to vote on this and pass it and, in turn, denying the will of the American people, who we know support it. They want us to know what al Qaeda is saying overseas, and yet what we're doing is we're extending protection, giving the trial lawyers authority and extending constitutional protections to foreign terrorists.

The Constitution does not apply to a terrorist in a foreign country, and that is the absurd result that we find ourselves in today. And with that, I will yield to Mr. DENT from Pennsylvania.

Mr. DENT. Mr. Speaker, I'd like to just say that I think the American people hear our frustration here tonight. People of all ideological stripes in this body support the Protect America Act, and I think the people of the United States expect an answer as to why the leadership of this body under Speaker PELOSI will not allow this legislation to be considered.

And I believe very respectfully that Speaker PELOSI and the far left are driven by an extreme agenda on this critical national security issue, and it appears that there are a very small number of people in this body, in this country, who don't want to enact these important reforms.

It's time to stop pandering to trial lawyers or to the ACLU or moveon.org and get on with the business of this country, and it seems that in too many cases there are some people who are misguided, who seem to think that the FBI and the CIA and the NSA and other intelligence agencies that support this government are a greater threat to us than is al Qaeda, led by Osama bin Laden.

And that is what is so frustrating to me, that our law enforcement officials, our counterterrorism officials, our intelligence officials want us to get the job done. Intelligence officials are taking out personal liability insurance to protect themselves against lawsuits or a congressional inquiry, not protect themselves against al Qaeda but to protect themselves against people in this town, Washington, DC. And again, it's really time for us to get on with the business of this Nation.

The bipartisan compromise that we have all talked about has been reached. Many of us try to work in a very bipartisan manner on a number of issues. This is one clear case where we've done so, and it's time for the leadership to allow us to get the job done, and we call on Speaker PELOSI to do just that.

Mr. McCAUL of Texas. I thank the gentleman, and I have to make the analogy that prior to 9/11 it's almost like before Pearl Harbor; we as a country were a sleeping giant and alarms went off at various times, the flags went up, that the majority of people here in the United States really, we didn't understand it. We didn't heed the warning. We didn't listen to those alarms before they went off.

And then, of course, on September 11, the sleeping giant awoke, and we wanted to do everything we could possibly do to secure and protect this Nation. And I think the most tragic thing that could happen is for the sleeping giant to go back to sleep, and I believe that if we fail to pass this important national security legislation, that's exactly what's going to happen. And I yield to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I thank the gentleman for yielding.

I think there are two points that haven't been made tonight that I do

think are worth making concerning the Protect America Act, which we hope to make permanent in the bill that's come over here from the Senate to fix the Foreign Intelligence Surveillance Act.

□ 2200

But one of the points that hasn't been made is that the Senate bill that has passed, that's pending on this floor, actually has stronger civil liberties protections for Americans than in the original 1978 law. In fact, Admiral McConnell and Attorney General Mukasey said in a letter on the 22nd of February, ''We note that the privacy protections for Americans in the Senate bill exceed the protections contained in both the Protect America Act and the House bill.''

So, in fact, one of the things that has changed under this new piece of Senate legislation is that if you are an American, wherever you are in the world, if you're known to be an American, you have the protections of the American Constitution. That's not the case under the 1978 FISA law. So, there is actually more civil liberties protections for Americans on the bill that is on the floor of the House than there is under existing statute.

And the second thing that I think is worth pointing out is that after 9/11 the President turned to his advisers and everyone in all the intelligence agencies and said, you know, what tools do we have? How can we prevent another terrorist attack? How can we find out what their plans and capabilities and intentions are? The fact is that the terrorist threat is much different than the threat that we faced in the height of the Cold War. I was an Air Force officer in Europe during the Cold War. And the Soviets were a very convenient enemy from an intelligence point of view. They had a very big footprint. We knew where they were. We knew what they had. They had exercises the same time every year out of the same barracks using the same radio frequencies. They would have been very difficult to defeat, but we knew where they were.

With the terrorist threat, the problem is completely reversed. If we can find them, we can stop them. The problem is finding them. And, in general, they are using commercial communications. So, instead of being one ugly monster in the forest where you know where they are like the Soviets were, it's more like a ''Where's Waldo'' problem. Can you find the person in the clutter of everything else? That puts the premium on good intelligence.

And particularly, in the case of terrorism, electronic surveillance has been one of our most important tools because they are hiding and using commercial communications. That has been one of our strongest tools in preventing terrorist attacks for the last 6 years. And I must say that I believe that the greatest accomplishment of the last 6½ years has been what has not happened. We have not had another terrorist attack on our soil since the morning of 9/11. And they have tried. It has been good intelligence that has kept this country safe. And for the last 18 days, we have been building another intelligence gap, and this body must act to close it.

Mr. MCCAUL of Texas. I thank the gentlelady for her eloquence, as always.

I would like to just add that, certainly during the Cold War at least, the principle of mutually shared destruction applied; we valued our lives and so did the Soviets. In this war against terrorism, in the day of suicide bombers, we can't say that. So real-time intelligence is absolutely critical to protecting the Nation.

I want to state again, from the DNI, the Director of National Intelligence, he says, ''Expiration of this act will result in a degradation of critical tools necessary to carry out our national security mission. And without these authorities, there is significant doubt surrounding the future aspects of our operations.'' Again, that is a warning to the United States Congress that if you don't do your job, I can't do my job. Do your job.

With that, I yield to the gentleman from Pennsylvania.

Mr. DENT. Mr. Speaker, I want to thank the gentleman from Texas and the gentlelady from New Mexico and the gentleman from Georgia for engaging in this colloquy tonight.

I think just about everything has been said. We have a job to do. The American people expect us to get it done. We've heard from the attorney generals, we've heard from the U.S. Attorney General, Michael Mukasey. We've heard from the Director of National Intelligence, Michael McConnell. We have heard from everyone. And the fact that this intelligence product is being degraded should be alarming to every single American. The fact that we're debating this this evening, knowing that we may not be getting vital intelligence or information I think should be cause for alarm.

There are going to be those who say that we're doing this fear-mongering. That is absolute nonsense. We're simply stating facts. And the facts are that our intelligence personnel today don't have the tools that they had just a few weeks ago to deal with the threats that we face as a Nation.

With that, I want to thank you again for your leadership. As a member of the Homeland Security Committee, you and I are deeply engaged in these issues, along with Mrs. WILSON, who has been a great leader on the House Permanent Select Committee on Intelligence. Again, we need to keep pounding this point home. I am prepared to come to the floor of the House every single night until this law is enacted.

With that, I yield back to the gentleman from Texas.

Mr. MCCAUL of Texas. Thank you, Mr. DENT, for your leadership as well. I see we just have a few minutes left.

I yield 2 minutes to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I want to thank the gentleman from Texas, and I won't take the 2 minutes, but I wanted to thank him for his leadership and persistence. This is going to get fixed because we will not rest until it's fixed, and it is critical to the country that it be fixed.

It is now up to the liberal Democrat leadership to listen to the will of this body and pass the Senate bill that will close the intelligence gap.

I yield back to my colleague.

Mr. MCCAUL of Texas. I thank the gentlelady.

I would like to close with a quote. Why is this debate so important? I think it's important to understand the threat and to understand who the enemy really is. Who is the enemy? Let's get inside the mind of the enemy. And our enemy says, ''The confrontation that we are calling for with the apostate regimes does not know Socratic debates, Platonic ideals, nor Aristotle diplomacy. But it knows the dialogue of bullets, the ideals of assassination, bombing and destruction, and the diplomacy of the cannon and machine gun. Islamic governments have never and will never be established through peaceful solutions and cooperative councils. They are established as they always have been, by pen and gun, by word and bullet, and by tongue and teeth.''

The words I just read to you are the preface of the al Qaeda training manual. That is how it begins. That's in their words, not mine. That is the enemy. That is the threat. That is why it's so important we pass the Protect America Act on the House floor, and pass it now.

DEMOCRATIC FRESHMEN HOUR

The SPEAKER pro tempore (Mr. BRALEY of Iowa). Under the Speaker's announced policy of January 18, 2007, the gentleman from Kentucky (Mr. YARMUTH) is recognized for 60 minutes.

Mr. YARMUTH. Mr. Speaker, it's a great honor for me to be here tonight representing the class of 2006, the freshmen Democrats who were responsible for returning the majority to the Democrats in the last election. I'm particularly proud to be here to talk about the whole area of intelligence and surveillance, which our colleagues from across the aisle spent the last hour talking about.

I don't have props tonight because I look down at the dais and I see engraved in the side of the dais two words that serve as the only props I need in discussing this very important topic. I see the word ''justice,'' and I see the word ''freedom.'' Because that's really what we're talking about when we're talking about the FISA controversy. We're talking about whether the incredibly important principles of justice will apply to the way we treat corporations in this country that choose not to

obey the law. And we're also talking about freedom. We're talking about the freedom of individuals to pursue their private lives free of the worry that they're being listened to for no good reason.

You know, it's interesting to listen to my colleagues from across the aisle. And I don't want to impugn their motives at all. I believe that they, just as we on the majority side of the aisle, firmly believe in patriotism. We firmly believe in securing this country. We believe this is one of our sworn duties.

There is no question that all of us take an oath to secure this country and to protect it, and one of our primary responsibilities is to defend the people of this great country. But the first thing that we swear to when we take the oath of office is to protect the Constitution of the United States. That is our solemn oath. And the Constitution was written primarily to protect the rights of the American citizens. And that's really what this controversy is all about. All of us, every one of us, Democrat and Republican, is primarily concerned about making sure that our citizens are safe. And we want to do everything in our power to make sure that we use every tool that we have at our disposal to make sure that our citizens are safe. But we also want to make sure that every tool in our power is not used to violate the Bill of Rights, the amendments which guarantee fundamental freedoms to our citizens. And that's really what we're talking about when we talk about the FISA reauthorization.

You know, it's interesting; we passed, last fall, a reauthorization of the FISA Act, the Protect America Act, and we passed it willingly. We thought it was a good bill. And here comes the President saying, I'm not going to allow this bill to go forward. I'm not going to allow these important protections for the American citizens to go forward unless we give immunity to the phone companies because the phone companies did what we ordered them to do, essentially, starting with 9/11. We asked them to help us provide surveillance of American citizens even though we knew it was against the law, even though they knew it was against the law. We asked them to do that, and, therefore, they shouldn't be held accountable for that.

Well, that's an interesting attitude. And I know that my colleagues across the aisle said all they're trying to do is to protect the trial lawyers, all they're trying to do is protect the trial lawyers. Well, I have another question because there is another side to that point. And I'll address the trial lawyer controversy, or issue, but the other side of that is, why are they trying to protect the phone companies? Why are they trying to protect American corporations that knowingly violated the law of the United States?

Now I don't think that it's really because they care whether the phone companies have to pay millions of dollars in damages. I don't think it's really because they care whether trial lawyers might make a contingent fee. I think the only reason that they are concerned about granting immunity to the phone companies for ostensibly violating the law of the United States is because they don't want the American people to know what the phone companies were doing and what the administration has ordered them to do because in a legal procedure, a lot of that information may come out.

Now they will say, on the other hand, if they get to that, well, this is a matter of national security. And all the legal experts say no, the courts have a way of making sure that no classified information is divulged to the public. But what the administration is really afraid of is not that AT&T might have to pay $100 million. They're concerned about AT&T having to go under oath and say here's what we did, and that somebody will understand that this administration asked them to violate the law, and they knowingly did that. That's what the immunity issue is all about.

Now in terms of the trial lawyers. I know, and I know our leadership has told us, the trial lawyers have never said a word about this issue. This isn't a big deal. You're not talking about a vast number of lawyers who are going to benefit from this. There are only a few companies that did it. As a matter of fact, there are a couple of companies that were reputable enough and honest enough to say no to the government, we're not going to do that, we're not going to violate the law.

□ 2015

So they didn't need immunity because they didn't do anything wrong, and I don't know how many lawyers could actually, and I don't want to use the metaphor I was thinking of, but try to exploit that situation for their benefit, but there are not that many involved. And trial lawyers really have not lobbied this issue at all.

What we are talking about, plain and simple, is the issue of who violated the law. Is there accountability? Is there justice in this country? And this administration, in spite of their protestations of saying Osama bin Laden is out there, he's making phone calls, they're all making phone calls, that that's what we want to protect ourselves from, that has nothing to do with the immunity issue. The immunity issue is history. That's the past. We're concerned about what we do going forward. We're concerned about protecting the American people. We enacted legislation last fall that would do that. The President won't sign it.

So we have a very, very different perspective on this issue. And it's funny because they throw up their hands on the other side and say, I just can't imagine why the leadership of the Democrats is not allowing this to come to a vote, why they won't pass this bill. We need to do it. It's a perfect bill. We need to do it.

Well, I have three answers for them. I think I have already mentioned a couple of them. One is the Constitution. That's the solemn oath that we take when we enter this office. And we are not willing to pass a bill that basically eliminates part of the Constitution.

Secondly is the rule of law. I think we all agree that the rule of law is sacrosanct, that this country would fall if it weren't for the rule of law. And we are trying to make sure here that the rule of law is observed and respected.

And, finally, we're talking about individual liberty, the freedom I talked about at the outset of the remarks, that we need to make sure that if we allow individual liberties to be abridged in this country that it is done pursuant to legal authority, that it is done pursuant to warrants, that it is done pursuant to the government's going to a court and providing reasonable cause to assume that there is some reason to surveil an individual American citizen. That's what this dispute is all about. That's what this issue is on both sides.

And it's interesting. As I listened to the President not too long ago when he was once again trying to use scare tactics to intimidate this body into doing what he wants to do, to protecting him and to essentially helping him engage in a coverup of the activities of the administration and the phone companies, he made the statement that right now terrorists are plotting activities against the United States that would make 9/11 pale in comparison. That's what he said.

And when I heard him say that, my thought was, well, wait a minute. If he actually knows that, that they are plotting something that's worse than 9/11, then I guess he's getting all the information he needs. Somehow, some way he's hearing information. If he can make a claim with that specificity that it's going to be worse than 9/11 and they are planning it now, then maybe he's listening to something. Maybe the intelligence authority that he was using works and he doesn't need this additional authority.

But I don't think that's the case, of course. I think basically what he was trying to say is do this or you die because that's been the strategy of this administration in many cases. Do what we want or you will be in trouble. You will be harmed. Your family will be harmed.

I don't think the American people are buying it anymore. I think they've cried wolf far too often. But that's what we have been dealing with in trying to have a very reasonable approach to providing the type of authority that we agree is necessary to allow us to wage this struggle against terrorist activity. So that's sort of, in an introductory way, what we are dealing with.

And it gives me great pleasure now to welcome another Member of the class of 2006, my good friend, the gentleman from Wisconsin, Dr. KAGEN.

Mr. KAGEN. Thank you, Congressman YARMUTH. I really appreciate your words of wisdom and your counsel. And I would like to engage you in some conversation this evening.

Earlier this evening we heard our colleagues on the Republican side raise some interesting issues, and one of the questions that someone raised was, almost facetiously, I hope, ''Where's Waldo?'' If security, if international security depends upon finding anybody, it's not Waldo. We took our eye off the ball. Where is Osama bin Laden, and what are we doing about him and his violent extremists and the people that follow his way of thinking?

So, may I ask you a question? Congressman YARMUTH, is it really true that our intelligence community went dark? Are we no longer listening in on conversations? Is some of this fear mongering actually real? Is there any truth in there at all? Are we going dark? Are we not listening to people who want to do us harm?

Mr. YARMUTH. Well, I think the answer to anyone who thinks about it is obvious. No, of course we are listening. And what's more, we're listening pursuant to authority that exists in the law. And when the current law expired recently, the authority to surveil under the prior act did not expire. And, in fact, there have been numerous people who have said we have all the authority we need to protect this country.

Mr. KAGEN. But, sir, there have been telephone calls going out. There have been radio conversations. There have been television commercials in districts around America trying to indicate that, in fact, we have gone dark, that we've suddenly stopped listening. Are you telling me here tonight that that just isn't true?

Mr. YARMUTH. You don't have to take my word for it. Experts in the field have testified to the fact that this is not the case. Richard Clarke, who is the former Chief NSC Counterterrorism Adviser under both Presidents Clinton and George W. Bush said, ''Let me be clear. Our ability to track and monitor terrorists overseas would not cease should the Protect America Act expire. If this were true, the President would not threaten to terminate any temporary extension with his veto pen. All surveillance currently occurring would continue even after legislative provisions lapsed because authorizations issued under the act are under effect up to a full year.''

So, of course, there is no reason to believe the ads and the scare tactics that have been perpetrated against Members in the Congress.

Mr. KAGEN. Well, then the question has to be asked, what's really going on here? What is it that our Republican colleagues disagree with us about with regard to protecting not only America, using FISA, but also protecting our constitutional rights? Can we not protect America and our Constitution at the same time?

Mr. YARMUTH. Well, obviously we can. And obviously this body did last fall. We passed a very, very reasonable reauthorization of the Protect America Act which did virtually everything that the President wanted, and it provided authority to surveil under reasonable circumstances. It didn't grant the NSC or any other institution the ability to go on a fishing expedition. It retains some oversight, some court control. Again, this is a secret court. But this is the way the law was set up in 1978. It's worked very well since then. There are some tweaks that are needed in this law. We recognize that. We did what the administration requested. All of a sudden, this issue of immunity comes up. And, again, I can't believe that this has anything to do with worrying about whether AT&T pays out millions of dollars. This is not what they are concerned about. I don't think the gentleman believes that either.

Mr. KAGEN. I appreciate what you just said, but it raises another question.

When you indicate that there is a question of immunity, is that not another word for ''amnesty''? Is it correct to say that the current President, President Bush, is seeking amnesty? And if we are going to give amnesty to someone, isn't it a natural thing to ask what are we forgiving somebody for? Don't you think we should understand exactly what someone did before we forgive them and give them amnesty? Isn't that a reasonable thing to ask?

Mr. YARMUTH. I think it's not only reasonable; I think it's our duty to require that because it would be a frivolous act if we just said, well, whatever you did, whether it was legal or not, then we're going to grant you immunity or amnesty for doing that. No, we have to know, in order to grant immunity, whether or not there is a reason to grant immunity. Why would we want to do that if there were no reason to do it?

Mr. KAGEN. Isn't that also one of the reasons why we were sent here to Washington to try to fix this situation where the 109th Congress failed to ask questions, failed to ask the pertinent questions, failed to hold hearings to find out what it is we are fighting for, why we really invaded Iraq, where's our money being spent? I've been told that 20 percent of the money we spent in Iraq is simply unaccounted for. And 20 percent of over a trillion dollars is a lot of billions of dollars. So I think the 110th Congress has a duty, a responsibility, and, yes, a constitutional responsibility to balance the balance of power, to reset the balance, and to also investigate wherever possible and ask questions.

So the questions I would pose to my Republican friends is, what is it you're afraid of? What is it that someone has done wrong? And whom is it we are trying to protect? Are we trying to protect America, or are we trying to protect special interests, either the telephone industry or the people that ask them to break the law in the White House?

Do you think it's possible that what they are really concerned about is their own immunity in the White House? Is that a possibility?

Mr. YARMUTH. Well, I think that's exactly the case.

And I don't blame the telephone companies. I think they were in a very difficult spot. When your government asks you to do something and says that the security of this country is at stake, then I suspect that most corporations would comply with the government's request.

Now, these corporations, being the major corporations that they are, with lots of money, with lots of legal advice, lawyers everywhere, would understand that what they were being asked to do might run afoul of the law. And I would suspect that they did make a decision, being in a very difficult spot, I can see, that I either comply with the government, do what they ask me to do, understanding that the government is regulating me; so they would say, okay, I'm really between a rock and a hard place. I can do what the government asks, knowing it's a violation of the law, or I can refuse and knowing that they are regulating me, that my business might be affected some way or another.

But that's all a different dynamic from what we're dealing with. We are dealing with the question of does the Congress have the responsibility to hold anyone, corporation or individual, accountable if they violate the law? And that's what I think we're talking about today and talking about in this long debate.

Mr. KAGEN. But isn't it also true that not every telephone company bent over and yielded information that was constitutionally protected under the fourth amendment? Isn't it true that Quest in Colorado said, no, not without a court order? And isn't it true that what we are trying to obtain is judicial oversight of the executive branch? And isn't it also a fact that the telephone companies didn't just volunteer the information, that they were being paid to do so, and at one point when they weren't being paid, they stopped turning over the information and stopped the wiretaps?

So I don't think it's just out of a patriotic duty that the companies had. There was a monetary compensation that went along with it. So I think that we have a constitutional duty and the right as representatives of the people that we have the honor of serving to ask these questions and to bring out the reality and the truth of this situation.

Mr. YARMUTH. We have to do this. And I agree with my colleague that what we're talking about here is the oath we took. We took an oath to uphold the Constitution. And the Constitution says that we have to obey the laws of the land and we have to, within

our area of authority, make sure the laws of the land are upheld. And we have to provide oversight for that.

We have been joined by another one of our distinguished colleagues, a freshman Member, one of our most passionate Members from New Hampshire, CAROL SHEA-PORTER, and I yield to her.

□ 2230

Ms. SHEA-PORTER. I am happy to be here. I am standing here tonight at 10:30 for the same reason that we are all here, because we believe that it's our obligation, our duty to defend the Constitution. This Constitution is a gift that has been handed to us through the centuries, and it's the envy of the world. This is what differentiates us from other nations.

To give you an idea of our Founding Fathers and what they thought about this, at the conclusion of the Constitutional Convention, Benjamin Franklin was asked, What have you wrought? And he said, A Republic, if you can keep it.

So they understood even then that we would have to defend this Constitution against well-meaning people who believed that they had to give up some liberty in order to make themselves safe. This is not the first time in our history that we have faced peril, as you know. This has been an ongoing issue for us through the centuries. There are always countries that wish to do us harm, and it is our obligation to keep ourselves safe and to keep the American public safe. But that is not what this argument is about, as you know, because we have FISA, and FISA is in effect.

Now the President more than suggested that the intelligence community went dark and that they would be unable to do any surveillance. But the reality is, and the President and the Justice Department had to admit recently, that the wiretaps could still go on.

I would just like to read this so people understand what we are talking about here. This is from Reuters: ''White House Says Phone Wiretaps Back on For Now.'' Here's the quote, the statement from the Justice Department, the Office of the Director of National Intelligence: ''Although our private partners are cooperating for the time being, they have expressed understandable misgivings about doing so in light of the ongoing uncertainty, and have indicated they may well discontinue cooperation if the uncertainty persists.'' Well, first of all, where is the patriotism there? If they believed this was for the good of the country, they should stay with this program, and will stay with this program.

Also, as my fellow Congressmen indicated, when they failed to pay the bills for the wiretap, these companies pulled the wiretaps, and we lost some critical information. So you have to wonder about that commitment there.

But there's a larger issue. First of all, we do have all the national security that we need right now. You're right that we need to tweak it, and we tried to. We tried to extend this for 3 weeks so that we could work it out. If it were so critical, why did the President and his supporters vote to let it go? We voted to extend it for 3 weeks.

So there's something that is counterintuitive and actually bizarre, that the President and his supporters would argue on one hand that we were allowing something to drop that was so critical and, on the other hand, refuse to vote to extend it for 3 weeks. So they didn't give us the time that we needed to do two things. We have to do all we can to protect Americans, and tweak this, but we also have an obligation to protect the Constitution while we do this.

So what have we done here? The intelligence community has not gone dark and the authority under this act allows the administration to conduct surveillance here in the United States of any foreign target. I am now reading from the House majority staff of the House Permanent Select Committee on Intelligence. It's important that we cite these sources so that we know. ''In the event that a new phone number or e-mail address is identified, the NSA can add to the existing orders.'' They can begin surveillance immediately, without a court warrant. Within 72 hours they have to get one. That sounds perfectly reasonable to have judicial oversight and review.

So it's not true that people can't do surveillance. They can do surveillance. They must do surveillance. If we think that there are terrorists talking on the phone, I want them to be able to listen in, and so do you. We have families here. We want the same protection that other Americans want. And they can listen in.

But there's something else happening here, and this is called the retroactive immunity for the phone companies. What do we mean by retroactive immunity. What is immunity about? If you don't do anything wrong, you don't need immunity. Immunity suggests that something happened, and you're asking for this protection. And how can we say, sure we'll give it to you until we know what they did? Why won't they tell us what they did?

I liken it to somebody, a defendant showing up in court and saying to the judge, Well, judge, I may or may not have done something wrong. I am not going to tell you. But I want you to say maybe you did and maybe you didn't, but whatever it is, you're forgiven right away.

We would not accept that from an individual, and we must not accept it for any businesses either. We are, as John Adams said, a government of laws, not men. Nobody is above the law. Not you, not I, not any individual, not any company. They knew what they were supposed to do.

I would like to point out that Qwest knew that, another telecom company, and did not follow the President's request there. The President is not the one who sets the Constitution. He is not the one who decides. We have three branches of government. We must have judicial review and oversight. And it's our obligation, as it has been on every Congressman and Congresswoman's shoulders, to watch out for this incredibly brilliant document that is the envy of the world.

Mr. YARMUTH. If the gentlelady will yield, I would like to reinforce one statement you made. You talked about the fact that we wanted to extend the act for 21 days so that we could make these corrections. It wasn't just that the President threatened to veto the bill and we voted to extend it. All 202 Republicans voted against the extension.

I actually was mystified to watch a news show right around that time, on which they said the Democrats refused to extend the act. I said, boy, is that ridiculous spin. Because we proposed the extension. Every one of the Republicans opposed it, the President threatened to veto it and demagogued it, and yet we were blamed for something we tried to do.

I yield back.

Ms. SHEA-PORTER. We were looking for a bipartisan agreement. If it's that critical, then we should have had the extension. But they know what we know, which is that FISA is still in effect, that they can eavesdrop without a warrant. That they simply, if there's an American involvement, they have to go get a court warrant within 72 hours.

By the way, that is not difficult to do. Over the period of years, there have been thousands and thousands of requests. I think only five have been refused. So this is not a problem. If they consider having to get a warrant a problem, I am sorry, but something stands between the President and this, and it's called the Constitution.

I come from a Republican family. My father was an attorney, and he was a very conservative Republican. I worked in his law office. And he taught me this great love for the Constitution. So the reason I point that out is because this is not a political issue. This has to do with the Constitution. And so regardless of whether people are Republicans or Democrats, what we saw here when they didn't extend it was a political maneuver. But it should not be. It is our first and foremost obligation to protect our freedoms while we protect our Constitution.

Mr. YARMUTH. I want to yield again to my colleague from Wisconsin, but one of the things that intrigued me earlier was the notion that somehow we were not interested in security, that we were not interested in fighting the most effective fight that we could against 9/11, and that we were playing politics with the security of this country. That seems to me to be kind of standard rhetoric when we are talking about these matters, when in fact we tend not to deal with what is in the actual law, what the facts of the situation are.

I would like to yield again to my colleague from Wisconsin. We have been joined by another distinguished colleague, Mr. PERLMUTTER, from Colorado. I would like you all to engage in a colloquy about the issue of politics and just who might be playing politics with a very important matter of national security.

Mr. KAGEN. Well, I thank you for yielding.

There were two very valuable lessons that I learned during my campaign and election to Congress. The first lesson was that people will believe a lie if it's represented to them with great skill on television repeatedly. People will believe something that just simply isn't true.

Here, the kind way of putting it is misrepresentation of reality. I am continuously amazed at how people are misrepresenting reality. We have never gone dark in our intelligence community. We have continued to survey those who seek to attack us and do us harm. We must stand strong behind our Constitution, and most especially our fourth amendment rights, which reads, ''The right of the people to be secure in their persons, houses, papers and effects against unreasonable searches and seizures shall not be violated, and no warrants shall issue but upon probable cause, supported by oath or affirmation and particularly describing the place to be searched and the persons and things to be seized.''

Now if someone in the United States is seeking immunity, I ask my colleague, Mr. PERLMUTTER, what could be the reasons for seeking amnesty or immunity?

Mr. PERLMUTTER. The reason you seek amnesty or immunity or some sort of protection from being sued or charged is that there may have been wrongdoing. There may have been some violation of a law or potentially a constitutional provision like the fourth amendment, which you just read.

I think really the issue here, and you may all have been over this a dozen times, but it bears repeating, that there is a provision in our wiretapping law, and everybody calls it FISA. This is about wiretapping. This is about eavesdropping. There are times when you need to wiretap. There are times when you need to eavesdrop if somebody you have probable cause or you have general belief that somebody is going to do you harm. It could be a criminal enterprise or it could be a foreigner who wants to attack the United States. There was a glitch in our law which needed to be fixed. There was a technical glitch which said if there was a wiretap on U.S. soil, then you had to get a warrant.

Now the way that telecommunication works these days is somebody could be calling from Pakistan to Germany, two people, foreigners who aren't entitled to the protection of the fourth amendment, but that telecommunication, that phone call is routed through the United States. We changed the law, we, the Congress, to take care of a technical telecommunication glitch and said in that instance that you don't have to get a warrant. So if it's between a foreign individual and another foreign individual, there's no need for a warrant on foreign property.

Now we fixed this. But the President asked for more. He wants to get rid of the courts who are there to protect us as citizens, as Americans, and the Constitution of the United States. He says, I don't want those courts. I don't think they need to be present. Well, we needed them when Richard Nixon was President. We needed to make sure that before the government, before the White House, before anybody looks in on my house or your house, or any American's house, there has to be a reason. And the courts were that stop. That was that objective branch. So yes, we are going to keep the courts involved.

Secondly, the President or the White House or somebody had asked the phone companies to do these taps. Well, the phone companies knew how to do taps. They got a warrant. The law said, You get a warrant, you're protected, Mr. Phone Company, or Mrs. Phone Company. You can wiretap somebody's phone call. Well, it appears that in this instance they didn't get warrants. They circumvented the courts.

Now we don't know that for sure. We haven't been given all the information that we in the Congress or the people of America deserve. Now the phone companies are asking for amnesty. They are saying, look, if we didn't follow the law, we are sorry. Just forgive us. We know at least one phone company that said, Wait a second, this doesn't make sense. You're not giving us the warrants that the law requires. We are not going to do it. That, I am glad to say, is my local phone company, Qwest.

So it isn't like everybody did this. At least one phone company said we want to follow the law. So, you know, this is about amnesty for other phone companies and this is about avoiding the courts. That is what this administration wants and, quite frankly, I am not going to shirk my responsibility to the Constitution and to the people of this country by caving in to those particular requests.

Mr. KAGEN. Before I yield to my colleague from Iowa (Mr. BRALEY), I have got a question. Millions of people are thinking to themselves right now, and have been, gee, I haven't done anything wrong. What have I got to be worried about?

What have they got to be worried about?

Mr. PERLMUTTER. We each in this country, one of the very first principles that we have and one of the very first values that we hold dearly is our privacy. Now it may not be that I don't have anything to hide, but I might not want the world to know that my daughter has epilepsy, which she does. Somebody else might not want to have somebody know that their child is failing in school, or that they are having marital problems. Who knows what it is?

We in this country enjoy our privacy. It's something that is protected by the Constitution. And it may be that we haven't committed a crime, that what we have done isn't something that is going to be brought before a court, but it's something that is personal to us.

□ 2245

We in this country enjoy that right. We enjoy that freedom not to have the government snoop into our lives unless there is really a reason. And that is why the courts are present.

I turn to my friends from Kentucky and Iowa.

Mr. YARMUTH. I am going to yield to the gentleman from Iowa in just a second, but I want to ask one question about that, and it is a rhetorical question.

But can you imagine, I want every American to imagine how their lives would change and how their conversations would change if they thought that every phone call they made was being monitored? Just imagine the chilling effect that that would have on every word you say, on your very thought process. You have to be able to put yourself in that situation to understand what is at stake when we talk about this issue. This is not just about nasty people trying to do people wrong. This is about every American having their very being altered by the threat that they are being listened to.

Now I will yield to the gentleman from Iowa, Mr. BRALEY.

Mr. BRALEY of Iowa. I would like to thank my friend. I would also like to thank my friend from New Hampshire, who mentioned earlier the great American patriot and trial lawyer, John Adams, my ancestor.

One of the real thrills of serving in this body is the ability to experience special events. We got that opportunity here tonight when out in Statuary Hall there was a reception and later a special viewing of an incredible new series on HBO dedicated to examining the life of John Adams and the enormous impact he had on this country.

I think it is very significant to take a moment and realize that 238 years ago today the Boston Massacre occurred, one of the pivotal events in our country's founding, and John Adams, a noted trial lawyer of his day, was given the dubious distinction of defending the British soldiers who made the first attack on those patriots, those brave patriots like Crispus Attucks. Like many trial lawyers, he was faced with the responsibility of doing his duty to perform an unpleasant task, and he did it because he knew that it was an important part of maintaining a system of laws, not of men.

I also think it is important to note that of those people like John Adams

who were present at the signing of the Declaration of Independence, 24 of them were lawyers who understood the importance of the very issues we are talking about today.

Why do I know that? Because if you read the Declaration of Independence, you will see the stated grievances against King George and that the amazing parallels in those grievances that they were discussing at the founding of our Nation and the same things we are talking about today is stark.

Let me remind you of what is in the Declaration. These are the grievances they identified against King George III.

For depriving us in many cases of the right to trial by jury, which is why the Seventh Amendment of the Constitution and the Bill of Rights guarantees the trial by jury in all civil cases where the monetary value is in excess of $15.

Also the grievance for taking and abolishing our most valuable laws and altering fundamentally the forms of our government.

Third, for suspending our own legislatures and declaring themselves, the king, vested with the powers to legislate for us.

That is why these are fundamental civil rights that have been part of this country's history since its founding that we are talking about.

My friend from Colorado made a great point. What we are talking about with the setting up of the FISA courts was setting up retroactive warranties that gave the government the extraordinary ability to do wiretapping without a court order, which had never been before tolerated in this country, with the understanding that the terrorism risk justified that sacrifice, and setting up the FISA courts for an orderly form of due process to look backwards and guarantee that human rights were not being violated. So we are talking here about retroactive immunity, when we have already got retroactive warranties and a process in place to take care of these concerns.

One of the things that nobody has talked about on the floor during the debate over this issue is the fact that retroactive immunity only benefits wrongdoers. If you have done nothing wrong under the law or the Constitution, you don't need immunity.

My friends have been talking about the underlying basis for the violation of laws by the telecoms, and I think we need to state what that is. It goes back to 1934. The Federal Communications Act, Section 222, this Congress imposed on telecommunication carriers, such as all these companies we are talking about, the duty under law to protect sensitive personal customer information from disclosure. That is the basic statutory right that is at stake by allowing retroactive immunity to companies who violate that law.

So when people complain about us arguing the merits of standing up for defense of the Constitution and the laws passed by this Congress, I am at a loss to understand why we should be subject to all of this angst for simply doing our jobs and standing up for the oath we took when we were sworn in to uphold and defend the Constitution and the laws of this country.

With that, I yield back to my friend.

Mr. KAGEN. If I may ask a question, because I really appreciate your legal acumen, it is good to have roommates that are attorneys. So what you are explaining to us is that I have a right to my own phone records. That the records the phone company might have are not their records. They really are my personal files, and they are entrusted with that information on my behalf and cannot release that information to anyone without my permission or a court order. Did I hear you correctly?

Mr. BRALEY of Iowa. That is the very essence of the authority given to these telecommunications carriers, to use that public trust of allowing them to monitor and handle communications through a system of phone lines, which is what we had back in 1934, and in exchange for that trust, imposing on them the duty to protect that sensitive information. That is why we have the Fourth Amendment. That is why we have a system in place to guarantee the privacy of those customers.

Mr. KAGEN. Just to follow up, if I understand what you are saying, what we are really talking about is everybody's personal individual liberty and their rights as guaranteed under the Constitution, and that giving blanket immunity without asking any questions would be giving away individual liberties and rights. Is that correct, Mr. PERLMUTTER?

Mr. PERLMUTTER. Yes. To my good friend from Wisconsin, this is about the rights we enjoy as Americans, and this is about the responsibility that we have as Members of Congress to make sure that there isn't some violation of the rights that we enjoy as Americans, we as Members of Congress and everybody we represent. Really what has been troubling I think to everybody is that the President says ''Trust me. Just give them amnesty. Just give them immunity.'' The phone companies are saying, ''We really can't talk to you because we are sworn to secrecy. Just trust us.''

You know, I don't know about any of you and your constituents, but I know that my constituents expect good representation, good oversight of these kinds of things. And if the telecommunications are entitled to some protection, we have given them protection in the law. If you get a warrant, you are immune. You are doing your national duty by wiretapping or using your surveillance powers. But you got to go through the right process to protect those rights that we are so fortunate to enjoy as Americans.

Mr. BRALEY of Iowa. If the gentleman would yield for a question, I know that my friend from Colorado happens to represent a district where the headquarters for one of the telecommunications carriers is located, Denver, Colorado, where Quest has one of its primary business centers.

What I would like to ask my friend is, why didn't Quest go along with this request from the government? A lot of these other telecoms did. What was it that prompted them to say this doesn't sound right?

Mr. PERLMUTTER. Well, I don't know. I wasn't an attorney for Quest. Just in terms of what I have read and the individuals I have spoken to, I think Quest would respond by saying we wanted to follow the law. It isn't as if Quest has a spotless record everyplace, but in this instance they did the right thing and they have got to be given credit for it. Others chose to maybe take the path of least resistance.

Mr. BRALEY of Iowa. If you would yield for another question, I am going to pose this to all of my friends here on the floor.

When somebody comes to me and asks me to ignore my duties to make sure that the laws and the Constitution are followed, which is what they are asking us to do by granting immunity to these phone companies, I think the average American citizen would expect at a minimum that I would be aware of what was in these documents that are at the subject of this request for immunity.

I don't know about the rest of you, but I haven't seen a single document that has been produced in order to supposedly justify a claim for immunity. I am just curious whether any of my friends have seen them in their capacity as a Member of Congress?

Mr. KAGEN. I appreciate the question. I am not very good with analogies, but it kind of sounds like a blind umpire, doesn't it? If we don't know what we are looking at, how can we judge if it is fair or foul or a strike or a ball, in baseball parlance.

But let me come back to this idea about cherry picking our laws and cherry picking it apart to the point where the law doesn't mean anything. Earlier today in this Chamber we had the distinct privilege of passing a law about mental health care, about mental health care insurance. We laid the foundation, the foundation that would establish our constitutional rights in health care, so that people will not be discriminated against on the basis of a preexisting condition, albeit mental health care or a heart condition or otherwise.

But the idea of cherry picking our Constitution and our laws, are the signing statements, the many hundreds of signing statements by this administration or by this President, is that a sign or a symptom of cherry picking our laws? Is this a situation we are in now, where we finally have found a President that doesn't believe in the Constitution, that won't enforce the laws, either immigration or our constitutional rights? Mr. PERLMUTTER?

Mr. PERLMUTTER. Well, I want to step back for a second and just talk

about what I think our responsibility is with respect to this wiretapping surveillance stuff and our responsibility as Members of Congress, and really as citizens of this country, because we each have an obligation as citizens to do these same things, to uphold the Constitution and the rights that we all enjoy under the Constitution and to make our citizenry safe, to help make our families safe, our neighborhoods safe, our communities safe.

There is a way under the law as we have revised this surveillance law to do both of those things. We have fixed this technical problem that existed where foreigners were given certain rights under our Fourth Amendment that they weren't entitled to. We have corrected that in this law. But we have maintained the Fourth Amendment and the First Amendment and the Third Amendment and everything else within the Constitution for each and every American by including the courts to oversee this and supervise when the government says we want to eavesdrop on a citizen, and we are demanding of the President and the telecommunications companies, we want to see what it is you are asking us to let you off the hook about.

That is what is being asked. And they are saying sorry, we are not going to let you look at that. Therefore, we are going to say, then we are not doing our job. We are not going to just let you go get a get-our-of-jail-for-free or go scot-free without information. We are not doing our job then. We are not being accountable and responsible to our constituents.

As the President has laid this out, he is just trying to stir up fear in the American populace, which is wrong. He is trying to avoid the courts as being a check and balance on the awesome power of the Federal Government to invade our privacies. He doesn't want that, and he is asking us to give this carte blanche amnesty without really giving us the basis for that, and I object to all of those things. With that, I yield back to my friend.

Mr. YARMUTH. There is some other history we haven't talked about tonight yet, and that is the background of this controversy. Because what we fail to remember as we debate this issue, and obviously I think we want to deal with this prospectively, we want to make sure that this country has the power, the government has the power and authority and tools it needs to provide legitimate security for this country.

□ 2300

But this program started right after September 11, 2001, and continued for 4 years before it was exposed by the New York Times. So this was a longstanding violation of the law, a deliberate avoidance of the law by the administration. They could at any time after 9/11 have come to Congress and said, we want some additional authority. But they didn't do that. They knew that it would be tough. Even a Republican Congress at that time might have looked askance at requests to do warrantless wiretapping, so they just did it by themselves for 4 years. Then, when it was uncovered, this Congress under Republican leadership rushed to pass the Protect America Act, a stopgap measure because, obviously, it was embarrassing and they needed to do that.

But this is a longstanding deliberate ignoring of the law, and this is something that it doesn't matter whether the government sanctioned it; if companies did it and violated the law, as I said at the outset of my remarks standing right behind you, Mr. KAGEN, the words described in that dais, justice. And that is what this country has been built on. And this is a longstanding violation that needs to be redressed, and we shouldn't just say, because the government asked them to do something, that it is okay, that they broke the law. Because if that is the precedent we are setting, there is no end to the imagination of horrors that could happen if the government were able to immunize anyone for any violation of the law.

With that, I would like to yield again to CAROL SHEA-PORTER from New Hampshire who has joined us.

Ms. SHEA-PORTER. I would like to point out that if the President and his supporters managed to cut out the judicial branch, then the authority for this would go to the Attorney General and the Director of National Intelligence. Our most recent former Attorney General was Alberto Gonzalez, and I think that we do not wish to put that kind of power into the hands of people who may not see the government's role the way that we do. So I have deep concerns about that. But, again, this is not an issue of what party you are in. This is an issue of whether you are an American and you believe in our Constitution or not.

I wanted to quote Andrew Napolitano, who was a New Jersey Superior Court Judge from 1987 to 1995, and is the senior judicial analyst at Fox News. He is upset about this as well, and he said: Those who believe the Constitution means what it says should tremble at every effort to weaken any of its protections. The Constitution protects all persons and all people. And, he said, if we lower constitutional protections for foreigners and their American correspondents, for whom will we lower them next?

And that really is the question. We stand our ground now, and we protect at least our American citizens from this eavesdropping.

The question earlier was, well, what do you have to hide? And I would say that even though you may not be placing phone calls that have anything to do with any government business, you may be having a conversation about your boss's wife or husband. You may be having a conversation about your husband's problem at work. You may be having a conversation about your neighbor. And any of those conversations, if they were overheard, could be used against you. So it is not simply the kind of setting that we are talking about right now, not a grander setting, a setting where it is national security, but simply your right to privacy and for your neighbors not to know the kinds of thoughts and the kinds of words that you share with people in private phone conversations. So we have this obligation to stand here and protect all of us.

FISA

The SPEAKER pro tempore (Mr. BRALEY of Iowa). Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for 55 minutes.

Mr. BURGESS. I thank the Speaker for the recognition.

It has been an interesting and entertaining hour that we have just been through. I came to the floor tonight to talk a little bit about the Middle East, but after hearing the comments for the last hour I would just remind my friends that the Senate passed a bill that passed with a fairly significant majority over in the Senate. And if the Senate-passed bill were brought to the floor of the House, we would have our FISA legislation reestablished. There are enough Members on their side combined with the Members on my side where the bill would pass without any difficulty. But it has been the lack of the will of the House leadership to bring this very important bill to the House and once again establish a modicum of protection for America, because, after all, despite all the lofty rhetoric we just heard in the last hour, it is not surveillance of American citizens on American soil, it is surveillance of individuals who are outside of America, outside the shores of America who are communicating with each other. But because of the nuances of the telecommunications system, those wires may pass through the United States, a server may exist in the United States, and therein the problem lies.

And it is important, because as I talk about the Middle East I am going to come back to this issue on the Foreign Intelligence Surveillance Act, because the lack of a functioning Foreign Intelligence Surveillance Act is actually hampering some of our progress in the Middle East and I think it is important to draw that distinction.

Again, as I said, Mr. Speaker, I just returned a little over a week ago from a trip to Afghanistan, Pakistan, and Iraq. As a consequence, I was also in Kuwait briefly. But it is significant, and probably the first time where I have been in those three countries in that short a period of time. It is instructive to visit those countries in that condensed time period, because you really get a sense of how interconnected the successes and/or failures

in each of those areas, how interconnected those facts are. All of those regions have their differences. They are significantly different. But certainly the progress in one area helps progress in another, and lack of progress in one signals lack of progress in the other. And I certainly saw evidence of this in all three places where I visited. And, as the saying goes, a picture is worth a thousand words and I do have several pictures that I would like to share with the House this evening and I will be doing that.

First, in Afghanistan. The battle in Afghanistan is clearly interconnected in so many ways with our relationships with our NATO allies. In fact, in Afghanistan, probably in early 2004, just as the NATO handover was beginning, there was a lot of optimism that our NATO partners were engaging in this and NATO is going to function as an alliance. After 9/11, NATO activated article 5 for the first time in its history: An attack on one country was equivalent to an attack on all countries, and we would all respond in kind. So America had been attacked, and here in early 2004 with the arrival of the German troops, we saw the beginnings of the NATO alliance coming and bringing its full weight to bear in Afghanistan. Now it hasn't worked out quite the way we had all hoped it would have, because some of our NATO allies are somewhat recalcitrant, and they really need to begin thinking long term about the stability and the impact of stability in the Middle East and how that impacts the security of the world at large. It is not just for that one narrow area of the world; it is much more widespread.

Now, no question about it, American, British, Canadian, Dutch, and Polish soldiers are doing great work and they are fighting against the Taliban in southern Afghanistan. Other areas with other components of the NATO alliance, it is not working quite the same way. In many ways it is regarded as a humanitarian mission rather than a military exercise. But I must stress, this is not a humanitarian mission, it is still a military exercise. Until the Taliban and the resurgent elements of al Qaeda are repulsed and removed, it will remain a military exercise. And the future of NATO depends on how well each of those individual countries could work together through this admittedly very difficult period. If we act together in strength, if we act as an alliance, I don't think there is any doubt that ultimately success will come. But if the activity continues to be fractured, the work becomes much more difficult; and the results will be fractured, the alliance is at risk and, as a consequence, the enemy will be emboldened. That's a shame. Because, remember, the Taliban in Afghanistan is not a popular insurgency. These are individuals who have been seen as oppressive and repressive. When they were thrown off, it was great jubilation by the people in Afghanistan, and there is no joy in bringing the Taliban back into people's lives. The Taliban does employ military age males more or less as day laborers, puts a gun in their hand and gives them a charge to do something. But the reality is, if there were other work available, these individuals would just as soon be doing other work and feeding their families in other ways because, again, the Taliban is not a popular insurgency.

One of the things that of course was stressed a great deal in our visit in Afghanistan, our visits with General Rodriguez at the Bagram Air Base was all of the activity that takes place along the border. And certainly, when we went into Pakistan, those same themes were played out again. Not surprisingly, the perspective of the individuals, military generals in Afghanistan, was a little bit different from the political leaders in Pakistan. Suffice it to say there is a lot of activity going on along the Pakistan-Afghanistan border, and we see reports of this in our newspapers from time to time. There has been an increase in military activity on our part in some of those areas, and I think that is a good thing. I think they have removed some people who were continuing to cause great harm in the area. But at the same time, as we saw in the trip in Pakistan, it creates some difficulties in other areas.

Now Pakistan had just completed a rather large and historic election when we arrived there on February 22. President Musharraf, who had been the leader of Afghanistan, was a military general. Of course in 1999 he was responsible for a coup and deposed the prime minister, Sharif. President Musharraf has pretty much been the single and solitary ruler in Pakistan now for the last 7 or 8 years. His party lost a majority of seats in the parliament in the last parliamentary election. We did meet with President Musharraf. He was quick to point out that he had won his election the October before, so it wasn't about him not winning an election, it was about the elections in parliament. And Mr. Musharraf I think correctly pointed out, as did other leaders that we talked with, that the good news out of the election was it certainly was a repudiation of the more radical Islamist elements, that there was some concern that they were going to gain a greater foothold in the Pakistani parliament. And, in fact, the party of Benazir Bhutto, now under the hands of her husband, Mr. Zardari, had won the majority of seats, the People's Party of Pakistan had won the greatest number of seats in parliament and it appeared very likely at the time we were there that he would indeed put together a coalition government with Mr. Sharif, the former prime minister, and that would then be the ruling coalition in Pakistan.

The fate of Mr. Musharraf was at that time still pretty much in the balance. There had been a Senatorial delegation in just a few days before we were through who had suggested, I think it was in the newspapers phrased as a graceful exit. Mr. Musharraf recognized and there was acceptance and recognition that his role of necessity was going to change, but at the same time this is an individual who does care a great deal about his country and, of course, he has been a good ally and friend to the United States. And Mr. Musharraf did feel very strongly that he wanted to continue to play a role in the stability of his country. Mr. Musharraf's perspective of the border areas, the federally administered tribal areas between Afghanistan and Pakistan was again a little bit different from General Rodriguez's over in Pakistan. From Mr. Musharraf's perspective, they had been pursuing a good deal of military options. Not all of those had been successful and there was a concern on the part of the Pakistani military whether or not they were in fact actually trained and equipped to follow through with those missions, and certainly training and equipping the Pakistani army is something where the United States may continue to play a role for some time, though I would stress that the actual military presence in Pakistan is very, very minimal.

□ 2315

But the federally administered tribal area has become very problematic from the standpoint of terrorism. It is where the Taliban exists and where the remnants of al Qaeda are hiding out, and there are attempts to regroup and retake territory within the country of Afghanistan, and clearly it is an area that deserves a great deal of attention.

Mr. Speaker, I did promise to show some pictures. This is a picture of myself and Senator HUTCHISON from Texas meeting with Mr. Zardari. This is Benazir Bhutto's widower. We were that day in Pakistan discussing the role his coalition government would play in the future.

At the time we were there, it was not settled who the new prime minister would be. Obviously it would be someone who was elected in the People's Party of Pakistan because they held the largest number of seats in the Parliament. Mr. Zardari is someone I had never met before. In our discussions, he said all of the right things and in the right way. Obviously, in any situation like this, the follow-through is what is critical, so the next several weeks and months are critical for the stability of the country of Pakistan.

But Mr. Zardari was very gracious to have us into his home and meet with us. Remember, just a few short weeks before he had undergone a fairly wrenching personal episode with the loss of his wife after the assassination of Benazir Bhutto, and they appeared to be doing their best to recover as a family. And now, given the additional responsibilities of the governance of Pakistan, but he did seem to be growing into that role, and I will tell you that was reassuring to watch that.

Of course we were not able to meet with Mr. Sharif that day. We did meet with President Musharraf on that trip, but we were not able to meet with Mr. Sharif. Again, this is an area that will bear close scrutiny and watching over the next weeks and months because, again, as I will stress, each of these areas are so interrelated and so tied together.

Clearly the Afghanistan-Pakistan border area is one issue, but there are other links to other areas where terrorism is problematic that come out of that federally administered tribal area. The Spanish have discovered recently a link between some of their home-grown terrorists and the federally administered tribal area of Pakistan. Likewise, the Germans have discovered some terrorist links to Pakistan via Turkey.

In Britain, several of the terrorist groups within Great Britain can be traced to the federally administered tribal area, that border area between Afghanistan and Pakistan. So it is clear that terrorist activities taking place in that region of Pakistan are having a direct and profound effect on the security of European countries and certainly our NATO allies.

The terrorist activity has direct and dire consequences on foreign elections. We saw that happen in Spain several years ago when the March 11 bombings obviously or significantly influenced the outcome of the elections in that country. That behavior in turn led to a new government that then subsequently withdrew its troops from Afghanistan. And subsequently I think the mission was certainly not strengthened by that exercise.

But all in all, I would say it was a very informative trip, and I am grateful to President Musharraf and grateful to Mr. Zardari for meeting with us on relatively short notice during that trip. And there is no question, it was very informative to have that level of discussion.

I also made my seventh trip into the country of Iraq during that congressional delegation. I had last been in July of this past year, July of 2007. At that point I wasn't quite sure what I was going to find when I returned to Iraq that time. I found the situation to be much better than I expected it to be, and I will say that in the intervening 6 or 7 months since I was last there, the situation has improved even more.

No question about it, troop morale has always been good. I have never seen a problem with troop morale in any of the trips I have taken into Iraq. And in this past trip, it was nothing short of spectacular.

One of the things that was perhaps a little different about this trip and something that I really had not been able to do on previous trips was venture directly into some of the neighborhoods in and around Baghdad. The reason we were able to do that was because of the establishment of the joint security stations. These are the areas where American troops are embedded with Iraq security forces and Iraqi policemen. They are there side by side day in and day out. This was the concept that General David Petraeus brought to Iraq a year ago when the famous surge or reinforcements were brought into that country. It was a strategy not without some risk and certainly many of us were justifiably concerned about that.

I know in my trip into Iraq in July in the C–130 sitting with troops as we were going from Kuwait City into Baghdad, several voiced real concern that, you know, we are going to be living side by side with the Iraqis. If there is an interruption of fuel or material or food, then certainly we could be at risk in these situations because no longer will we be going back to the base every night. You could sense there was some concern.

The situation has been one that has been enormously successful. And as a consequence, the Iraqis have gained a great deal more confidence in the American troops that are there and their ability to provide security and to react quickly. And Iraqi citizens are coming forward with much more information, information about the location of IEDs, information about the bomb-making factories, and information about people who may be doing things that are harmful to a neighborhood. So it has been an overall improvement in the relationship between regular Iraqis and the American soldiers and an improvement in our ability to gather that all-important intelligence to be able to fight this war in the way it should be fought.

Again, I would stress that it is our men and the Iraqis living side by side.

Here we are just arriving at the joint security station. We are getting a briefing there just after arrival. At that point I think they were going over the briefing on the number of IED attacks, and there was basically a Google Earth map with all of the IED explosions plotted out on the map. Red ones were where people were hurt, and blue ones where a bomb went off and no one was hurt, and yellow was where the bomb was discovered after it went off.

July and August, those photographs were literally covered with dots of one color or another. And then going through month by month, August, September, October, the numbers diminished rapidly such that in December and January, there were very few dots on the map of any sort at all. And certainly you could see in a very graphical fashion the effect of having our troops embedded on the ground and living side by side with the Iraqis.

We had seen this in the summer, in the trip in July in the city of Ramadi out in Anbar province, and now that has been fairly widely reported that there has been the Anbar awakening and the Sunnis who previously would have perhaps partnered with al Qaeda to work against the Americans had changed allegiance and changed sides and saw now the Americans as their helpers and their friends, and the city of Ramadi was markedly different in July of 2007 from July of 2006. And as a consequence then, this same sort of activity now going on in the area of Baghdad that would have been just absolutely impassable 6 months before in the month of July, and we were now able to walk around on the streets.

This is within the living quarters that the soldiers have there. The Minnesota National Guard had done some refurbishing and furnishing of the barracks there. They had tried to make it a little more homey. You can see the ubiquitous widescreen television at the top. This is a bench that had been fashioned out of some scrap wood that was around. And they had done a wonderful job as far as making the living conditions as good as could be expected.

Again, the morale of our soldiers was unlike anything I have ever seen. Clearly they understand what they are doing, and clearly they understand that they are very close to achieving success. It is something that I wish almost every Member of Congress could go over there and see in these joint security stations because it really is a moving experience.

As a consequence of these activities, al Qaeda that was so prevalent in Anbar province and along the Euphrates River Valley have been diminished to a minimum amount. Al Qaeda in Baghdad is significantly diminished as well. There are still some problems in the area around Sadr City, but with some of these embedded areas moving into that area, we will perhaps see some improvement there as well.

The former Sunni insurgents have turned their back on the insurgency. They are cooperating with coalition forces. That cooperation again is yielding good intelligence. In fact, in another part of this particular base where we were, this police station we were in, we got to see some of the surveillance activity as it was going on, and remarkable, remarkable efforts by our soldiers, by our men.

At one point a device had gone off and caused some injuries in the marketplace, and one of our young men painstakingly went back through the photos and tapes and actually discovered some physical characteristics of the individual that looked as if he may have planted the device. And then partly by luck but partly by good detective work, found that same man in a marketplace later on, brought him in for questioning, and certainly we were able to make the case of the connection between that individual and the bomb that had gone off.

One of the great things was that although the detective work was done by our soldiers with their equipment, when it came time to apprehend this individual, he was actually apprehended by the Iraqi police and brought in by the Iraqi police so the citizenry could see that their police force was up and running and functioning.

A good news story all along. But one disturbing note was on further study of

some of those surveillance photos, apparently this individual who had planted the explosive device had actually had his 3-year-old daughter carry the device to the area and place it in a trash receptacle and that is how the device came to be where it was.

Clearly we are dealing with a type of evil that most of us don't understand and can't understand. But this is the type of individual, this is the type of evil that is present in some of these areas, and this is the work that our soldiers are doing to combat that.

Again, this is a police station in inner city Baghdad. Six months ago I couldn't have gone there. Certainly 2 years ago there is no way. But now the Iraqi police are taking over. People feel safe. They feel safe to approach local law enforcement. In fact, when we left the building from this police station, out on the street a group of Iraqi men came up and was eager to talk with us. One of the soldiers found a translator for us, and we engaged in quite a lively conversation. To be perfectly honest, it was gratitude that was expressed on the part of the Iraqis who were there, gratitude for helping get their neighborhood back, and gratitude for helping get their country back. Again, it is the type of progress that you almost can't believe if you can't go there and see it yourself.

Mr. Speaker, one of the funny things is if this had been a year ago and we were here talking about Iraq, we would be talking about having yet another vote to get us out of Iraq. It seemed like every week we had that type of vote here on the floor of the House. And we are not doing that so much any more. I wonder why. Perhaps because things have gotten so much better there.

The news stories a year ago, day in and day out, a bad news story out of Iraq. Well, now you don't see those stories every day. You see odd stories like Ahmadinejad from Iran coming in to visit in Iraq, which I think is problematic. I wish it hadn't happened. But on the other hand, Iraq is a sovereign country and if Prime Minister Maliki wants to meet with Ahmadinejad, I guess. In fact, we have a Presidential candidate who said he will sit down with his enemies. Maybe Mr. Maliki had been listening to that Presidential candidate. I didn't think it was perhaps the wisest and best use of his time. After all, Mr. Speaker, a lot of the explosively formed projectiles that are so deadly, a lot of the IEDs and improvised explosive devices are made with materials that clearly come from the country of Iran.

□ 2330

And that has been problematic for many, many months. And Iran's activity as far as continuing some of the disruption in this area, Iran's activity, has indeed, I think, been problematic.

We hear a lot about the lack of political progress, and those talking points probably need to be updated. The Iraqi parliament recently passed four major pieces of legislation. They passed the de-Ba'athification reform, they passed an amnesty bill, they passed a provisional powers law, and a national budget. No question about it, there's still a lot of work to be done and that budget execution is one of those things that I watch very carefully because I don't know, you know, quite honestly, with the infrastructure that is there with their banking system, it's very, very difficult to distribute money to the local areas where it is so desperately needed.

But nevertheless, they are making the efforts. In fact, there are four things that the Iraqi parliament did this past year. I don't know what our track record is. I think we banned the incandescent light. I don't know that we've done much more in the past year, and there's four things that they've done.

One of the biggest changes that I saw last July and one of the things that really gave me great optimism, that one day we would have in Iraq a stable country that was able to govern itself, provide for its own security, provide for its own people and be a partner for peace in the Middle East.

Last summer visiting the city of Ramadi where the local political leaders, the local political shift that had gone on in that country; to be sure, the central government in Baghdad has some problems and they're going to have to work through those problems; they're going to have to find solutions to those problems, as any country would. But the fact that local leaders, like a county commissioner, like a mayor, like a county administrator, these are the guys and ladies on the front line. These are the ones the citizens turn to for help when things don't work right, when things go wrong. These are the individuals that should be the first line of contact. And indeed, in the city of Ramadi last summer and then again in this neighborhood, the al Hamandiyah neighborhood in Baghdad, the local political shift was very much in evidence. The local leaders were stepping up and doing the work that is required of local leaders. Still some difficulty getting the funding from the central government, but my understanding on this last trip was that that had improved even from 6 or 7 months before. Obviously, again, that's going to bear watching. And there are lots of areas in need of improvement. But all in all, the progress is going in the right direction.

You see that in other things, too. The national electricity hours are up. Some small water projects that were so desperately needed have now been completed. Some primary health care centers have been constructed and more are to open, all signs of progress. That was work you just couldn't do a couple of years ago because the security situation just would not permit it.

Again, Mr. Speaker, I remember very well the arguments and discussions and debate we had on the floor of this House just a little over a year ago in regards to what General Petraeus saw, what General Petraeus wanted to do, and giving him the ability, the tools to do that job consumed a lot of our discussion a year ago. But I've got to tell you, I'm glad we found the right man for the job. I'm glad we gave him the tools that he needs. And he certainly seems to be pursuing success with all due dispatch.

It's hard to know what the next steps are. You hear a lot of people talk about the troop drawdown that was essentially the surge, and as those numbers come back down are we going to come down below that. We're going to have to have a wait-and-see period. Obviously, in my mind, my opinion, those decisions should not be made by those of us here in the House. Those are decisions that should be made by the military generals on the ground.

We did have an opportunity in this trip, as we did last summer, to meet with David Petraeus at some length. We met with the general. We also met with Ambassador Ryan Crocker, a true patriot who's given now a year of his life to be in that country and to provide stability in that country. Things have not always gone to his liking, I'm sure, but nevertheless, I think he can point to a great deal of success.

I remember a year ago so clearly, you know, you could take data points almost and make whatever kind of case you wanted to make in Iraq. And General Petraeus stressed to us a year ago that it would be important to look at trend lines over time, that you just simply couldn't look at a collection of data points and make a decision.

When we visited with General Petraeus at the American embassy in Iraq, we kind of saw a preview of what he's likely to present to Congress when he comes back in March or April to give his interim report to Congress. He had a variety of charts up. You could see that the trend lines again were all moving in the right direction as far as number of attacks, as far as attacks on citizens, attacks on soldiers. The trend lines for things like electricity and water were going in the right direction, which was up. All in all, the story coming out was very positive. At the time we were there, something had just occurred which was a point of not some insignificant concern, the activity of the Turkish troops on the northern border which had the potential to be very destabilizing because, of course, the Kurdish regiments in that area have been functioning very well, and the fact now that they were being faced with some Turkish soldiers who had come across the border to deal with some terrorism aspects that they thought were going on along the border, clearly that needed to be managed and managed very quickly and apparently has been. But it did have the potential to become much more serious than it was.

I stated early on in the hour that there might be a place to draw the

FISA, Foreign Intelligence Surveillance Act, back into the discussion. And certainly that came up during our discussion with the general and the ambassador at the American embassy, or at the embassy in Baghdad that night.

Again, remember, we're talking about not surveillance on someone who's in Dallas calling someone who's in Washington. We're talking about surveillance on someone who is in perhaps one of those federally administered tribal areas in Pakistan or someone who's in Afghanistan communicating with someone in Iraq, because that method of communication may be putting up a Web site. There may be an embedded message on a Web site. But because that Web site may be carried on wires that go through the United States of America, then suddenly it becomes something that is under the jurisdiction, in some people's mind, of the Foreign Intelligence Surveillance Act. And in order to find out who put the Web site up, you'd have to go through the FISA Court to get that information. But these Web sites tend to be rather ephemeral. They don't stay up that long. But it's problematic because you can't know who put up the Web site. You can't know who visited the Web site. And if you need to, you can't take it down without going through a 72-hour process in the FISA Court.

A little less than a year ago, when some of our soldiers were kidnapped in Iraq, we gave their captors a 10-hour head start because of issues with the Foreign Intelligence Surveillance Act and having to go through the courts to get permission. You can't fight a war that way. We're either serious or we're not serious. And I think because of the concern that I heard over being able to protect not just our troops over there, but protect American citizens here at home, I think this is a critical piece of legislation.

Again, if we would just simply take up the legislation as passed by the Senate, passed overwhelmingly in the Senate, there are enough Members on my side, there are enough Members on the other side that this bill would be passed and America's protection could once again be more secure. In the meantime, we're playing a very dangerous, dangerous game, not only with our homeland security here in the United States but also as it turns out with our soldiers who are doing so much for us over in Iraq, Afghanistan and Pakistan.

We talk about a war on terror, but the reality is we're fighting a war against radical Islam. Terror is one of the tactics that's used in that fight. I don't think there's any question that we need to keep our focus on each of those countries, Iraq, Afghanistan and Pakistan, certainly redouble our efforts in Afghanistan and really begin thinking long term. You know, we hear people who want to have an 8-month time line. They want to talk about, between here and November, the election day in November.

The enemy doesn't have a time line that's that short. The enemy has a time line that's years, decades or longer. And you almost have to think in those terms to be able to satisfactorily prepare and satisfactorily protect our country, because if you're just short-term focused on what happens between now and election day in November, that's probably not going to be sufficient for protecting America. Our enemies are thinking in terms of 100 years. Maybe we need to think in terms of 100 years. Certainly, our America and our allies have to be able to match and keep up with them every step of the way.

Each of these battles is winnable. There's no question. From a tactical and strategic standpoint there is no one who can stand up against the United States, so the battles are winnable, but they're not yet won.

Again, success in one conflict means success in the other. Failure in one means failure elsewhere. You know, in fact that's not just the Middle East. That's in the United States and possibly extending to other freedom-loving nations in the world.

It is not time for us to pull our forces down and just think about coming home. We are very close to, again, establishing on the ground in the country of Iraq a country that is responsible to its people, provides for their benefit and their welfare, is a stable partner for peace in the Middle East. Those are worthwhile goals and we need to continue to pursue those.

It is a time that calls for statesmen and not politicians. It does require a vision that does encompass a time line that is longer than just the next 8 months.

I can't say it often enough. You're going to have to look to the next generation. You can't just focus on the next election because that's the wrong perspective to have.

I want to thank our troops who are working over there day and night in our behalf. It is sometimes seemingly thankless work, but again, I would stress, well, let me just show you one more picture, Mr. Speaker. And although these individuals are dressed in military uniforms, they're actually Department of Defense civilians. They work on the mine resistant ambush protected vehicle facility near Camp Victory just outside of Baghdad. These vehicles, and you can see one in the background, a very heavily armored vehicle. They are built to withstand the mine blasts and the IED blasts. And you see a group of very, very dedicated individuals standing there around that vehicle, very proud of the work they do. Most of these individuals, again, the men and women are civilians from my home State of Texas, not in my district, but up in northeast Texas, the Red River Army depot near Texarkana. In fact, most of the people that we see in the picture are very likely constituents of my neighbor and good friend RALPH HALL. But again clearly proud of the work they are doing. They understand the value that they bring, the benefit that they bring to our soldiers by providing this type of vehicle. They don't have the best shock absorbers in the world, but they are certainly functional and certainly are providing a great deal of protection for our troops. I can't say enough about the wonderful people that are defending us in all three countries. Also in Kuwait and the United Arab Emirates. We had a brief refueling stop in the United Arab Emirates and got to meet with some soldiers there, a wonderful group of people who are working their hearts out on behalf of their country. The least we can do here in the United States Congress is offer them our faithful support until their mission is complete.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CONYERS (at the request of Mr. HOYER) for today until 7:30 p.m. on account of weather delays.

Mr. ORTIZ (at the request of Mr. HOYER) for today until 5 p.m.

Mr. TANNER (at the request of Mr. HOYER) for today until 12:30 p.m.

Mr. POE (at the request of Mr. BOEHNER) for today after 12:30 p.m. and March 6 on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. ELLISON) to revise and extend their remarks and include extraneous material:)

Mr. ELLISON, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Ms. FOXX) to revise and extend their remarks and include extraneous material:)

Mr. BURGESS, for 5 minutes, March 12.

Mr. POE, for 5 minutes, March 12.

Mr. JONES of North Carolina, for 5 minutes, March 12.

Mr. DREIER, for 5 minutes, today and March 6.

Ms. FOXX, for 5 minutes, today.

Mr. MCCOTTER, for 5 minutes, today and March 6.

Mr. BRADY of Texas, for 5 minutes, today.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 44 minutes p.m.), the House adjourned until tomorrow, Thursday, March 6, 2008, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

5614. A letter from the Administrator, Risk Management Agency, Department of Agriculture, transmitting the Department's final rule — Common Crop Insurance Regulations; Florida Citrus Fruit Crop Provisions (RIN: 0563-AC01) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5615. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Mexican Fruit Fly; Designation of Portion of San Diego County, CA as a Quarantined Area [Docket No. APHIS-2008-0005] received February 20, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5616. A letter from the Under Secretary for Acquisition, Technology, and Logistics, Department of Defense, transmitting the Department's certification that the survivability testing of the KC-135 Replacement Aircraft (KC-X), pursuant to 10 U.S.C. 2366(c)(2); to the Committee on Armed Services.

5617. A letter from the Under Secretary for Acquisitions, Technology and Logistics, Department of Defense, transmitting notification of the review and certification of the C-5 Reliability Enhancement and Re-engining Program (RERP), pursuant to 10 U.S.C. 2433; to the Committee on Armed Services.

5618. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule—Defense Federal Acquisition Regulation Supplement; Mandatory Use of Wide Area Workflow [DFARS Case 2006-D049] (RIN: 0750-AF63) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5619. A letter from the Acting Chairman of the Joint Chiefs of Staff, Department of Defense, transmitting a report required by Section 361 of the Fiscal Year 2008 National Defense Authorization Act; to the Committee on Armed Services.

5620. A letter from the Director, Defense Security Cooperation Agency, transmitting reports in accordance with Section 36(a) of the Arms Export Control Act, pursuant to 22 U.S.C. 2776(a); to the Committee on Foreign Affairs.

5621. A letter from the Secretary, Department of the Treasury, transmitting as required by Executive Order 13313 of July 31, 2003, a 6-month periodic report on the national emergency with respect to Iran that was declared in Executive Order 12957 on March 15, 1995, pursuant to 50 U.S.C. 1641(c); to the Committee on Foreign Affairs.

5622. A letter from the Chairman, Broadcasting Board of Governors, transmitting a copy of proposed legislation to clarify the authority of the Broadcasting Board of Governors to hire non-citizens in its efforts to produce and broadcast programming in 44 languages to audiences around the world; to the Committee on Foreign Affairs.

5623. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting pursuant to section 36(c) and (d) of the Arms Export Control Act, certification regarding a proposed agreement for the export of defense articles or defense services to the Government of Japan (Transmittal No. DDTC 011-08); to the Committee on Foreign Affairs.

5624. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting consistent with the Authorization for Use of Military Force Against Iraq Resolution of 2002 (Pub. L. 107-243), the Authorization for the Use of Force Against Iraq Resolution (Pub. L. 102-1), and in order to keep the Congress fully informed, a report prepared by the Department of State for the December 12, 2006 — February 13, 2007 reporting period including matters relating to post-liberation Iraq under Section 7 of the Iraq Liberation Act of 1998 (Pub. L. 105-338); to the Committee on Foreign Affairs.

5625. A letter from the Director, Strategic Issues, Government Accountability Office, transmitting the Office's report entitled, ''The Judgement Fund: Status of Reimbursements Required by the No Fear Act and Contract Disputes Act (GAO-08-295R),'' as mandated by Section 206 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

5626. A letter from the Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Atka Mackerel Lottery in Areas 542 and 543 [Docket No. 070213033-7033-01] (RIN: 0648-XF05) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5627. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Inseason Adjustment to the 2008 Gulf of Alaska Pollock Total Allowable Catch Amount [Docket No. 070213032-7032-01] (RIN: 0648-XE84) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5628. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Catcher Vessels Greater Than or Equal to 60 Feet (18.3 Meters) Length Overall and Using Pot Gear in the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF06) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5629. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Atka Mackerel by Vessels in the Amendment 80 Limited Access Fishery in the Eastern Aleutian District and Bering Sea Subarea of the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF52) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5630. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels in the Amendment 80 Limited Access Fishery in the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF25) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5631. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Northeast Region Standardized Bycatch Reporting Methodology Omnibus Amendment [Docket No. 070627217-7523-02] (RIN: 0648-AV70) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5632. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Extension of Emergency Fishery Closure Due to the Presence of the Toxin that Causes Paralytic Shellfish Poisoning [Docket No. 050613158-5262-03] (RIN: 0648-AT48) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5633. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 630 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF20) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5634. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 610 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF20) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5635. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 630 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF21) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5636. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Northeast Multispecies Fishery; Prohibition on the Possession of Yellowtail Flounder in the U.S./Canada Management Area [Docket No. 070227048-7091-02] (RIN: 0648-XF04) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5637. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Shallow-Water Species Fishery by Amendment 80 Vessels Subject to Sideboard Limits in the Gulf of Alaska [Docket No. 070213033-7033-01] (RIN: 0648-XF25) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5638. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries off West Coast States; Pacific Coast Groundfish Fishery; Vessel Monitoring System; Open Access Fishery; Correction [Docket No. 070703215-

7530-02] (RIN: 0648-AU08) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5639. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the designation as ''foreign terrorist organization'' pursuant to Section 219 of the Immigration and Nationality Act, pursuant to 8 U.S.C. 1189; to the Committee on the Judiciary.

5640. A letter from the Chairman, Defense Nuclear Facilities Safety Board, transmitting the Board's Fourth Quarterly Report on the Status of Significant Unresolved Issues with the Department of Energy's Design and Construction Projects, as required in House Conference Report 109-702, Section 3201; jointly to the Committees on Armed Services and Appropriations.

5641. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's ''Major'' final rule — Medicaid Program; Health Care-Related Taxes [CMS 2275-F] (RIN: 0938-AO80) received February 25, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Energy and Commerce and Ways and Means.

5642. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting Notification of the intention to waive the prohibition on the use of FY 2007 Economic Support Funds provided with respect to Bolivia, Costa Rica, Cyprus, Ecuador, Kenya, Mali, Mexico, Namibia, Niger, Paraguay, Peru, Samoa, South Africa, and Tanzania, pursuant to Public Law 109-102, section 574; jointly to the Committees on Foreign Affairs and Appropriations.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. KING of New York (for himself and Mr. MCCAUL of Texas):

H.R. 5531. A bill to amend the Homeland Security Act of 2002 to clarify criteria for certification relating to advanced spectroscopic portal monitors, and for other purposes; to the Committee on Homeland Security.

By Mr. KIND (for himself and Mr. CANNON):

H.R. 5532. A bill to improve Federal land management, resource conservation, environmental protection, and use of Federal real property, by requiring the Secretary of the Interior to develop a multipurpose cadastre of Federal real property and identifying inaccurate, duplicate, and out-of-date Federal land inventories, and for other purposes; to the Committee on Natural Resources.

By Mr. WYNN:

H.R. 5533. A bill to revise and extend the chemical-facility security program under Public Law 109-295, and for other purposes; to the Committee on Energy and Commerce.

By Mr. GRIJALVA:

H.R. 5534. A bill to amend the Lacey Act Amendments of 1981 to extend its protections to bears illegally harvested for their viscera in the same manner as with respect to prohibited wildlife species, and for other purposes; to the Committee on Natural Resources.

By Mr. FARR (for himself, Mr. SHAYS, Mr. HONDA, Mr. WALSH of New York, Mr. PETRI, and Ms. MCCOLLUM of Minnesota):

H.R. 5535. A bill to amend the Peace Corps Act to provide continued funding for the Peace Corps, to increase the readjustment allowance for returning Peace Corps volunteers, and for other purposes; to the Committee on Foreign Affairs.

By Mr. ALLEN (for himself and Mr. GONZALEZ):

H.R. 5536. A bill to require the Secretary of Commerce to prescribe regulations to reduce the incidence of vessels colliding with North Atlantic right whales by limiting the speed of vessels, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. MURPHY of Connecticut:

H.R. 5537. A bill to amend the Juvenile Justice and Delinquency Prevention Act of 1974 with respect to juveniles who have committed offenses, and for other purposes; to the Committee on Energy and Commerce.

By Mr. NUNES:

H.R. 5538. A bill to suspend temporarily the duty on certain sleeping bags; to the Committee on Ways and Means.

By Mr. NUNES:

H.R. 5539. A bill to suspend temporarily the duty on certain sleeping bags; to the Committee on Ways and Means.

By Mr. SARBANES (for himself, Mr. WITTMAN of Virginia, Mr. HOYER, Mr. GILCHREST, Mr. WYNN, Mr. MORAN of Virginia, Mr. SCOTT of Virginia, Mr. CUMMINGS, Mr. RUPPERSBERGER, and Mr. VAN HOLLEN):

H.R. 5540. A bill to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network; to the Committee on Natural Resources.

By Mr. CUMMINGS (for himself, Mr. MEEK of Florida, Mr. LEWIS of Georgia, Mr. NADLER, Mr. TOWNS, Mr. JEFFERSON, Mr. WYNN, Mr. BISHOP of Georgia, Ms. MATSUI, Mr. GRIJALVA, Mr. FILNER, Ms. BORDALLO, Mr. RANGEL, Mr. ELLISON, Mr. MOORE of Kansas, Ms. MOORE of Wisconsin, Mr. COHEN, Mrs. CHRISTENSEN, Mr. BARROW, Mrs. MALONEY of New York, Mrs. JONES of Ohio, Mr. DAVIS of Illinois, Mr. JOHNSON of Georgia, Mr. HINCHEY, Mr. HALL of New York, Mr. BUTTERFIELD, Mr. KUCINICH, Mr. ARCURI, Mr. SCOTT of Virginia, Mr. BRADY of Pennsylvania, Mr. MARKEY, Mr. PAYNE, Ms. LEE, Mr. SERRANO, Ms. SUTTON, Ms. HIRONO, Mr. AL GREEN of Texas, Ms. WOOLSEY, Mr. CLEAVER, Mr. SARBANES, Mr. MORAN of Virginia, Mr. HIGGINS, Mr. VAN HOLLEN, Ms. CORRINE BROWN of Florida, Mr. RUPPERSBERGER, Mr. ROTHMAN, Mr. HOYER, Mr. CONYERS, Mr. BOSWELL, Mr. MCGOVERN, Mr. HARE, Mr. HASTINGS of Florida, Mr. GILCHREST, Mr. HONDA, Mr. FATTAH, Ms. MCCOLLUM of Minnesota, Ms. ROYBAL-ALLARD, Mr. BARTLETT of Maryland, Mr. LYNCH, Ms. WASSERMAN SCHULTZ, Mr. MEEKS of New York, Ms. JACKSON-LEE of Texas, Mr. THOMPSON of Mississippi, Mr. BRALEY of Iowa, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. WATERS, and Ms. KILPATRICK):

H. Con. Res. 310. Concurrent resolution expressing support for a national day of remembrance for Harriet Ross Tubman; to the Committee on Oversight and Government Reform.

By Mrs. CAPPS (for herself, Mrs. MCMORRIS RODGERS, Ms. BALDWIN, Ms. GINNY BROWN-WAITE of Florida, Mrs. CHRISTENSEN, Ms. DEGETTE, Ms. DELAURO, Mrs. MALONEY of New York, Ms. MATSUI, Ms. MCCOLLUM of Minnesota, Mr. MCGOVERN, Ms. MOORE of Wisconsin, Ms. NORTON, Ms. SCHAKOWSKY, Ms. SLAUGHTER, and Ms. SOLIS):

H. Res. 1022. A resolution reducing maternal mortality both at home and abroad; to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BONO MACK:

H. Res. 1023. A resolution supporting the We Don't Serve Teens campaign; to the Committee on Energy and Commerce.

ADDITIONAL SPONSORS TO PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 78: Mr. ENGLISH of Pennsylvania.
H.R. 241: Mr. GALLEGLY.
H.R. 471: Mrs. DRAKE.
H.R. 598: Mr. LAMPSON.
H.R. 758: Mr. CUELLAR, Ms. BEAN, and Ms. TSONGAS.
H.R. 882: Mrs. CUBIN.
H.R. 1092: Mr. ANDREWS.
H.R. 1102: Mrs. MYRICK.
H.R. 1188: Ms. BERKLEY.
H.R. 1237: Mr. DENT, Ms. SUTTON, Mrs. JONES of Ohio, Mr. SHAYS, and Mr. FATTAH.
H.R. 1264: Ms. FOXX and Mr. ROTHMAN.
H.R. 1293: Mr. NEAL of Massachusetts.
H.R. 1343: Mr. DONNELLY.
H.R. 1359: Mr. BILBRAY, Mr. PRICE of Georgia, Mrs. CUBIN, and Mr. DOOLITTLE.
H.R. 1439: Ms. TSONGAS.
H.R. 1532: Ms. ESHOO.
H.R. 1621: Mr. MOORE of Kansas.
H.R. 1655: Mr. PLATTS and Mr. MCCOTTER.
H.R. 1665: Ms. LORETTA SANCHEZ of California and Mr. TANCREDO.
H.R. 1687: Mr. TIM MURPHY of Pennsylvania.
H.R. 1726: Mr. LEWIS of Georgia and Mr. ROTHMAN.
H.R. 1809: Mr. FRANK of Massachusetts.
H.R. 1889: Mr. AL GREEN of Texas.
H.R. 1890: Mr. AL GREEN of Texas.
H.R. 1957: Mrs. CAPPS.
H.R. 1983: Mr. BARROW.
H.R. 2015: Mr. BECERRA.
H.R. 2054: Mr. BROWN of South Carolina and Ms. HOOLEY.
H.R. 2063: Mr. FOSSELLA.
H.R. 2123: Ms. BERKLEY and Mr. MCGOVERN.
H.R. 2267: Mr. CARNEY.
H.R. 2303: Mr. UDALL of Colorado, Mr. ROTHMAN, Ms. GINNY BROWN-WAITE of Florida and Mr. UDALL of New Mexico.
H.R. 2329: Ms. BERKLEY and Ms. SCHWARTZ.
H.R. 2552: Mr. GRIJALVA.
H.R. 2702: Mr. WALZ of Minnesota, Mr. HOLT, Ms. TSONGAS, Mr. OBERSTAR and Mrs. CAPITO.
H.R. 2712: Mr. WITTMAN of Virginia.
H.R. 2744: Mr. HODES, Mr. HOLT, Mrs. BOYDA of Kansas, Mr. PASCRELL, Mrs. MUSGRAVE, Mr. HINOJOSA, and Mr. ANDREWS.
H.R. 2833: Ms. SOLIS.
H.R. 2925: Mr. GORDON.
H.R. 2965: Mr. MCDERMOTT.
H.R. 3001: Mr. VAN HOLLEN.
H.R. 3010: Ms. MATSUI, Mr. UDALL of New Mexico, and Mr. SKELTON.
H.R. 3014: Ms. DEGETTE.
H.R. 3049: Mr. PAUL and Mr. YOUNG of Alaska.
H.R. 3223: Mr. BOYD of Florida.
H.R. 3229: Mr. FILNER.
H.R. 3282: Mr. MARKEY and Mr. TOWNS.
H.R. 3359: Mr. MCCAUL of Texas.
H.R. 3396: Mr. JOHNSON of Georgia.
H.R. 3546: Mr. PASTOR and Ms. WASSERMAN SCHULTZ.
H.R. 3609: Mr. MCGOVERN, Mrs. NAPOLITANO, and Mr. CLAY.

H.R. 3622: Mr. BURTON of Indiana, Mr. SHULER, Mr. BERRY, Mr. BILIRAKIS, Mrs. BACHMANN, and Mr. MAHONEY of Florida.

H.R. 3646: Mr. ROGERS of Michigan and Mr. PEARCE.

H.R. 3650: Mr. WITTMAN of Virginia.

H.R. 3686: Ms. SCHAKOWSKY.

H.R. 3750: Mr. BUTTERFIELD, Mr. PASTOR, and Mr. GRIJALVA.

H.R. 3819: Mr. COSTELLO.

H.R. 3842: Mr. SIRES.

H.R. 3934: Mr. MCNULTY, Mr. ROGERS of Michigan, Mr. HENSARLING, Mr. MCCARTHY of California, Mr. WAXMAN, Mr. TOM DAVIS of Virginia, and Mr. CAMPBELL of California.

H.R. 3995: Mr. POE and Mr. COHEN.

H.R. 4054: Mr. PASTOR, Mr. BRADY of Pennsylvania, and Mr. BOSWELL.

H.R. 4091: Mrs. SCHMIDT, Mr. WELCH of Vermont, and Mr. CONYERS.

H.R. 4102: Ms. ZOE LOFGREN of California.

H.R. 4116: Ms. ZOE LOFGREN of California, Mr. DAVID DAVIS of Tennessee, and Mr. PLATTS.

H.R. 4133: Ms. FALLIN.

H.R. 4157: Mr. BOOZMAN and Mr. TIAHRT.

H.R. 4185: Mr. DREIER, Mr. DANIEL E. LUNGREN of California, Mr. STARK, and Mr. WAXMAN.

H.R. 4279: Mrs. BONO MACK.

H.R. 4304: Mr. DEAL of Georgia.

H.R. 4344: Mr. DAVID DAVIS of Tennessee.

H.R. 4449: Mr. JOHNSON of Georgia, Mr. LYNCH, Mr. WELCH of Vermont, and Mr. MAHONEY of Florida.

H.R. 4662: Mr. BLUMENAUER.

H.R. 4690: Ms. EDDIE BERNICE JOHNSON of Texas.

H.R. 4879: Mr. WILSON of Ohio.

H.R. 4930: Mr. KLINE of Minnesota, Mr. BOOZMAN, Mr. MORAN of Kansas, Mrs. DRAKE, Mr. FORTENBERRY, and Mr. POE.

H.R. 5032: Mr. PENCE, Mr. AKIN, Mr. KING of Iowa, Mr. TERRY, and Mr. NEUGEBAUER.

H.R. 5109: Mrs. DRAKE.

H.R. 5110: Mr. BISHOP of New York, Mr. BOSWELL, and Mr. HINOJOSA.

H.R. 5131: Mr. PITTS.

H.R. 5143: Mr. KAGEN, Mr. THOMPSON of California, and Ms. SOLIS.

H.R. 5173: Ms. BALDWIN, Mr. BLUMENAUER, Mr. BISHOP of Georgia, Mr. CLAY, Mr. CLEAVER, Mr. DAVIS of Alabama, Mr. DAVIS of Illinois, Mr. FATTAH, Mr. JACKSON of Illinois, Mr. JEFFERSON, Mr. PAYNE, Mr. THOMPSON of Mississippi, and Ms. WATSON.

H.R. 5176: Mr. HINOJOSA.

H.R. 5229: Mr. ENGLISH of Pennsylvania, Mr. MCINTYRE, and Mr. ACKERMAN.

H.R. 5232: Mr. SENSENBRENNER.

H.R. 5233: Mr. BISHOP of New York.

H.R. 5315: Mrs. WILSON of New Mexico.

H.R. 5395: Mr. DAVIS of Alabama, Mrs. MALONEY of New York, Ms. WATSON, Mr. BRALEY of Iowa, Mr. RANGEL, and Mr. AL GREEN of Texas.

H.R. 5435: Mr. CUELLAR.

H.R. 5443: Mr. KIRK, Mr. GALLEGLY, Mr. CROWLEY, and Mr. ENGLISH of Pennsylvania.

H.R. 5461: Mr. BERMAN.

H.R. 5464: Ms. BORDALLO.

H.R. 5468: Mr. CARNEY and Mr. PORTER.

H.R. 5496: Mr. GRIJALVA.

H.R. 5498: Ms. BALDWIN.

H.R. 5505: Mr. LAHOOD.

H.R. 5509: Mr. LAMBORN.

H.J. Res. 12: Mr. WITTMAN of Virginia.

H.J. Res. 39: Mr. ISSA.

H. Con. Res. 32: Mr. ROSS, Mr. BARRETT of South Carolina, Mr. BUYER, and Mr. BILIRAKIS.

H. Con. Res. 69: Mr. TIAHRT.

H. Con. Res. 163: Ms. KAPTUR, Mr. GENE GREEN of Texas, Mr. MCGOVERN, Mr. MCHENRY, Ms. NORTON, and Ms. BEAN.

H. Con. Res. 195: Mr. MCGOVERN and Mr. BLUMENAUER.

H. Con. Res. 244: Mr. ROSKAM, Mr. ENGLISH of Pennsylvania, Mr. LINCOLN DAVIS of Tennessee, Mr. LAHOOD, Mr. LAMBORN, Mr. BOYD of Florida, Mr. SMITH of New Jersey, Mr. THORNBERRY, Mr. ALTMIRE, Mr. KING of Iowa, Mr. DAVID DAVIS of Tennessee, and Mr. BOUSTANY.

H. Con. Res. 277: Mr. PAUL.

H. Con. Res. 278: Mr. MCCAUL of Texas, Mr. SALI, and Mr. PUTNAM.

H. Con. Res. 286: Mr. BURTON of Indiana.

H. Con. Res. 294: Mr. RANGEL, Mr. RAMSTAD, Mrs. WILSON of New Mexico, Mr. SHAYS, Ms. HERSETH SANDLIN, and Mr. LOEBSACK.

H. Con. Res. 295: Mr. ENGLISH of Pennsylvania and Mr. YOUNG of Florida.

H. Res. 49: Mr. LINCOLN DIAZ-BALART of Florida.

H. Res. 146: Ms. BALDWIN.

H. Res. 333: Mr. STARK.

H. Res. 339: Mr. BOOZMAN.

H. Res. 356: Mr. LEWIS of Georgia and Mr. TANCREDO.

H. Res. 671: Mr. SHAYS.

H. Res. 795: Mr. GORDON.

H. Res. 838: Mr. BILBRAY, Mr. BILIRAKIS, Mr. CARTER, Mr. FOSSELLA, Mr. HOLDEN, Mr. JONES of North Carolina, Mr. PAYNE, Mr. REYNOLDS, Mr. ROGERS of Michigan, and Mr. SMITH of New Jersey.

H. Res. 896: Mrs. MALONEY of New York.

H. Res. 924: Mr. HALL of New York.

H. Res. 925: Mr. CHABOT, Mr. FORTUÑO, and Mr. SMITH of New Jersey.

H. Res. 937: Mr. MORAN of Kansas.

H. Res. 948: Ms. KILPATRICK, Mr. MCGOVERN, Mr. OLVER, Mr. FILNER, Mr. HASTINGS of Florida, Mr. KLEIN of Florida, Mr. CROWLEY, Mr. TOWNS, Mrs. GILLIBRAND, Mr. WILSON of Ohio, Mr. KAGEN, Mr. LAMBORN, Mr. ROHRABACHER, and Mr. JONES of North Carolina.

H. Res. 951: Mr. BRADY of Pennsylvania, Mr. SCHIFF, Mr. PITTS, Mr. FATTAH, Ms. MATSUI, Mr. EMANUEL, Mr. CARNEY, Ms. GINNY BROWN-WAITE of Florida, Mr. KENNEDY, Mr. BERMAN, and Mr. NADLER.

H. Res. 959: Mr. HODES, Ms. FOXX, Mr. HUNTER, Mr. HAYES, and Mr. AKIN.

H. Res. 962: Mr. AL GREEN of Texas.

H. Res. 973; Mr. CHANDLER.

H. Res. 977: Mr. POE and Mr. WEXLER.

H. Res. 981: Mr. BISHOP of Georgia, Mr. FOSSELLA, and Ms. JACKSON-LEE of Texas.

H. Res. 984: Mr. POE and Mr. GONZALEZ.

H. Res. 987: Ms. SUTTON, Ms. BORDALLO, Mr. BOSWELL, and Mr. MCGOVERN.

H. Res. 988: Mr. BARROW and Mr. MOORE of Kansas.

H. Res. 991: Mr. FOSSELLA, Mr. ARCURI, Ms. CLARKE, Mr. NADLER, Ms. SLAUGHTER, and Mr. SERRANO.

H. Res. 992: Ms. ZOE LOFGREN of California, Mr. UDALL of Colorado, and Mr. MEEK of Florida.

H. Res. 994: Mr. WELDON of Florida, Mr. PENCE, Mr. DAVID DAVIS of Tennessee, Mr. FRANKS of Arizona, and Mr. FEENEY.

H. Res. 997: Mr. BILIRAKIS, Mr. FORTUÑO, Mr. CHABOT, Mr. SHAYS, and Mr. HINCHEY.

H. Res. 1005: Mr. MORAN of Virginia, Mr. SHAYS, and Mr. WOLF.

H. Res. 1008: Ms. BERKLEY and Mr. SHERMAN.

H. Res. 1016: Mr. STEARNS.

H. Res. 1018: Mr. FORTENBERRY.

H. Res. 1019: Mr. COHEN and Ms. WATERS.

H. Res. 1021: Mrs. WILSON of New Mexico, Mr. HASTINGS of Florida, Mrs. TAUSCHER, Ms. JACKSON-LEE of Texas, Ms. ROYBAL-ALLARD, Ms. BORDALLO, Ms. KAPTUR, Mr. DAVIS of Illinois, Ms. BEAN, Mrs. CHRISTENSEN, Mr. SIRES, Mr. JACKSON of Illinois, Ms. WASSERMAN SCHULTZ, Mr. GRIJALVA, Mr. KILDEE, Mr. STARK, and Mr. ELLISON.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 110th CONGRESS, SECOND SESSION

Vol. 154 WASHINGTON, WEDNESDAY, MARCH 5, 2008 No. 37

Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable JON TESTER, a Senator from the State of Montana.

PRAYER

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

Let us pray.

Eternal God, all things, all places, all people belong to You. You have promised that those who seek You will find You. Strengthen our faith to believe that You will be with us wherever the circumstances may lead. Continue to sustain the Members of this body as they confront challenges. Give them the wisdom to depend on You.

Heal wounded spirits, troubled consciences, and remove cares. Provide them with wisdom to perceive You, intelligence to understand You, and diligence to seek You. Replenish their physical strength when the days are long and give them resiliency for the difficult road ahead.

We ask this in the name of Him who supplies all our needs. Amen.

PLEDGE OF ALLEGIANCE

The Honorable JON TESTER 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.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 5, 2008.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JON TESTER, a Senator from the State of Montana, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. TESTER thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following my remarks and those of the Republican Leader, the Senate will be in a period of morning business for an hour, with the time divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

Following morning business, the Senate will resume consideration of the Consumer Product Safety Commission legislation.

Mr. President, I certainly complain when things do not go well here on the floor and we are unable to legislate. I think that what has transpired on the CPSC legislation is how we should legislate. I hope it continues that way. In that regard, it appears we have a piece of legislation—it is bipartisan in nature, it came out of the committee after much consternation. We were concerned that we could not get anything out of there. We finally did get something out of the committee. It looks like a very good piece of bipartisan legislation.

We are going to finish this bill this week. I hope we can finish it sooner rather than later. I alerted my caucus that we would be in session until we do finish the bill, but there is no reason we cannot finish this very quickly. I see no reason we have to move to cloture. If that becomes necessary, I will certainly talk to the distinguished Republican leader. But I do not see that on the horizon at this stage.

I hope we can move forward on this legislation. I would comment on this: The managers of the bill are somewhat hesitant on an amendment. They did not know if we should vote on it. That was handled properly when the manager of the bill, Senator PRYOR, moved to table an amendment.

That is the way to go, not worry about people talking too much or, well, they are not going to let us vote on it. The manager of the bill has that prerogative when someone offers an amendment. They say their piece, they move to table. It is nondebatable. And we need do that on this legislation and other pieces of legislation and not worry so much about a difficult vote.

So I hope we can move forward as we have and finish this legislation as quickly as possible.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

RECOGNITION OF THE MINORITY LEADER

Mr. MCCONNELL. Mr. President, I wish to use my leader time.

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

AMT IMPACT

Mr. MCCONNELL. Mr. President, last week our friends on the other side pulled the housing bill. But the problem the bill was meant to address obviously does not go away. The effects of the housing downturn continue to spread.

Yesterday the Fed Chairman called for a vigorous response from banks and

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

Printed on recycled paper.

from lenders. He said aggressive action by lenders would help stressed homeowners and help ensure the health and well being of the broader U.S. economy.

Well, we Republicans have been saying the same thing about Congress's response to the housing crisis for 2 weeks. The Democratic plan for stressed homeowners is to raise monthly mortgage payments on those who buy new homes or refinance existing ones. We have a different view on this side of the aisle. We want to expand the family budget, not the Federal budget, by helping homeowners with targeted assistance and homebuyer tax credits that will make the problem better, not worse. We have a concrete plan to foster the conditions that lead to more homeownership by protecting existing jobs, creating new jobs, increasing wages and keeping taxes low.

Among the things we can do to keep taxes low is to patch the loophole that threatens tens of millions of middle-class Americans with a giant AMT tax this year. There is no reason we cannot come together now and remove any doubt Americans have about paying a tax that threatens to cost them, on average, $2,000 more in taxes this year.

We patch the AMT every year, and because it was never meant to hit middle-class taxpayers in the first place, we patch it without creating new taxes somewhere else. In the current economy, we should spare taxpayers the political theatre of waiting until the last minute to go through this annual charade.

Last night the Budget Chairman said the Democratic budget proposal this year will include an AMT patch without an accompanying tax hike. I think that is certainly good news. I commend him for that decision, and it is one more reason we should not put off passing the AMT fix. If this is what the chairman intends, we should follow through on it now to give taxpayers added certainty. We should remove the doubt about the AMT now so Americans who are worried about the economy have one less thing to be concerned about.

Last year a Democratic-led standoff over passing an AMT patch threatened to delay tax returns for 50 million taxpayers, totaling about $75 billion in refunds. In this economy, we cannot afford to play these kinds of games. We know we will patch the AMT at some point this year. We should give some comfort to taxpayers by doing it now. It is time to put American families' budgets in front of the ever-expanding Federal budget.

Mr. President, I share the view of the majority leader that we are making good progress on the underlying bill, and hopefully that will continue today.

I yield the floor.

The ACTING PRESIDENT pro tempore. The majority leader.

Mr. REID. Mr. President, I think it is important I respond to my distinguished counterpart. We did not pull the bill. We were unable to go to the bill. We moved to proceed to the bill and had to file cloture. We could not get 60 votes because we had 1 Republican vote with us to move so we could legislate on housing.

As I have said so many times, if the Republicans were serious about legislating on housing, they would have moved to the bill. I pulled the bill? That is as Orwellian as this conversation could be. I did not pull the bill. I tried to go to the bill. Republicans would not let us go to the bill.

We have five simple things in our housing package that are extremely important to the housing industry. Transparency is JACK REED's provision that all of these agreements should be transparent, they should be understandable.

No. 2, the President asked, and we proceeded to do what he asked, to have revenue bonds to take care of some of the distressed properties. No. 3, we have large segments of—we were in a meeting that is still going on with faith leaders. The head of the Baptist Convention says in his neighborhoods, one, two, and three houses are going into foreclosure every week. They have neighborhoods that are in trouble.

We have CDBG grants in our bill to allow States to step in and take care of some of those troubled properties. We also have something that the homebuilders care about a great deal, and that is a loss carryforward. It is something they want that would be helpful to the economy, that would be helpful to the housing market.

Finally, we have a provision that says: If you have a home, you should be able to go to bankruptcy court and have the loan rate adjusted, just as you can if you have a vacation property that you need to have readjusted. Those are the five things, very simply.

But I say if my Republican colleagues think there is a housing crisis, let us legislate the housing crisis. Come here, offer amendments and deal with it.

But remember, they held a press conference on the same day, on the same day they stopped us from going forward on housing. What did they do in the press conference? Here is what they wanted to do to solve the problems of housing around our country: tort reform. Now, you can imagine what a laugher that is, tort reform to solve the housing crisis in America today.

Secondly, they want to lower taxes. Now try that one on. They are not serious about the housing crisis or they would allow us to move forward. No, we did not pull the housing bill; they would not let us go to the housing bill. That is the record. Vote No. 35, 110th Congress, cloture, motion to proceed, cloture motion was rejected because we did not get 60 votes.

So all we want are the facts. When you look at those nasty facts, it indicates the Republicans do not want to legislate on housing. They want, as the President suggested in his press conference last week, to let us see what happens in June when the rebates come back.

This is not a wait-and-see, this is a problem we have to address immediately. What the President has done is voluntary in nature. It helps less than 3 percent of the homes in foreclosures now. Reports yesterday said it was basically worthless.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 1 hour with Senators permitted to speak for up to 10 minutes each, with 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 Idaho.

THE BUDGET

Mr. CRAPO. Mr. President, I wish to use my time by following up on the comments our leader has made with regard to the budget. It is budget time in Washington right now. Although many people are focused very heavily on the President's budget submission, the reality is that the budget is a uniquely legislative responsibility. The President makes a recommendation, but it is this Congress, the Senate and the House of Representatives, that establishes the budget for our Nation.

The budget that was announced yesterday and reviewed, which we will be evaluating in the Budget Committee today, in my opinion, is not responsible. In fact, it is an embarrassment.

We often talk about the fact that we want to avoid tax-and-spend politics in Washington. But this budget plunges headlong back into the very tax-and-spend policies of the past that have put us in the dire fiscal position we are in today.

The budget is a failure on the spending policy, it is a failure on the tax policy, and it is a failure on the additions to our national debt that are monumental, which it contemplates. It is a failure because it does not do a single thing about the most significant fiscal problems facing us, namely the entitlement problems and the entitlement portion of our budget.

Let me go through all those briefly. To do so, I am going to explain—this may be a little bit basic to those in the middle of budgeting, but I am not sure the folks who pay attention to those understand exactly how the budgeting process works.

This year we will have the first budget that exceeds $3 trillion in Federal spending. In rough approximation, that budget is approximately two-thirds entitlements and spending on the interest on the national debt. The other remaining third is made up of what we call discretionary spending.

Again, approximately half of that is our national defense budget, and the

remaining half is the rest of our nondefense discretionary spending; basically the rest of everything in Government more than our entitlement programs, interest on the national debt, and defense spending.

The problem, the most significant problem we face in our budget today, is the fact that the two-thirds portion I talk about, the entitlements and the interest on the national debt, are out of control. I often say they are on auto pilot, this spending in that two-thirds of our budget. That is growing at a rate that has often doubled, sometimes more than doubled, even tripled or quadrupled the rate of the growth of our economy.

It grows without a vote in Congress. Previous Congresses have passed legislation, and previous Presidents have signed the legislation into law that has established our entitlement programs.

Entitlement programs grow regardless of what we do in Congress. We could never vote again here in Congress and this spending would continue at rates that have nothing to do with the health or strength of the economy and which, as I have said, far ourpaces our economy. What does the budget before us propose to do about this? Nothing. Yet again we have no opportunity proposed in the budget that we will be battling over to try to address this incredible fiscal problem our Nation faces.

What does the budget do instead? It increases spending dramatically in the discretionary part of the budget as well as allowing the entitlement section of the budget to rage uncontrolled. We are looking in this budget at a $350 billion deficit, and that doesn't count war spending except for a small portion. It doesn't take into account the fact that we just passed a stimulus package that put another $150 billion of debt on the backs of our children and grandchildren without paying for it under the pay-go rules we are required to live by in Congress—in other words, $150 billion of new spending with no offsets against any other spending immediately put on the backs of our children and grandchildren in the form of national debt which they will pay back at a much higher rate as interest compounds on it over the years.

What does this budget do in order to try to deal with this increased rush for spending? It raises taxes. It raises taxes over $700 billion in the next 5 years. How does that happen? By the way, this tax increase America will face under the assumptions of this budget will occur with no vote in Congress. How does that happen? To explain that, I need to explain how the budget works.

As most people in America are becoming aware, there is a filibuster in the Senate that requires, on major policies where there is disagreement, essentially that in order to move forward, 60 votes are needed to get past the filibuster, to get cloture. Because of that 60-vote requirement on filibusters, it is difficult to either increase taxes or cut taxes because there is usually opposition to either move, and it requires 60 votes to move forward. But there is one bill each year on which we don't have to have 60 votes. It is called the reconciliation bill. It is a part of our budget process. Because of the way the law is set up, we can have a 50-percent-plus-one vote on that reconciliation bill each year. That is how the tax cuts of 2001 and 2003 were put into place.

Those tax cuts, as a reminder, were reductions in the income tax marginal rates for every American, with the largest percentage of those reductions in the lower and middle-income categories, reductions of the capital gains tax, reductions of the dividends tax, and a number of other very important tax policies that in 2001 and 2003 reduced taxes because we were able to use the reconciliation bill to do so. The problem is that the reconciliation process requires a sunset.

People around the country must wonder why we are facing a sunset of these tax cuts. It is because in order to avoid the filibuster and get the tax cuts put into place, the reconciliation process was used, which itself carries a sunset. So over the next 3 or 4 years, the tax cuts of 2001 and 2003 will expire. Once they expire, taxes will go back up in nominal amounts on every American.

All we have to do is to extend those tax cuts to keep tax rates at their current levels, to be responsible about tax policy. But what does this budget do? In order to facilitate the explosion of new spending this budget contemplates, it assumes there will be no vote in Congress to extend those tax rates cuts. What does that mean?

Let's look at the first chart. Over the next 5 years, that means taxes are going to go up by $1.3 trillion. The lower income tax rates people are paying today are going to go back up. The child tax credit, the marriage penalty elimination, the estate tax reductions, and the small business tax relief all go back up. One year of AMT fix is contemplated, but the alternative minimum tax which is now slamming the middle class will not be accommodated in any year of this budget except for the first year. There are other extensions of other types of R&D tax credits and other things that are important for our economy that will go up. When you have totaled it all up, this budget contemplates and provides for $1.3 trillion of new taxes.

Over a 10-year period, the number is even more phenomenal: $3.9 trillion of new taxes. That is how we are facilitating the increased spending contemplated in this budget.

As I indicated, we are now facing a situation where Washington has returned to the tax-and-spend policies of the past. If we do nothing, which is what this budget contemplates, entitlement spending will continue to rage, driving up our debt. Discretionary spending will be accelerated, driving up the debt. Taxes will explode. When those tax rates go up, remember, it is going to happen with no vote in Congress. We are simply going to sit back and let America have the hugest tax increase it has ever had by taking no action to protect the American taxpayer.

I was elected to the House of Representatives back in 1992 or 1993. Ever since that time, we have tried to reduce taxes to accommodate a better tax policy and tax structure in this policy. Every time we have proposed a tax cut, that tax cut was attacked as a tax cut for the wealthy. That simply is not true. As our leader said, whether you look at the alternative minimum tax, the marriage tax penalty, the small businesses, the child tax credit, or the reductions of income tax rates across the board for every taxpayer in America, these taxes squarely hit the middle class and every income category across the board. We often talk about that typical family of four and the several thousand dollars of taxes they are going to be asked to pitch in for this. But it really is not just that typical family of four; it is a single mother, a single man, a family with children, a family without children, a married couple. Everybody who pays taxes is going to see their taxes go up dramatically.

This budget is not responsible. It is not responsible on spending policy. It is not responsible on taxing policy. It is not responsible because it provides for no action to deal with the entitlement reform so pressing in our Nation.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota.

JOHN MCCAIN

Mr. COLEMAN. Mr. President, I would like to take a few moments to talk about one of my colleagues, the Senator from Arizona, Mr. MCCAIN.

Last night, he secured the nomination of the Republican Party to be President of the United States. I must admit that about 6 months ago, I was one of those who questioned whether Senator MCCAIN would be successful in this quest. While his passion for our Nation has never been in doubt, my sense was that his campaign for the Presidency was flickering to a close. What you saw last night is a reflection of character, the character of JOHN MCCAIN, the character that allowed him to persevere through the terrible torture of tiger cages in Vietnam.

JOHN MCCAIN has never, ever given up on this Nation. In the end, at a time when there is so much cynicism in the body politic and the public about politicians, it is uplifting, not just for this party or for this body, because the next President of the United States will come from this body, but for this country to have as our candidate a man whose character has been tested in a furnace that has burned hotter than any one of us could possibly understand.

At a time when the issues of security are so preeminent, we have as a candidate JOHN MCCAIN, who has been as steadfast on protecting this Nation as one could ever imagine. At a time when the public is concerned about wasteful Washington spending, we have as our candidate an individual who has been a champion in fighting wasteful Washington spending.

I wanted to take a few moments to offer my congratulations to our colleague from Arizona and to say to the American public, at a time when there is such doubt and cynicism, such division in this country, we have before them an individual whose character is strong. His courage is unquestioned. He has shown the ability to overcome the deep, divisive, partisan divide that tears this body apart, that tears this country apart. That is a wonderful thing.

I offer my heartfelt congratulations to our colleague from Arizona, Senator MCCAIN.

The ACTING PRESIDENT pro tempore. The Senator from Georgia.

Mr. CHAMBLISS. Mr. President, I rise to echo the sentiments of my colleague from Minnesota. The great thing about being involved in public service and having the opportunity to serve people from our respective jurisdictions is the privilege of becoming associated with other individuals who are dedicated public servants. We stand on the verge of history right here because in this Presidential election we are going to have two Members of the U.S. Senate who are going to be vying to become Commander in Chief. I think all of us as Members of Senate ought to be justly and duly proud of all of those who have put their names out there, who have worked hard, campaigned hard, and been willing to make the sacrifices necessary to travel the country expressing their views and opinions about issues to become President.

Obviously, last night our good friend, Senator JOHN MCCAIN, became the nominee on the Republican side. JOHN deserves an awful lot of credit for endurance, perseverance but, most importantly, for standing by his principles. That is the one thing we as Members of the Senate need to look to JOHN and say: There are ways to do this, and there are ways not to. But you stood by your values. You stood by your principles. You did this in the right way.

He is unique in so many ways. Everybody in here has their own unique assets. Certainly JOHN has a great and storied background from a military perspective, and he served his country well before he ever got to this body. But once he got here, as my friend has just said, he exhibited great leadership from the standpoint of providing the kinds of ideas, the kind of vision that is needed from a national security and a national defense standpoint. He also, primarily, had a vision about how the taxpayers' money, how the individuals he represents, as well as all other taxpayers in the United States, ought to have their money spent. JOHN has been a tireless advocate for the elimination of wasteful Washington spending. Assets such as those are what have projected JOHN to the nomination of our party. I am very proud of the fact that he is going to be leading us.

It is going to be a spirited campaign. All of us as Members of the Senate should be justly proud of all of these candidates who have been out there. I am very proud to stand today and salute my dear friend, my colleague, Senator JOHN MCCAIN.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina.

Mr. BURR. Mr. President, I echo the comments of my colleagues. Congratulations to JOHN MCCAIN and, more importantly, congratulations to Cindy McCain. Cindy has stood by his side every step of the way—through good, when people wanted to write his obituary, and now in the glow of being the nominee. She is clearly a wonderful partner in this process.

Many ask why JOHN MCCAIN succeeded. I would suggest it is because he loves America. He believes in America. He believes in the American people. He stated it in a real and personal way. But as my colleagues have highlighted, his background has set him up for this role at this time in our history.

JOHN is a man of consistency, so consistent, many times some of his colleagues have been critical of the fact that he is that consistent. But America is hungry for consistency. They are hungry for somebody to represent them who actually does what they say, means what they say, more importantly, takes on the tough issues.

JOHN is passionate, JOHN is courageous. His passion comes through sometimes in a different way than many of us, but he is tenacious when he sets his mind toward a goal. I think we have seen that in this election cycle. JOHN is stubborn and he is real. I think the most incredible thing about JOHN MCCAIN is: What you see is what you get. He has carried out straight talk with America, even when he went to Michigan and said things that were not popular. He has said about the war: I would rather lose an election than to bring our troops home with less than victory. Well, JOHN MCCAIN meant it, and he meant it because he understands the next generation is what the focus of his Presidency is about.

I am convinced this body should be proud because the next President will be a Member of this body. I am excited and delighted for JOHN and Cindy MCCAIN because their quest to be the Republican nominee has been fulfilled last night. I certainly commend him for his tenacity and for his hard work as he has gone toward this quest.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from South Carolina.

Mr. GRAHAM. Mr. President, I thank my colleagues for coming down and highlighting the fact that the Presidential nomination on the Republican side has finally come to a conclusion—Senator MCCAIN won. To all those who were in the race, I think I have a little taste of how difficult it was for you and your families.

The Republican Party was blessed this year to have a group of candidates who represented the best in the Republican Party: To Governor Huckabee last night, he ran a great campaign; Governor Romney; Ron Paul—whatever you want to say about Ron Paul, he bleeds, he won his primary last night—and Mayor Giuliani. What a talented field we had on our side. It is equally true on the other side. We are going to have a Senator, as Senator BURR said, for both parties. I do not know when that last happened. But it is an exciting time.

I have had the pleasure of knowing Senator MCCAIN for many years. They will write books about how this happened because our campaign ran into a wall in the summer. I think one of the things you can say about Senator MCCAIN, as Senator BURR indicated, is that when he sets his mind to something, he is pretty hard to stop. He believes he has a little more service left in him.

If you want to know JOHN MCCAIN, you need to look at his family and the way he has lived his life—his time in the Navy. He looks at being President as one more chance to serve the country.

I was talking to him last night. The idea of being President is overwhelming. It is such a prestigious office, it is such an important office for the world and for our Nation. I just indicated to him: Just look at it as another tour of duty. This time you are Commander in Chief.

To the men and women in uniform out there who are serving in faraway places, standing watch as I speak, you are going to have a great Commander in Chief if JOHN MCCAIN wins. The other candidates are fine people, but I think the differences are going to be real.

Senator CLINTON said something last night. She is a very strong competitor and you never count the Clintons out and I do admire Senator CLINTON. This is going to be a spirited contest. But she said she wanted to end the war in Iraq and win in Afghanistan. Well, what the heck does that mean? I want to win in Iraq and I want to win in Afghanistan.

Senator OBAMA, who is a real phenomenon, who has come a long way in a short period of time, says the world is watching. He talked about some gentleman, the grandfather of one of his campaign operatives, I think maybe in Uganda, staying up all night to watch what we do in America. Senator OBAMA is absolutely right.

I can tell you who else is watching. Some of the most vicious killers known to humanity are watching what we do in terms of Iraq and the war on terror. They are measuring us. They are measuring our candidates for President.

They are seeing who blinks and who does not. They are going to watch what we do in the Senate, and they are looking for openings.

This is going to be a great contest. What an important time for America and the world. I hope we can have a civil debate. I am sure it will be. But the fact that there are great differences in a democracy is a good thing. I say to the American people, you are going to be blessed with some good choices. Please choose wisely because a lot of people depend on what you say or do.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

THE BUDGET

Mr. CORNYN. Mr. President, I wish to commend my colleagues for coming down to the floor and talking about Senator MCCAIN, who won the Republican nomination for President last night as a result of his success in the Texas primary. If there is one thing I can relate to beyond his security credentials, it is his commitment to eliminating wasteful Washington spending and making sure we are good stewards of the taxpayers' dollars.

I would like to engage in a colloquy with my distinguished colleague from New Hampshire, the ranking member of the Budget Committee, about some aspects of the budget we are going to be considering first in the Budget Committee and then on the floor of the Senate as early as next week. Because this is front and center in terms of whether we are going to restore our reputation, frankly, as Senators who believe in limited Government, if we believe Government should work effectively and we should keep our promises when it comes to how we deal with the American people.

I wish to ask the distinguished Senator, through the Chair: As we await the fiscal year 2009 budget today, I remember the majority last year, the Democrats, said they were very proud to announce a surplus as a result of that process. I would like to ask the Senator, how did that turn out?

Mr. GREGG. Mr. President, first, I would like to join with fellow Members of the Senate who have risen today to congratulate Senator MCCAIN. He is a force for right in this country. He is a person whose personal history is extraordinary. As somebody said: What you see is what you get. And what you get is an extraordinary American hero who understands we need to defend ourselves around the world and we need to be fiscally responsible in the United States.

New Hampshire sort of brought him back in this campaign, and so we played a small role in that, although I was not necessarily a part of that role. But, in any event, I now join with my colleagues and look forward to supporting him aggressively as he goes forward in this campaign.

I think the Senator from Texas raised some excellent questions. The question is, what happened with the Democratic budget last year, as I understand it. Essentially, what happened was they produced a budget which they claimed was going to do one thing, and it ended up doing the exact opposite.

They claimed, for example, they were going to basically produce a budget which would produce a surplus. In fact, they produced a budget which produced a huge tax increase—a $900 billion tax increase. To try to put that in context, that means every American—or 47 million Americans who pay income taxes—will have their taxes go up $2,700 as a result of the Democratic budget. It means 18 million seniors will have their taxes go up $2,400 as a result of the Democratic budget. It means small businesses across this country—24 million small businesses—will have their taxes go up $4,700 because of this almost genetic factor within the Democratic Party which says they have to raise taxes and they have to spend your money.

So their budget was a huge tax increase, I would say to the Senator from Texas, through the Chair.

Mr. CORNYN. Mr. President, I ask the Senator from New Hampshire, there was talk about a surplus, and then there ended up being a promise to extend middle-class tax cuts. I believe Senator BAUCUS, the chairman of the Finance Committee, proposed an extension of certain tax cuts.

I wonder if the Senator from New Hampshire can explain how you can have a surplus and then ultimately how that relates to tax cuts the Senator promised.

Mr. GREGG. Mr. President, to respond the Senator from Texas, what happened was the Democratic leadership last year produced a budget which raised taxes by $900 billion on the American people. They said: Oh, but out of the generosity of our heart, we are going to offer an amendment which cuts back that tax increase by about $154 billion, I think it was—the Baucus amendment—because we are going to extend the child care tax credit, the 10-percent individual rates, the marriage penalty. We are going to do all these wonderful things, even though we are raising taxes, even after that, by $750 billion.

But lo and behold, once again, we saw their actions be a lot different than their words. Even though they passed that amendment, took credit for that amendment, they never actually extended any of those tax cuts. So those tax rates are still in place on the American people, and that was a total fraud that was exercised last year by the Baucus amendment because nothing came of it.

Mr. CORNYN. Mr. President, I ask the Senator from New Hampshire through the Chair: I remember the Budget Committee chairman saying on ''60 Minutes'' last March that ''We need to be tough on spending.'' Surely, as the architect of the fiscal year 2008 budget, he was able to do that; correct?

Mr. GREGG. Well, Mr. President, I regret to inform the Senator from Texas, not surprisingly, he was not. In fact, they dramatically increased spending in last year's budget in the discretionary spending. They increased it well over what the President asked for—$250 billion of additional spending over what the President asked for over 5 years in their budget. Then, on top of that—that was not enough for them—they stuck $21 billion into the supplemental, which translates into another $200 billion of spending increases. So they had a total of approximately $450 billion of new spending—almost $500 billion of new spending—over 5 years in their budget last year.

So they did not discipline the budget spending at all. So when Senator CONRAD said on ''60 Minutes,'' ''We need to be tough on spending,'' they were not able to live up to that.

Mr. CORNYN. Mr. President, I ask the Senator from New Hampshire, although he has pointed out this last year's budget raised taxes and failed to control spending—indeed, spending increased——

The ACTING PRESIDENT pro tempore. Time has expired.

Mr. CORNYN. Mr. President, I ask unanimous consent for an additional minute.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CORNYN. I thank the Chair.

I ask the Senator, in addition to raising taxes and failing to control spending, surely the budget last year dealt with the growing entitlement spending crisis, which has $66 trillion in unfunded liabilities that will be paid by our children and grandchildren. Could the Senator address that?

Mr. GREGG. Well, Mr. President, again, regrettably, for the American people at least, the Democratic leadership said one thing last year on the budget and did the exact opposite. Not only did they not control any entitlement spending, entitlement spending expanded by $466 billion over their budget. This is similar to their claim they were going to not be raising taxes, when they raised taxes over $750 billion; similar to their claim they were going to be tough on spending, when they actually increased spending on the discretionary side by over $450 billion. This entitlement spending is another example of saying one thing and doing the opposite.

Mr. CORNYN. Mr. President, I say to the Senator, I remember when you were Budget chairman, Senator GREGG, we worked under the reconciliation process in fiscal year 2006 to reduce spending by nearly $40 billion over 5 years. Didn't the Democrats use reconciliation last year, too?

Mr. GREGG. Yes, they definitely ''used'' it. In my view, the Democrats manipulated the reconciliation process to increase gross spending by $21 billion, while saving a paltry net $750 million over 6 years.

Mr. CORNYN. I do remember Chairman CONRAD insisting that closing a portion of the tax gap—in other words, collecting unpaid taxes that are owed—would give us about $300 billion in revenues to pay for all this new spending. How much was recovered?

Mr. GREGG. Actually, none. The Democratic Congress last year passed up an opportunity to close the tax gap, failing to fund IRS enforcement efforts, and passed bills that would actually expand the tax gap.

Mr. CORNYN. Well, as a member of the Budget Committee, I have heard a lot from Chairman CONRAD on the state of the gross Federal debt. I have heard lots of press-friendly sound bites from him like ''the debt is the threat.'' Surely Democrats took some action to reduce the debt?

Mr. GREGG. No, again, no action. The fiscal year 2008 budget allows the gross debt to grow dramatically, by $2.5 trillion over 5 years, and spends all of the Social Security surplus, which is more than $1 trillion.

It is important to remember that this debt will be paid back by our children, so that a $2.5 trillion increase basically adds another $34,000 to the amount already owed by every American child under the age of 18.

Mr. CORNYN. What about budget enforcement mechanisms? For example, Democrats have claimed their pay-go will ensure fiscal discipline, and I have heard Budget Chairman CONRAD say that it is working. Is that true?

Mr. GREGG. No, it is not true. Democrats have waived, gimmicked or ignored their own pay-go rules to the tune of $143 billion in deficit spending.

Mr. CORNYN. I would like to learn more about this. To go back, when the Democrats took the majority, one of the first things they did was to restore tough pay-go, correct?

Mr. GREGG. It started out that way, but took a left turn. Democrats in the Senate ended up with a watered-down version of pay-go: no first-year deficit-neutrality test; no deficit-neutrality test for the second 5 years—all about spending now, paying much later.

Mr. CORNYN. But I thought that the Democrats were congratulating themselves for the hard choices they had to make in order to comply with pay-go.

Mr. GREGG. They did congratulate themselves. They even boasted about the ''pay-go surplus'' on the pay-go scorecard.

But they shouldn't congratulate themselves for hard choices—they should congratulate themselves for thinking up gimmicks and machinations to fool people into believing they made hard choices.

Mr. CORNYN. I have heard about a gimmick where the Democrats were able to increase mandatory spending for free by including it in an appropriations bill.

Mr. GREGG. Can you believe that? They included a 1-month extension of the mandatory MILC program in the 2007 emergency supplemental. Then the chairmen of the Senate and House Budget Committees told CBO to put the spending into the baseline—which covers 10 years of the program—to the tune of $2.4 billion.

The topper: They included an enforcement mechanism in their budget resolution that prohibited this practice, but they exempted the 2007 supplemental.

Mr. CORNYN. I have also heard about early sunsets as a gimmick to avoid pay-go. How does that work?

Mr. GREGG. In the SCHIP bill, the Democrats reduced funding from $14 billion per year to $3.5 billion in the last year, 2012. The gimmick hides $45 billion in spending.

The farm bill in the Senate also used this early sunset tactic to hide $18 billion in costs.

Mr. CORNYN. Wow. Are there more tricks?

Mr. GREGG. You bet. The student loan reconciliation bill phased down interest rates to 3.4 percent in 2011, then snap them back up again to 6.8 percent in 2012. This kept $17 billion in costs hidden.

The student loan bill turned off mandatory Pell Grant spending in 1 of the 10 years—hiding $9 billion in spending.

Mr. President, $10 billion in farm bill spending is pushed out beyond 2017—totally escaping pay-go enforcement.

I haven't even mentioned all of the corporate estimated tax shifts they have used, which move revenues from one fiscal year into another. Even Budget Chairman CONRAD himself called this ''funny-money financing'' during debate on the last highway bill.

Mr. CORNYN. Sounds like these gimmicks and violations add up to a pretty hefty total.

Mr. GREGG. Mr. President, $143 billion—quite a chunk of change.

Mr. CORNYN. Is there anything we can do about it?

Mr. GREGG. We can try and reinstitute a first-year deficit test, and we can try and reinstitute a second 5 years deficit test. We can adopt a scoring rule that prohibits shifts such as the corporate estimated tax shift from being used to satisfy pay-go.

But I am not confident they will accept such changes. They seem determined to keep up what the Wall Street Journal called ''a con game from the very start.''

Mr. CORNYN. This is very disheartening. Are there other examples of Democrats weakening budget enforcement rules?

Mr. GREGG. Yes, in last year's budget, the Democrats failed to protect Social Security for seniors. Democrats, in their fiscal year 2008 budget, threw out both the bipartisan Social Security ''circuit breaker'' and the bipartisan ''save Social Security first'' budget point of order contained in the Senate-passed version, thus removing crucial tools to eliminate the practice of spending the Social Security surplus on other programs. Under the Democrats' fiscal year 2008 budget, every dollar of the Social Security surplus, or $1 trillion, was spent.

They failed to protect workers against tax increases. Democrats, in their fiscal year 2008 budget conference report, threw out a bipartisan budget point of order against raising income tax rates that had been included in the Senate-passed version.

They failed to protect the integrity of the reconciliation process. Democrats threw out a bipartisan point of order in the Senate-passed version that would have limited any new spending in response to reconciliation instructions to 20 percent. By converting reconciliation to a spending exercise, Democrats allowed new spending that was 2,900 percent larger than the savings instruction in their budget.

They failed to protect State and local governments from expensive mandates. Democrats threw out a Senate rule requiring a supermajority to waive the unfunded mandates budget point of order, thus making it much easier to burden State and local governments with costs from Federal Government requirements.

They failed to protect the firewall between mandatory and discretionary spending. Democrats weakened a budget point of order against mandatory spending in appropriations bills, and exempted the 2007 supplemental appropriations bill from the requirement altogether, thus allowing no enforcement protection against the $2.4 billion MILC program enacted last year.

Mr. CORNYN. Well, I certainly hope that we do not see a repeat of this outrageous tax-and-spend budget this year, and that there is a great deal more honesty and transparency about what the Government is spending and how. I hope to see a return to fiscal discipline, with an eye on how today's budget will impact future generations.

Mr. GREGG. I completely agree. As Republicans, our top priority is to pass on prosperity and a strong economy to the next generation. We need to keep spending in check, take the needed steps to address entitlement reform, and keep the economy growing with a fair, progrowth tax system in place. It is unconscionable to leave behind this kind of fiscal mess the majority is making.

Mr. CORNYN. Mr. President, I thank the Chair and I thank the Senator from New Hampshire.

The ACTING PRESIDENT pro tempore. The Senator from Washington.

AIRBUS FALSE CLAIMS

Mrs. MURRAY. Mr. President, I come to the floor this morning to spend a few minutes talking about the future of our Nation's global aerospace leadership, because, frankly, I believe it is in serious jeopardy.

Now, for any of my colleagues who have not heard, last Friday, the Air Force awarded one of the largest military contracts in history. It is a $40 billion contract. But the Air Force picked

a group led by the French company, Airbus, over an American company, Boeing, to supply our next generation of aerial refueling tankers.

I think I speak for many of us when I say it is deeply troubling we would turn our aerospace leadership over to a foreign company. If the contract had gone to Boeing, it would have meant 44,000 American jobs. So now Airbus is arguing that this contract isn't outsourcing jobs because it teamed with Northrop Grumman, and they have their supporters on the radio and TV talking about how excited they are about the work that will come to the United States because of this deal.

I think we better step back and take a good hard look at what Airbus is planning before anybody pops the champagne. The reality is, we don't know what Airbus is planning.

The Air Force has already said it did not consider jobs a factor when it awarded the tanker contract, so all we have to go on is Airbus's word. We have seen Airbus's slick marketing campaign before, and we have very good reason to be worried. Airbus has a history of bending the truth to try to convince Congress that it plans to invest in the United States, but when you examine their claims, they don't hold up.

Five years ago, when Airbus was first working to unravel Boeing's tanker contract, Airbus and its parent company, EADS, hired a small army of lobbyists to come out here and assert to us that their business was good for America. Well, at the time I was very skeptical of their PR campaign, so I asked our Commerce Department to investigate. Guess what I found. Airbus had claimed they had created 100,000 jobs here, but the Commerce Department looked into it and it wasn't 100,000 jobs; it was 500. Airbus said it had contracted with 800 U.S. firms, but the Commerce Department came back and said it was only 250.

At that point, Airbus did something very funny. They changed their numbers, decreasing the number of contracts from 800 all of a sudden to 300, but they increased the alleged value of those contracts from $5 billion to $6 billion a year. So I said at the time: You cannot trust Airbus's funny numbers.

What is interesting is, if you peel back the veneer on Airbus's promises this time, you start asking similar questions. Airbus had said it will build an assembly plant in Alabama. The Air Force says the planes will be American. A plant doesn't exist in America, and the only thing we know about the jobs it will create is that most of that work is going to be done overseas. If you don't believe me, read the British newspapers.

An article in a newspaper in Britain reported Monday that:

> Airbus will build the planes in Europe, and fly them to a plant in Mobile, Alabama, for fitting out.

Supposedly, this allows them to call them ''made in America.'' That is like shipping a BMW over from Germany, putting new tires on it, and calling it America's newest luxury car.

As I have said before, you can put an American sticker on a plane and call it American, but that doesn't make it American made.

I think we have to take some cues from the reaction of the French and German leaders about what this contract means for Boeing and the American industry, and it is not good. German Chancellor Angela Merkel called the deal ''an immense success for Airbus and the European aerospace industry.''

That is what they are saying in Europe.

A spokesman for French President Nicolas Sarkozy called this deal a ''historic success.'' That is what they are calling it in Europe.

Four years ago, I stood on this floor to raise an alarm to my colleagues about Europe's attempt to dismantle the American aerospace industry, and I have spent years warning the administration and Congress that we have to defend our industry and demand that Airbus play by the rules. For decades, Europe has provided subsidies to prop up Airbus and EADS. Airbus is, to them, a jobs program in Europe, and it has led to tens of thousands of layoffs in the United States because of their illegal tactics, which I have been out on the floor a number of times over the past years to delineate for all of my colleagues. The U.S. Government now has a WTO case pending against Airbus—against the exact company the Air Force has now awarded a $40 billion contract to.

So I think we have even more reason for concern because this contract now gives Airbus a firm foothold as a U.S. contractor, and it is one that is going to hurt our U.S. workers for years to come.

It took us 100 years to build an aerospace industry in the United States. But once our plants shut down, the industry is gone. We can't just rebuild it overnight. So let's set the record straight. With this contract—this Air Force contract—Airbus is not creating American jobs; it is killing them. With this contract, we can say bon voyage to 44,000 U.S. jobs and bon voyage to $40 billion of our taxpayer money.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CARDIN. The Senator from Louisiana is recognized.

Mr. VITTER. I ask unanimous consent to be recognized for 5 minutes as in morning business.

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

BORDER SECURITY

Mr. VITTER. Mr. President, I address the Senate today to announce the organization of a new caucus: the Border Security and Enforcement First Caucus. I am very proud to be joined today by several Members in this endeavor; specifically, Senators DEMINT, SESSIONS, INHOFE, BURR, DOLE, CHAMBLISS, ISAKSON, and WICKER. In the next few days, or in a week or so, we will have additional Members join, I am confident, based on a number of meetings and conversations I have had. So, again, I am happy to announce this important caucus to further the debate about a pressing national challenge. Our point of view and our focus is clear: border security and enforcement first.

Why join this caucus? Why form this caucus? Well, clearly, this problem is a major challenge for the country. Right now, 1 in 25 U.S. residents is here illegally. It is staggering when you think about it: 1 in 25, or 4 percent. The American people have voiced their enormous concern about this en masse, large-scale problem. They have also voiced their clear concern about some of the proposals put forward in Washington to allegedly solve the problem. One of those was shot down very clearly, very soundly last summer, and that is a solution that leads with a big, broad amnesty program.

I believe this debate moved forward last summer because we defeated soundly on the Senate floor that approach because the American people were finally heard loudly and clearly. I believe the message was unmistakable, beyond debate: We don't want a big, broad amnesty; we do want enforcement first. We want enforcement first. This caucus will basically follow that lead of the American people and continue to push the viewpoint and specific, concrete legislation that puts enforcement first, both at the border and at the workplace, as the way to begin to solve this enormous illegal immigration challenge.

So, first, our goal is simple: to push for border security and interior enforcement measures first, including workplace enforcement. That can be a main part of addressing this challenge and solving this problem. This caucus will be a platform to let Americans know that some in the Senate—a significant number—are continuing to make sure laws already on the books will be enforced and to push for stronger border security and interior enforcement legislation, and the funding, the mechanisms, and the systems we need in place to make that work. This caucus will act as a voice for those concerned citizens who have expressed that viewpoint—as I said, most clearly last July.

Another big point this caucus will help make over and over is a simple message: attrition through enforcement. In this immigration debate, I believe it has been a stale debate dominated by a straw man. That is the false choice that either we have to grant a huge amnesty to folks in this country illegally or we have to turn around the next day and have the law enforcement and resources to arrest, as some people put it, 13 million people. That is the false choice that is so often harped on

and presented on the Senate floor. That is a false choice.

There is a third way, and that is attrition through enforcement or whittling down in a significant way this 13 million plus figure to something much smaller, much more manageable, through real enforcement measures, not only at the border which, of course, is necessary to make sure the numbers don't go up and up, but in the interior, specifically at the workplace.

According to a recent Zogby poll, when given the choice between mass deportations, mass amnesty, and the third way, attrition through enforcement, a majority of Americans clearly choose attrition through enforcement. Of course, most polls leave out that option. Most polls promote the false choice. Most debate, quite frankly, on the Senate floor promotes the false choice, but it is false. There is this real alternative.

How do we get there? Two main ways: border security—the good news there is we have begun to make inroads, spending $3 billion on significant new border security in the last appropriations cycle, and that was positive follow-on to the defeat of the amnesty bill last summer. But there is also a second key ingredient, a second key ingredient that has been largely ignored and not addressed in this effort, and that is interior enforcement, particularly at the workplace.

In my opinion, that is the missing link, the missing piece of the puzzle to make all of this begin to come together. Border security is crucial. We have done significant work there. We need to do much more. But interior enforcement and enforcement at the workplace is at least as crucial. We need to have a real system that works for that security—a real-time database, not a system based on paper documents which can so easily be forged—to ensure that companies only hire folks in this country legally. When we have that system in place, that will change the dynamics overnight. That will begin this process of attrition through enforcement. That will bring that 13 million plus number down significantly, if we truly have the political will to produce a system, a real-time database, a nonpaper system to ensure that employers only hire folks in this country who are here legally. If they do otherwise, then, of course, they should be hit with significant criminal penalties.

So, again, I am proud to announce the organization of this new caucus: the Border Security and Enforcement First Caucus. My colleagues will be hearing a lot more from us in the coming days and months as we repeat the message delivered by the American people last summer so loudly, so clearly: We don't want amnesty. We do want enforcement first, including workplace enforcement, including interior enforcement that can lead to attrition through enforcement. Hopefully, we can begin to get our hands around this very crippling, potentially debilitating problem of illegal immigration.

Madam President, I yield the floor.

The PRESIDING OFFICER (Ms. KLOBUCHAR). The Senator from Washington is recognized.

Mrs. MURRAY. How much time is left?

The PRESIDING OFFICER. There is 14 minutes 16 seconds.

THE BUDGET

Mrs. MURRAY. Madam President, I rise this morning to respond to the ranking member of the Budget Committee, who came out a few moments ago to talk about the budget. We are in the process right now of putting together this year's budget. It will be voted on in committee today or tomorrow and, of course, then out here on the floor. We will have a lot of floor time over the next week to discuss the budget.

I felt it was really important to set the record straight because it is that rhetorical time again when we will hear our colleagues on the other side of the aisle come out and say Democrats are tax-and-spend liberals. Let me set the record straight.

Last year's budget had a $180 billion tax cut in it—not for the wealthiest Americans but for hard-working middle-class Americans.

We worked very hard to put together a fiscally responsible budget. We are not going to sit here and listen to ''tax and spend'' thrown at us time and time again when, in reality, with the Democratic President 7 years ago we came into the time with a budget that had a surplus, which we soon saw diminished incredibly, and we are now in deficit spending because of an irresponsible tax cut the Republicans have been pushing for the wealthiest of Americans, which even Senator JOHN MCCAIN didn't vote for at the time. It did leave us without the capacity to make sure we had the investments we needed to be able to ensure that Americans can stay in their homes; that they can have roads they can drive on to get to work; that they can make sure their children have the kind of education they need so they can get a job and contribute back to this country; and, importantly, to take care of our veterans who are coming home from Iraq and Afghanistan and finding long waiting lines at our medical facilities and not getting the adequate care they need.

The budget that the Budget chair will present this afternoon is, once again, a fiscally responsible document that understands the needs of Americans and will make sure we are responding to the crisis we are in today in this country and invest in America's people. It is fiscally responsible. It is not about tax cuts or tax increases, it is about making sure we have the revenues available to make sure every single American today has the opportunity that is available for them, that dream that they can live to be a strong American citizen and to keep our communities and America strong.

So I reject the argument that we all hear thrown at us time and again that Democrats are ''tax-and-spend'' liberals. We are fiscally responsible Democrats, and we are proud of it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas is recognized.

Mr. PRYOR. Madam President, as I understand, we are still in morning business.

The PRESIDING OFFICER. That is correct.

Mr. PRYOR. I ask unanimous consent that we yield back the time, and it is my understanding that more Senators would like to speak this morning.

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

Mr. PRYOR. I thank the Chair.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

CPSC REFORM ACT

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S. 2663, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 2663) to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes.

Pending:

Pryor amendment No. 4090, of a technical nature.

Cornyn amendment No. 4094, to prohibit State attorneys general from entering into contingency fee agreements for legal or expert witness services in certain civil actions relating to Federal consumer product safety rules, regulations, standards, certification, or labeling requirements, or orders.

DeMint amendment No. 4096, to strike section 21, relating to whistleblower protections.

Feinstein amendment No. 4104, to prohibit the manufacture, sale, or distribution in commerce of certain children's products and childcare articles that contain specified phthalates.

The PRESIDING OFFICER. The Senator from Arkansas is recognized.

Mr. PRYOR. Madam President, I wish to notify our colleagues that I think we are making great progress on this legislation. Senator CORNYN is here to talk about one of his amendments. We know there are a few other amendments that are being discussed right now, maybe in the cloakrooms or in Senators' offices. That is very encouraging. The feedback we have received has been very positive. It looks as if there are some amendments that will require votes.

I encourage all Senators who would like to come and speak to make plans to do that at some point today. I encourage anyone who has any amendments that they would like to have

considered to run those down to the floor as quickly as possible, if they have not already. We are really making good progress. I was encouraged yesterday by the vote we had at 5:30.

Here, again, we find that the Consumer Product Safety Commission is an agency that needs our reform. They need us to come in and to not just give them more resources—it is not a matter of just throwing money at the problem. They need more tools in their tool box and more resources and a little bit of restructuring. It has, again, been the goal of this legislation to make sure the American marketplace is safe, make sure that when people go to a store and buy a product, they can rely on the fact that there are safety standards, that it doesn't have materials in it that are dangerous or harmful. Really, this is an effort for us to accomplish something great in this Congress, in this election year, for the people of this country. So I thank all my colleagues on both sides of the aisle for their diligence in trying to get this done.

I ask any colleagues who would like to speak or anyone who has an amendment, please let us know because I am starting to get this sense that there are many who would like to wrap this bill up as quickly as we can.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Madam President, I again congratulate the Senator from Arkansas and the Senator from Alaska for working on an important piece of bipartisan legislation, this reform of the Consumer Product Safety Commission. This is very important to all Americans.

I agree that we ought to be able to move through the amendments that are being offered. I have tried to offer amendments early so we don't backload them and create problems later in the week. I appreciate what the Senator from Arkansas had to say.

I have one amendment pending. In a moment, I intend to offer another amendment, so it will be pending. I have told Senator PRYOR that I am more than happy to agree to a short time agreement and a time for a vote after a debate and everybody has had a chance to be heard. These are not complicated amendments, but they are important. I hope we can move through this and vote on the amendments and complete our work shortly.

I told Senator PRYOR that I do have another amendment I would like to call up and get pending.

AMENDMENT NO. 4108

Mr. CORNYN. Madam President, at this time, I ask unanimous consent to set aside the pending amendment and call up amendment No. 4108 and ask for its immediate consideration.

The PRESIDING OFFICER. Is there objection?

Mr. PRYOR. Reserving the right to object, once the Senator finishes his presentation, we will go back to the pending amendment.

Mr. CORNYN. I agree.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Texas [Mr. CORNYN] proposes an amendment numbered 4108.

Mr. CORNYN. Madam President, 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 provide appropriate procedures for individual actions by whistleblowers, to provide for the appropriate assessment of costs and expenses in whistleblower cases, and for other purposes)

On page 63, strike line 6 and all that follows through page 64, line 6, and insert the following:

in an amount not to exceed $15,000 for costs and expenses (including attorneys' and expert witness fees) reasonably incurred, as determined by the Secretary, by the complainant for, or in connection with, the bringing of the complaint upon which the order was issued.

''(C) If the Secretary finds that a complaint under paragraph (1) is frivolous or has been brought in bad faith, the Secretary may award to the prevailing employer a reasonable attorneys' fee, not exceeding $15,000, to be paid by the complainant.

''(4)(A) If the Secretary has not issued a final decision within 210 days after the filing of the complaint, or within 90 days after receiving a written determination, the complainant may bring an action at law or equity for review in the appropriate district court of the United States with jurisdiction, which shall have jurisdiction over such an action without regard to the amount in controversy, and which action shall, at the request of either party to such action, be tried by the court with a jury. The proceedings shall be governed by the same legal burdens of proof specified in paragraph (2)(B).

''(B) In an action brought under subparagraph (A), the court may grant injunctive relief and compensatory damages to the complainant. The court may also grant any other monetary relief to the complainant available at law or equity, not exceeding a total amount of $50,000, including consequential damages, reasonable attorneys and expert witness fees, court costs, and punitive damages.

''(C) If the court finds that an action brought under subparagraph (A) is frivolous or has been brought in bad faith, the court may award to the prevailing employer a reasonable attorneys' fee, not exceeding $15,000, to be paid by the complainant.

Mr. CORNYN. Madam President, I will explain to my colleagues what the amendment does.

Under the bill as offered, it creates, unfortunately, a bounty, so to speak, for alleged whistleblowers up to $250,000 in attorney's fees and penalties, which I think, rather than creating a level playing field and trying to address the legitimate concern that I happen to agree with, that people who disclose or identify illegal conduct need to be protected against arbitrary termination of their jobs when they are just trying to make sure the law is complied with and help contribute to the public safety. I think this bill, as currently written, tilts the playing field too far in favor of whistleblower complainants and has the unintended effect of encouraging frivolous and bad-faith allegations against employers.

So what my amendment would try to do would be to level that playing field while protecting legitimate whistleblowers but not actually encouraging people who have, perhaps, engaged in other misconduct and giving them a bounty, so to speak, to sue for under this statute.

Under the bill, an alleged whistleblower may file a complaint with the Secretary of Labor, and if the Secretary of Labor fails to act, then with the Federal district court. If the complainant prevails at a hearing or action, he or she can receive an unlimited amount of costs and expenses, including attorney's fees and expert witness fees. If the Secretary finds that the complaint is frivolous or brought in bad faith, the amount the employer can recover is limited to $1,000.

Let me make sure my colleagues understand that. If the employee prevails in the action, they can recover unlimited damages and costs, including attorney's fees and expert witness fees. If the Secretary of Labor finds at the administrative level that it is frivolous or brought in bad faith, the employer can only recover $1,000—obviously an unequal playing field and one that will have the unintended impact of encouraging bad conduct. If the case goes to district court, the employer cannot recover attorney's fees at all.

I submit that the rules ought to be fair for both parties and that $1,000 is not a significant deterrent to frivolous and bad-faith suits. If the complaint process is going to have any integrity, there have to be consequences for abusing the process with frivolous and bad-faith complaints.

What is more, the $1,000 limit on attorney's fees in the bill is inadequate to compensate an employer for the cost of defending against a frivolous or bad-faith complaint. An employer who is a target of such a suit will almost certainly incur more than $1,000 in fees just to have a lawyer review the file, file a brief, and attend a hearing. If the case goes to district court, the attorney's fees will be even greater but will not be recoverable at all under the bill as written.

This amendment levels the playing field by capping the costs and fees recoverable for both parties.

I might just add that I have to raise the question of whether a whistleblower provision is necessary. We are still researching the matter. Under most State laws, including the law in the State of Texas, an employer cannot fire an employee for reporting unlawful conduct. There are already remedies in place under State law, and I have to question whether it is necessary to create an additional remedy under Federal law. Assuming there is, I think we should, I hope, agree that there ought to be a level playing field.

My amendment strikes a reasonable balance between the interests of punishing retributive employer conduct and of discouraging frivolous and bad-faith claims. The amendment punishes wrongdoers and makes victims whole without creating incentives for employees to sue employers for frivolous or harassing reasons.

The amendment is fair to complainants, who can recover costs and fees whenever they prevail, as opposed to employers, who can recover only when the whistleblower complaint is shown to be frivolous or brought in bad faith. My amendment fully compensates complainants who prevail. Complainants can still get unlimited injunctive and compensatory relief. In other words, they can get their job back and recover backpay to be made whole. In addition, complainants can receive consequential and punitive damage that are not available to the employer, which is why the amendment allows complainants to recover up to $50,000 in total costs and fees and consequential and punitive damages, while employers can receive only $15,000 in attorney's fees.

I believe this is a reasonable amendment offered in the spirit of compromise, and I hope the other side will take a look at it and agree to accept the amendment. If not, I am willing, as I said earlier, to agree to some reasonable time agreement so we can debate it further and then have a vote on it.

I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas is recognized.

Mr. PRYOR. Madam President, before the Senator from Texas leaves, I wish to thank him publicly. He has been very constructive in this process. He has offered a couple of amendments that he feels very strongly about, and we met with him and his staff on them. So I have talked to him about them. He is being very constructive in the process. I thank my colleague from Texas.

The other thing I noticed, Madam President, is that Senator COLLINS of Maine just walked on the floor. This bill has been called the Pryor-Stevens bill, but I could not exaggerate the amount of contribution Senator COLLINS has made to this effort as well. I have found her, in the last 5 years, to be a wonderful colleague to work with. She has made this bill better in some very fundamental ways—maybe not very exciting ways, but she really focused on one of the major problems we have with the CPSC today, and that is that the CPSC, with all due respect to the people who work there, has been almost incapable of dealing with imports in the way they should.

Senator COLLINS, I believe, had four amendments. We accepted all four. We have worked with her office and with her personally to make sure the language is right, to make sure the policy is right, to make sure it is smart law, which I think it is, and also to make sure it is a big improvement over the present situation; I don't think anybody can look at her sections of the bill and ever say she is not greatly improving our ability to protect our shores from dangerous and unsafe products. I am certainly glad she is here this morning to help manage this legislation.

The other point I wish to add is, Senator COLLINS has a lot of respect on both sides of the aisle. The fact that people know she worked on the legislation gives a comfort level on both sides of the aisle, but certainly on the Republican side, because they have seen how she has conducted her business since she has been in the Senate, but also the fact that she has had hearings in her committee on CPSC and some import problems. She has been a key player, a key architect in this legislation. I thank her.

I know we are going to have a lot of amendments today and a lot going on in this Chamber. We are going to try to clear a lot of amendments. Again, I encourage colleagues to come to the floor if they do have amendments or wish to speak. We are going to try to be in that process today of clearing amendments, putting a managers' package together, and having votes.

Before the day got crazy and confusing, I wanted to thank Senator COLLINS for her leadership.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. MARTINEZ. Madam President, I ask unanimous consent that I be allowed to speak for up to 15 minutes in morning business.

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

CONGRATULATIONS TO SENATOR JOHN MCCAIN

Mr. MARTINEZ. Madam President, before I begin my remarks regarding the very difficult situation that has arisen in South America between Colombia and some of its neighbors, I wish to take a moment this morning to congratulate our colleague and dear friend, Senator JOHN MCCAIN, on his outstanding achievement last night, becoming the nominee of the Republican Party for the Presidential election and going forward as the nominee of our party for these upcoming elections.

Senator MCCAIN is an example of resiliency in his life story but also particularly in this election. I am extremely proud to call him a friend, and I certainly wish him the very best as he goes forward. I know all of us in the Senate take great pride in the fact that he is going to be the nominee of one of our major parties. I wanted to note that event and give him my best wishes and congratulations on this very important achievement for him.

VENEZUELA-COLOMBIA CONFLICT

Madam President, I know many of us in this Chamber, across the country, and, frankly, across the Western Hemisphere and the world are watching with concern the reports about the situation developing between Colombia and Ecuador and the complicating elements to it brought on by Venezuela.

This past Saturday, Colombia conducted an antiterrorist operation. The Government of Colombia does this on an ongoing basis because Colombia has been attacked and under siege by a group of people who seek the overthrow by violence of that Government. So as they often do, this Saturday, they conducted an operation which required an airplane flying within the Colombian airspace to fire into Ecuadorian territory by only a few feet. Then Colombian troops entered that area to clean out what appeared to be a permanent base camp of the FARC, the Revolutionary Armed Forces of Colombia which has ravaged Colombia for now over 25, 30 years as an illegitimate terrorist organization bent on killing, kidnapping, and maiming. The result of that action was the No. 2 leader of the FARC was killed.

The FARC is the oldest, largest, and best equipped insurgency. As a result of the actions of the Colombian military, with assistance and training from the United States, this insurgency has been lowered in its numbers from the times when it was many thousands. Today it is believed to be between 6,000 and 9,000 strong. It has for decades aggressively sought to disrupt and destabilize the Colombian Government. Its stated goal is none other than ''the violent overthrow of the Colombian Government.''

Let there be no doubt that this is a terrorist organization. They kill, they kidnap, they hold innocent people for ransom while funding all of its violence by actively engaging in narcotics trafficking. We now have learned they do have other sources of funding, and I will get to that in a moment.

Just as Hamas and Hezbollah, the FARC operates by using ruthless terrorist tactics. According to the State Department's most recent Report on Terrorism, the FARC is known to routinely conduct crossborder operations. What they do is they will attack in Colombia. They will kill. They will throw bombs. They will kidnap in Colombia and then retreat conveniently to their borders in friendlier countries, such as Ecuador and Venezuela. Unfortunately, this new development has emerged because Ecuador has allowed its border with Colombia to be a sanctuary for the FARC.

As we continue to receive updates on this situation, we cannot lose sight of the fact that the FARC has repeatedly and violently infringed on Colombia's efforts at stability and democracy and is operating from a neighboring country using it as a sanctuary.

It is the FARC that has declared war against the Colombian people. It is the FARC that has killed and kidnapped thousands of civilians. They have kidnapped teachers, journalists, religious leaders, union members, human rights activists, members of the Colombian Congress, and Presidential candidates.

This organization today is known to be holding as many as possibly 700 hostages. During their reign of terror,

they have held at times as many as 100 American citizens. Today, they are currently holding three American citizens: Mark Gonsalves, Keith Stansell, and Thomas Howes. They have been held hostage by the FARC for over 5 years, living in subhuman conditions in the jungle, chained to trees. This is the fate of three Americans at the hands of the FARC.

In December of 2007, the Senate approved a resolution condemning the kidnaping of these three United States citizens and demanded their immediate and unconditional release. It is time that these three Americans be released. Their families have suffered long enough. It is time that the FARC be called by the international community to end their reign of terror.

I believe Colombia has had no choice but to continue to confront this aggression led by the FARC by military means. The antiterrorist strike of this past Saturday resulted in the death of Raul Reyes, a well-known senior leader of the FARC—No. 1, maybe No. 2.

So who was Raul Reyes? He was a notorious and ruthless criminal who had been long sought by our Government and the Government of Colombia. He is on the FBI's most wanted list. He is on Interpol's most wanted list. Since May of 2007, Reyes has been listed on the U.S. Department of the Treasury's foreign narcotics kingpin designation list, and in March of 2006, Reyes was among 50 FARC members indicted by the Department of Justice on drug and terrorism charges. So until his death, he was a fugitive of American justice. He was wanted by the Colombian Government on more than 100 criminal charges, including more than 50 homicides, and his actions should be condemned by all of us and by the international community.

Among the items retrieved by Colombia during the antiterrorist strike, among other things, was Reyes's laptop. What a trove of information it appears to have yielded. I have received copies of some of the documents recovered from the laptop, and they show a consistent pattern of communication and cooperation among Venezuela and the FARC, among the Government of Ecuador and the FARC, President Correa sending personal communications and his foreign minister to meet with Mr. Reyes; this avowed terrorist, this criminal of international justice meeting with a foreign minister, dealing as if he were a head of state.

A copy of one letter recovered from a senior leader of the FARC to Chavez states that ''it is important for his government and the FARC to maintain close ties'' to ensure the success of their efforts. And part of the report obtained from these computer files indicates that the FARC may have received or was in the process of receiving as much as $300 million in financial support from Venezuela.

We know that the Government of Venezuela, while its people are suffering shortages of goods, while the people are having to endure rationing and lines to get foodstuff for their children, this Government, now awash in petrodollars, is utilizing its funds, as we have now seen through indictments in the Southern District of Florida, to meddle in the elections of other countries by sending cash, and now to meddle in the peaceful pursuit of Colombia's democracy by giving $300 million to a terrorist organization attempting to overthrow by violence the Government of Colombia.

I wish to address the confrontational behavior of Venezuela regarding this situation which happened between Ecuador and Colombia. I am not sure what Venezuela's business is in this matter. Venezuela's leader Hugo Chavez has decided to take an aggressive stance. He has threatened Colombia with military action and has amassed troops along the Venezuela-Colombia border. That is at the complete opposite end of the country. The Venezuela border has nothing to do with the Ecuador and Colombia border. He is attempting to divert international attention from the very embarrassing facts that are being yielded from the computer files that have been found. He is trying to divert national and international attention from the suffering of his own people as a result of his mismanagement of their economy, as a result of his mismanagement of the wealth he is obtaining through oil.

He has no role in this bilateral matter between Ecuador and Colombia, and yet he is attempting to derail any efforts of resolution, including the ongoing negotiations of the Organization of American States. In fact, my colleague Senator DODD clearly stated yesterday that Venezuela's ''recent troop buildup in the region is an irresponsible and clearly provocative act aimed at inciting further hostility.''

It is good to note that the Government of Colombia has used restraint. They have not deployed troops. They have simply been going through computer files learning the truth about the relationship between these governments and this illegitimate terrorist group.

It is clear that Venezuelans are growing increasingly disenchanted with their Government's unfulfilled promises and Chavez is trying to exploit the situation with Colombia and Ecuador to distract the world from the shortcomings of his Government's policies. This is an old trick, tried and failed repeatedly in Latin America and elsewhere in the world. It is not working and will not work.

This January, Chavez began calling for removal of the FARC from the terror lists of Canada and the European Union. Chavez has stated that the FARC is not a terrorist group, claiming incomprehensively that they are a ''real army.'' he says they are a ''Bolivarian'' army that follows the spirit of the South American liberator Simon Bolivar. Nothing could be further from the truth. These claims are completely divorced from the reality of what the FARC is and what they represent to the Colombian people and to the region.

In recent testimony, the Director of National Intelligence Mike McConnell told us that ''. . . since 2005, Venezuela has been a major departure point for South American—predominantly Colombian—cocaine destined for the United States market and its importance as a transshipment center continues to grow.''

It is clear that Venezuela is not a part of the solution; it is a part of the regional narcotrafficking problem.

Venezuelan ports are increasingly becoming the departure points of choice for Colombian traffickers. According to both the National Intelligence Center and Office of National Drug Control Policy, private aircraft are increasingly choosing to route cocaine shipments from Venezuela to the island of Hispanola rather than relying on go-fast boats from Colombia because Venezuelan complicity makes it safer to do it that way.

It is also well known that both trafficking groups and guerrilla groups enjoy safe haven inside Venezuela along the border with Colombia.

Chavez has acknowledged his sympathy and support for the FARC, despite the fact that they are also currently holding upwards of 200 Venezuelan nationals as hostages. The Colombian people are well aware of the barbaric practices of the FARC, and yet they are resilient people.

On February 4, a few weeks ago, millions of Colombians peacefully took to the streets in Colombia to demonstrate against FARC's violence and terrorism, demanding ''No more FARC.''

Countless others joined similar peaceful demonstrations in the United States and around the world. An example of their resolve in the face of ruthless FARC violence is Colombia's Foreign Minister, Fernando Araujo. I have had the privilege of meeting the Foreign Minister. He has been serving his nation capably for now almost a year, after bravely enduring 6 years of captivity at the hands of the FARC and surviving a miraculous escape in February of 2007. Minister Araujo is a symbol of freedom and hope for a better future without terrorism.

The killing of Raul Reyes is another success of the Colombian Government's increased efforts to combat terrorism, investigate terrorist activities inside and outside Colombia, seize ill-gotten assets, and bring terrorists to justice.

This operation is a testament to Colombian Armed Forces' professionalism and competence and a success for the Colombian Government's efforts to combat terrorism, investigate terrorist activities inside and outside Colombia and to seize assets and to bring terrorists to justice.

President Uribe is a committed leader and our country will and should continue to support his mission. This

President was reelected overwhelmingly by his people and today enjoys an 80-percent approval rating among the Colombian people.

President Bush could not have been clearer yesterday when he stated that:

America fully supports Colombia's Democracy [and that we will] firmly oppose any acts of aggression that could destabilize the region.

In the Congress, the best way we can show our support for democracy and the need for stability in Colombia is by ensuring the passage of the Colombian Free Trade Agreement.

President Uribe has consistently made clear that passage of that agreement will show the Colombian people democracy and free enterprise will, in fact, lead to a better life for all Colombians.

The Colombian people and President Uribe have made clear their commitment to a hopeful future of a stable democratic and economically thriving Western Hemisphere. The FARC is our common enemy, and we owe our continued support to Colombia as it carries this shared fight against terrorists and drug traffickers.

The Colombian Ambassador was clear in his comments at the OAS yesterday. His country ''has not sent troops to their borders.''

He further stated their goal is to resolve this situation with continued discussion and cooperation.

As we are ourselves fighting a global war on terror, we have to understand terrorism anywhere is terrorism that we need to be against. Groups that rely on violence and terror are not acceptable in the world in which we live. The FARC's time has come. It is over. It is time for us to clear the cobwebs of confusion about this group, to not allow Chavez to make this group into something other than what they are, a group of terrorist killers, kidnapping and maiming people for the sake of their misguided political aims, which are to destabilize the democratically elected Government of Colombia.

I yield the floor.

The PRESIDING OFFICER (Mr. CASEY.) The Senator from Kansas is recognized.

Mr. BROWNBACK. Mr. President, I ask unanimous consent to speak for 5 minutes as in morning business on an issue that is very important to my State.

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

AIR FORCE TANKER CONTRACT

Mr. BROWNBACK. Mr. President, I thank my colleagues for allowing me a few minutes to speak about the tanker contract going to the Airbus-Northrop Grumman consortium. I am still worked up about this; I am going to be worked up about this for some period of time. This is a big impact contract. I want my colleagues to think for a minute about this, about us subcontracting out the building of our ships, our ships to the lowest bidder around the world.

If we said: OK. We are going to start building our ships wherever we can get the cheapest hulls for them, do you think we would be building them in the United States?

OK. I think other countries or other countries' governments would say: Well, now, here is a good deal. We want to be in shipbuilding, and so we are going to subsidize our way into this.

Do you not think we probably would end up building these ships in other places overseas? What we have taking place in this country is Airbus, which is subsidized with aid by European governments, is going to build basically these tanker planes and is going to fly them over here and then they are going to be fitted or militarized in this country. That is what is going to take place.

They are going to fly the whole plane over here and then militarize it. Now, is this a European plane or is this an American plane? This is an Airbus plane. It is going to be Airbus components. It is going to be built, it is going to be manufactured, it is going to be done there.

I ask my colleagues to think about this. Is this the right thing we want to do? Do we want our tankers and then our AWACS and our ships and our submarines, bid them out to the lowest bidder? In this process, my guess is we will have a lot built in Asia and South America and Europe and subsidized by governments.

I do not think this is the way we want to go. So before we move forward on this issue, I think we need to ask and have answered several questions. No. 1, what is the economic impact to our Treasury of outsourcing our military construction? These jobs are going overseas. That has an impact to our Treasury of the jobs being overseas instead of here.

Let's have a real, true economic picture of this taking place. I think we ought to have that. No. 1, I think we need to know the direct and indirect amount of the subsidization Airbus is giving to this plane to be able to get this contract. Because here we have a 40-percent bigger plane being produced by Airbus, at a substantially lower price than the Boeing aircraft, and they are not beating us on labor costs. They are certainly not beating us on exchange ratios, given the dollar to the Euro ratio.

There is no way to do this without heavy subsidization, either direct or indirect. You cannot do this without some subsidization. OK. Fine, let's find out what the number is, and then let's start where I guess we are going to have to compete on a subsidy, we compete on subsidization. But I think we need to know that number before we go forward with a multidecade, $40 billion contract of made-in-Europe tankers.

No. 3, I think we need to know our security vulnerability before we make those tankers overseas. I think there is a very real prospect that in the future, if we are involved in supporting the Israelis, and the Europeans do not like it, they want to go more with the neighbors in the neighborhood, they say: OK, we are not going to give America flyover rights over Europe, and also we are not going to sell them spare parts on these tankers. I think we need know what the security vulnerability is before we go forward with this as well, and that needs to be appraised.

Finally, I would urge and we are starting to look at ''Buy American'' provisions in our military contracts. I am a free-trade person, but I think you ought to compete on an equitable playing ground, and that if they are going to subsidize, then we have to subsidize if they are; otherwise, we force them not to subsidize.

Also, on defense, we should not be dependent upon foreign governments for our Defense bill's military construction, particularly when they depend upon us for a lot of the security, and then they get the big contract to build the equipment.

I do not think this is fair at all. I do not think it is the right way for us to go. I think we have several vulnerabilities. I think if you look at a full economic picture of shooting these jobs overseas, of what that does to our Treasury versus buying a cheaper, subsidized European plane versus buying an American plane, where you are having your full costs, but your workers are here and they are paying taxes here, my guess is to the Federal Treasury it is a net positive for us to build them here, even if the plane costs us a bit more because we do not subsidize the price of the plane such as the Europeans are.

I have been in this fight previously on civil aviation, where the Europeans subsidized their way into that business. Now they are doing it in the military contract area. I do not think we ought to do it, particularly on a contract that is going to last decades.

So these are several questions we are going to be working on along with my other colleagues. I would hope we ask these big questions and get them answered before this big contract is let.

Are we are starting to build our defense industry in Europe rather than in the United States? I wish to thank my colleagues for allowing me to speak on this issue.

I yield the floor.

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

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

AMENDMENT NO. 4105, AS MODIFIED

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to set aside the

pending amendment and call up my amendment, No. 4105, as modified.

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

The clerk will report the amendment.

The bill clerk read as follows:

The Senator from Minnesota [Ms. KLOBUCHAR], for herself and Mr. MENENDEZ, proposes an amendment numbered 4105, as modified.

Ms. KLOBUCHAR. 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, as modified, is as follows:

On page 3, beginning with line 16, strike through line 3 on page 4, and insert the following:

''(a)(1) There are authorized to be appropriated to the Commission for the purpose of carrying out the provisions of this Act and any other provision of law the Commission is authorized or directed to carry out—

''(A) $88,500,000 for fiscal year 2009;

''(B) $96,800,000 for fiscal year 2010;

''(C) $106,480,000 for fiscal year 2011;

''(D) $117,128,000 for fiscal year 2012;

''(E) $128,841,000 for fiscal year 2013;

''(F) $141,725,000 for fiscal year 2014; and

''(G) $155,900,000 for fiscal year 2015.

''(2) From amounts appropriated pursuant to paragraph (1), there shall shall be made available, for each of fiscal years 2009 through 2015, up to $1,200,000 for travel, subsistence, and related expenses incurred in furtherance of the official duties of Commissioners and employees with respect to attendance at meetings or similar functions, which shall be used by the Commission for such purposes in lieu of acceptance of payment or reimbursement for such expenses from any person—

''(A) seeking official action from, doing business with, or conducting activities regulated by, the Commission; or

''(B) whose interests may be substantially affected by the performance or nonperformance of the Commissioner's or employee's official duties.

Ms. KLOBUCHAR. Mr. President, as a member of the Commerce Committee, I appreciate the leadership of Senator PRYOR on this bill and the work all of us did, as well as Senator DURBIN and Senator NELSON. I believe this is landmark legislation. I have been to this floor many times to talk about this bill, how important it is to have that Federal mandatory lead standard, as well as the recall provision our office was instrumental in writing.

I think it is a very good bill. There is one change that I think would make it even better. This is an amendment Senator MENENDEZ and I have.

The Consumer Product Safety Commission Reform Act is not just about increasing staffing, funding, and oversight of the Consumer Product Safety Commission, it is also about making the Commission more accountable to the public.

The Commission must make consumer safety an absolute priority. But it must also perform its duty outside the influence of the people whom it is supposed to regulate, outside the influence of the manufacturers, the retailers, the lobbyists, and the lawyers.

In November 2007, however, an appalling picture of the CPSC came to light. What you have to understand is when we found out about this travel, hundreds of trips and thousands of dollars of travel that had been paid for by the industry that this Commission was supposed to regulate, we were in the midst of this bill, we were in the midst of looking at recalls, now up to 29 million toys that have been recalled.

We were in the midst of finding out about kids who went into a coma from swallowing an Aqua Dot that turned out was laced with the date rape drug. That is what we were doing when we found out that for years the head of the Consumer Product Safety Commission had been traveling on the consumer dime, on the dime of the industries they are supposed to be regulating.

Through an article in the Washington Post, we learned that thousands of dollars' worth of travel had been taken by the current Consumer Product Safety Commission Chairwoman Nord and her predecessor, Hal Stratton.

Since 2002, Chairwoman Nord and former Chairman Stratton took 30 trips—30 trips—on the trade associations', manufacturers', lobbyists' or lawyers' dime, totaling nearly $60,000. So that is 30 trips totalling nearly $60,000.

In one particularly egregious instance, the Consumer Product Safety Commission Chairman accepted $11,000 from the fireworks industry for a 10-day trip to China. The claim was the industry had no pending regulatory requests but had a safety standard proposal before the Commission. Now, you try to tell this to the moms whom we were with yesterday, of those kids who were swallowing toys, one that was laced with lead and one had morphed into the date rape drug. You tell them they had the proposals before them—and they were not pending regulatory requests but they were proposals pending—they would see through this.

This kind of abusive Government practice must end. With this amendment, the amendment that Senator MENENDEZ and I have offered, no Commissioner or employee of the Consumer Product Safety Commission can accept payment or reimbursement for travel or lodging from any entity with interests in their regulations. So it simply means people and the companies the Consumer Product Safety Commission is regulating cannot pay for their trips to China or their trips to Florida or to California. It is that simple.

Now, what is interesting about this is that many agencies, including the Securities and Exchange Commission, the Food and Drug Administration, the Federal Communications Commission, and the Federal Trade Commission, have similar rules restricting industry-sponsored travel. CPSC doesn't have that rule. As the Senate considers this sweeping reform in consumer product safety, we believe we should be free of any appearance of impropriety or undo influence of regulated industries on the CPSC.

Senator MENENDEZ has a bill, a very good bill—and I am a cosponsor; many people are cosponsors—that extends this to all agencies. And I hope very much the Senate will consider this bill very soon. I am so pleased we are working together on this amendment, which is focused on the Consumer Product Safety Commission. Leaving the Commission vulnerable to charges of impropriety is simply unacceptable, especially at a time when the public has completely lost faith in the CPSC's ability to regulate the industries they are supposed to be watching.

Ethics is at the core of government and democracy. Without ethical leaders, our entire system fails. Ethics is woven into the very fabric of how government works, and ethics reform goes to the very heart of our democracy, to the public trust and respect that is essential to the health of our Constitution.

Like you, Mr. President, I came to Washington to bring ethical government back to the city, and I am so proud that shortly after we joined the Senate, the most sweeping ethics reform legislation since Watergate passed the Senate and became law. But as seen by the actions of the Consumer Product Safety Commission, our job does not stop with one law. We must be resolute that ethical government is not optional, it is not voluntary, and it is not limited to elected officials.

With this amendment, we will send a signal to the Commission that their priority is keeping consumers safe. Their priority is not going on trips financed by the people they are supposed to regulate. Their priority is looking out for those two kids who almost died from those toys, or the family of little Jarnell Brown, that is still watching what is happening here today—this little 4-year-old boy who died when he swallowed a charm that was 99 percent lead. That is their job, not going on trips paid for by the fireworks industry.

It is my hope that my colleagues will support a travel ban amendment to the Consumer Product Safety Reform Act of 2008. I am very pleased to be sponsoring this amendment with my colleague from New Jersey, Senator MENENDEZ.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I am proud to stand here with the distinguished Senator from Minnesota to offer an amendment that prohibits members of the Consumer Product Safety Commission from taking trips paid for by the industries they regulate.

Not long ago, this body overwhelmingly voted to prohibit Members of Congress—Members of this body—from taking trips sponsored by lobbyists—

from taking trips sponsored by lobbyists. That is what there was an overwhelming bipartisan vote for. There is absolutely no reason members of the Consumer Product Safety Commission should not be held to the same high standard, particularly given the outstanding number of products that were recalled last year because they were deemed unsafe for American consumers to use after they were placed on the shelves in our stores, bought by our families, and used by our children.

Perhaps most disturbing, the most common victims of these regulatory failures were children—children who played with toys and slept in cribs that the Consumer Product Safety Commission allowed to come to market, children who were seriously injured as a result.

Last year, we saw a toxic toy shipped in from China laced with lead paint that could cause permanent neurological damage or death. We saw car seats dump out the kids who sat in them. We saw beads that contained a chemical that could put children into a coma if swallowed. We saw cribs that would fall apart if an infant pulled on their pieces.

This year is shaping up to be just as tragic. In January, there was a recall of toys with magnets that could cause fatal intestinal blockages if swallowed. Last month, we had a scare about children's sketchbooks coated with potentially fatal levels of lead paint.

So the question Americans are asking themselves is, isn't somebody supposed to be watching to make sure this doesn't happen? And the answer is, absolutely. That is the very mission of the Consumer Product Safety Commission, to make sure products sold in the United States are safe for American consumers, safe for our families. But members of the Consumer Product Safety Commission were busy doing other things.

There are a lot of problems plaguing the Commission, and I will return to the floor to talk in detail about many of them another time. I certainly appreciate the work that has been done by the distinguished chair of the committee and the ranking member in moving a bill that I think goes a very long way towards achieving the goals of knowing that in America our families will be safe from the products that are put on our shelves, and for this I commend them. However, despite the progress we have made under the leadership of Senator PRYOR, there are still issues to be resolved. Most notably, we see that officials of the Consumer Product Safety Commission, tasked with protecting American consumers, were too busy taking trips sponsored by the very companies they were supposed to keep an eye on.

Mr. President, we should never again have to worry that our children are playing with lead-filled toys while the people who should be looking out for them are hopscotching around the world with corporate bigwigs. This is toxic travel, and we have to put an end to it. The American people deserve to have objective, professional safety inspectors, not wined and dined, pampered corporate houseguests. We need to make sure these product gatekeepers are looking out for one interest, and one interest only: the well-being of the American people.

That is why Senator KLOBUCHAR and I are offering this amendment: to prohibit product regulators from taking trips sponsored by the industry they regulate. I think Americans listening across the landscape of our country would say that is just common sense. Regulators should never be indebted to those they regulate. They should never be compelled to let a product slip by as thanks to the great golfing they shared or the fabulous trip they took, while children suffer as a result.

So let me close by thanking my colleague, Senator KLOBUCHAR, a member of the committee, for taking the lead in the committee to improve the safety of the products that end up in the hands of our children. It has been a privilege to work with her on this amendment. And I certainly hope our colleagues will join us in saying, as they did in setting the high standard for every Member of the Senate in prohibiting travel paid for by lobbyists, that those who are there to protect the very essence of our safety and our lives and those of our families should live to no less a standard.

I urge my colleagues to support the amendment.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, let me begin by commending the Senators from Minnesota and New Jersey for bringing forward this amendment. Many of us, I think all of us, were troubled by the press reports last fall that suggested that the current and previous Chairman of the Consumer Product Safety Commission accepted reimbursement from entities that they were regulating when they were traveling. For example, trade associations, manufacturers of products, and other entities paid for trips that totaled nearly $60,000.

The Klobuchar-Menendez amendment is intended to make clear that taxpayer money should be used for that travel in order to remove the appearance of a conflict of interest that arises when the members of the Commission receive reimbursement for travel from regulated entities.

I do want to make clear that the Commission's ethics officers reviewed these trips and found that there was no conflict of interest. But the fact is, there is an appearance of a conflict of interest. Receiving reimbursement from regulated entities creates the appearance that the decisions that are subsequently made by the Commission members may be tainted by a conflict of interest. The fact is, this kind of appearance of a conflict of interest shakes the consumers' confidence in the impartiality of decisions that are made by regulatory agencies.

Now, I do want to emphasize that these trips may well have been justified. Governmental officials cannot and should not make all of their decisions within the confines of their offices. They can learn a lot about the issues by taking official travel, by going out into the field, by reviewing a manufacturer's procedures, by traveling to a port, by undertaking completely legitimate travel. But at least the appearance, and in some cases an actual conflict of interest, arises when this travel is subsidized or paid for totally by the regulated entity. So I view this as a good government amendment, an amendment that will help to restore the confidence of consumers, of the public, in the regulatory process.

I also want to make clear to some of my colleagues, particularly on my side of the aisle, that the amendment put forth by the two Senators does not increase the budget of the Consumer Product Safety Commission beyond the amounts authorized in the underlying bill. Instead, what their amendment would say is that up to $1.2 million of the budget of the amount appropriated can be used for the Commissioners' travel in lieu of the Commissioners' accepting payment or reimbursement for travel from any person or entity that is seeking official action from, doing business with, conducting activities regulated by, or whose interests may be substantially affected by decisions made by the Commission.

This is a commonsense amendment. It will advance the public's confidence in the decisions that are made by this important regulatory Commission. It is very much in keeping with the bill that we put forth, and I believe we will be able to work out something on this amendment later in the day.

I do want to point out to my friends on the other side of the aisle that there is also an amendment pending by the Senator from Texas, and I believe it is the managers' intent to try to package a series of amendments at the same time. But for my part, I think this amendment makes a great deal of sense, and I commend the two Senators for bringing it forward.

Mr. President, let me also take this opportunity to thank the manager and author of the bill, Senator PRYOR, for his thoughtful comments earlier this morning about my contributions to the bill. It has been a great pleasure to work with Senator PRYOR on this bill. We have worked together on a host of issues, and I commend him for his leadership in helping to ensure that the toys and other consumer products that reach our store shelves are as safe as they can be. In particular, his commitment to making sure the children of America are receiving safe products is commendable.

So I thank him for his kind words, and it has been an honor to work with him on this bill.

I thank the Chair.

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

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

Mr. ENZI. I ask unanimous consent to speak as in morning business.

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

FISCAL SECURITY

Mr. ENZI. Mr. President, I rise to discuss my concerns with the fiscal security of our country. This week we are considering the fiscal year 2009 congressional budget resolution in the Budget Committee. As stewards of the public trust, the Congress needs to make hard choices necessary to leave a fiscally and economically sound country to our children and grandchildren. Unfortunately, the easy road is where we have already trod. The budget we will be working on today is another slip of paper in a trail leading this country to financial ruin. We simply cannot sustain the current level of spending which is spiraling out of control. I know that crafting an annual budget is a difficult task, but it is important. This document is a vital part of the operation of Congress. It sets a fiscal blueprint that Congress will follow for the year and establishes procedural hurdles when these guidelines are ignored. As stewards of the public trust, we owe to it all American taxpayers to use the funds they provide us in the most effective and efficient means possible. If we do that, we provide future generations with a strong and secure U.S. economy. If we don't, then the children of America's future will be waking up to something very unpleasant.

As an accountant, I particularly enjoy this opportunity to look at the overall spending priorities of our Nation. Fiscal year 2009 will be another tight year for spending. It will not be good enough to have another pass-the-buck Democratic budget like the one we saw last year, which I did not support. If we consider another budget this year that is tax and spend, more and more taxes to pay for more and more spending, I will vote against it again. We must begin this year's debate on a fiscal year 2009 congressional budget resolution with a clear understanding of our responsibilities. We cannot accept a repeat of last year's empty promises, of reducing the debt and reforming entitlements.

What actually happened is disgraceful. Last year's budget raised taxes $736 billion, the largest tax increase ever, hitting 116 million people. If we follow this year's proposed budget, many of our constituents will have to dig into their pockets starting in 2011 and find an additional $2,000 to pay Uncle Sam on top of what they pay in taxes now. That ought to be a wake-up call. I travel around Wyoming most weekends. I can easily take a poll of my constituents. I am not running into anybody who thinks they are paying too little in taxes. If they think their taxes are going to go up, knowing that the Federal Government is receiving more in revenues than it ever has in the history of the United States, they are upset. So looking at a $736 billion tax increase will upset them. We are going to be discussing this as it gets closer and closer to April 15. That is the day they are particularly cognizant of what they are paying in taxes.

Last year's budget increased spending by $205 billion. Last year's budget grew our national debt by $2.5 trillion. Last year's budget ignored entitlement reform. There was no attempt to tackle the $66 trillion in unsustainable long-term entitlement obligations that face us. Well, not us; it is our children and grandchildren. But we will be the beneficiaries of that. That is not fair. Americans want to know what we can do to help them, not hurt them. Empty promises can no longer be made.

I want to highlight a recent editorial from the Wall Street Journal that talks about spending promises being made right now. I ask unanimous consent that the editorial be printed in the RECORD.

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

GOVERNMENT SHOWDOWN

(By Kimberley A. Strassel)

Hillary Clinton and Barack Obama were midway through a joint ode to big government in their last debate when a disbelieving Wolf Blitzer interrupted. Were they both really going into a general election proposing ''tax increases on millions of Americans,'' inviting the charge of tax-and-spend liberals?

''I'm not bashful about it,'' said Mr. Obama. ''Absolutely, absolutely,'' chimed in Mrs. Clinton.

In the middle of an election that is supposed to be about ''change,'' the country is instead being treated to the most old-fashioned of economic debates. The fun of it is that neither side is being shy about where it stands, which has only sharpened the old choice: higher taxes and bigger government, or more economic freedom and reform. With health care, entitlements and education all on the agenda, the stakes are huge.

We don't have a Democratic nominee yet, but in terms of this battle it matters little. Mrs. Clinton and Mr. Obama both dropped major economic addresses this week, and their most distinguishing feature was that they were nearly indistinguishable. Just ask Mrs. Clinton, whose campaign complained that Mr. Obama had copied her best ideas (even as it simultaneously complained he offered no ''solutions''—go figure).

Republican frontrunner John McCain certainly sees no differences, and his frontrunner status has allowed him to begin training his economic guns on the Clintbama approach. The battle lines are, as a result, already taking shape.

This is going to be an old-fashioned fight over taxes. Whatever they may have said on CNN, Mr. Obama and Mrs. Clinton aren't fool-hardy enough to embrace wholesale tax hikes. Like John Kerry and congressional Democrats before them, both are instead proposing raising taxes on only ''the rich.'' Both campaigns made an early bet that the Republicans'' broad tax-cutting message had gone stale, and that Americans were frustrated enough with rising healthcare and education costs that they'd embrace redistributionist tax policies.

Maybe. But the economic landscape has changed from last year and even frustrated Americans have grown jittery of tax-hike talk. Mr. Obama has already shifted, and started placing more emphasis on his promise to return some of his tax-hike booty to ''middle-class'' Americans via tax credits. Both Democrats are already justifying their hikes by pointing out that Mr. McCain voted against the Bush tax cuts in the past.

Mr. McCain's challenge—which he's already embraced—is to keep the tax focus on the future. His campaign is going to play off polls that show the majority of Americans are still convinced that political promises to soak the rich translate into higher taxes for all. He will use gobs of other proposed Democratic tax * * * Grand Canyon proportions. Democrats have presented themselves as the party of fiscal responsibility of late, a message that contrasted well with spendthrift Republicans in the 2006 elections. The Democratic presidential candidates will struggle to make that case, given both are inching toward the $900-billion-in-proposed-new-spending mark.

Mr. Obama's wish list for just one term? Some $260 billion over four years for health care. Another $60 billion for an energy plan. A further $340 billion for his tax plan. A $14 billion national service plan. A $72 billion education package. Also, $25 billion in foreign assistance funding, $2 billion for Iraqi refugees and $1.5 billion for paid-leave systems. (I surely forgot some.) Mr. Obama says he'll pay for these treasures by stopping the Iraq war and taxing the rich. But both Democrats have already spent the tax hikes several times over, and even a Ph.D, would struggle with this math.

Making a message of fiscal responsibility harder is Mr. McCain's reputation as a fiscal tightwad, and his role as one of the fiercest critics of his own party's spending blowout. Watch him also expand this debate to earmarks, as he's already done with an ad ripping into Mrs. Clinton for her $1 million request for a Woodstock museum. Mr. McCain's earmark requests last year? $0.

Mr. Obama's and Mrs. Clinton's economic speeches this week were noteworthy for sweeping government initiatives, straight out of FDR-land. Both propose a federally backed ''infrastructure bank'' that would finance projects with subsidies, loan guarantees and bonds. Both are vowing to ''create'' five million ''green-collar'' jobs in the environmental sector. These are in addition to giving government a huge new health-care role.

This is the area where Mr. McCain has the most work to do in drawing distinctions. He is already hitting both Democrats for their desire for ''bigger government.'' But the Arizonan's challenge will be explaining to voters why more government-run health care is bad for their pocketbook, why school choice will do more than more education dollars. Further, he's going to have to work through his own hit-and-miss instincts, which in the past have led him toward big government initiatives like a climate-change program.

This will be an old-fashioned debate about the role of business in America, whether it will be a federal cash cow and punching bag, or its tax rates lowered so it can compete with the rest of the globe. This will be an old-fashioned debate about trade, which will, with any luck, finally explore the vagaries of

the growing ''fair trade'' movement. This will be an old-fashioned debate about the minimum wage, and its ability to kill jobs.

None of this is to say this economic battle won't encompass ''change.'' If a Democrat wins the general election, things will certainly look different, starting with your tax bill. And if * * *

Mr. ENZI. The majority should be held responsible for its actions. We need to prepare a budget for our Nation that reduces national debt, promotes honest budgeting, and encourages true economic growth by reducing energy costs, reducing taxes, and reducing health care costs. I do believe that the first priority of any nation must be the health of its people. Every American should have access to high quality health care at affordable prices, and Congress must work with State governments and the private sector to achieve that goal. One way Congress can curtail this rapid rise in health care costs is to use health information technology as a cost-saving measure. I hope we can work across party lines to enact health IT legislation this year and to aid in addressing the fiscal challenges associated with spiraling costs and unacceptable levels of medical errors.

I wonder if the American people realize that when the baby boomers are fully retired and receiving benefits, the cost of supporting that generation through Medicare, Medicaid, Social Security will be so high we will have no money available for our Federal Government to do anything else. We will have no money for national defense, no money for education, no money for transportation infrastructure, not to mention a whole bunch of other things we are intricately expecting. That is unacceptable. Our country's future cannot sustain the cost.

This year, again, the President's budget proposes to reduce the rate of growth in one of our most expensive entitlements, which is Medicare. The President has sent a legislative proposal to Congress to meet the requirements laid out in the Medicare Modernization Act passed in 2003, thus providing more funding for the general fund that pays for other government programs such as defense, education, and infrastructure. What reception did it get from our friends in the majority? Unfortunately, we have heard that the proposal sent by the administration is dead on arrival and the administration has trumped up a phony crisis in Medicare. A phony crisis? There is nothing phony about it. We are standing at the edge of a tsunami as the huge baby boomer generation, my generation, reaches Medicare and Social Security eligibility.

The President's Medicare proposal is a good starting point; $34 trillion of unfunded liability is certainly not a phony crisis in Medicare. We must address this serious funding constraint head on.

Last year the majority also promised to abide by pay-go rules and actually pay for all the new spending to get America on the right track economically. As far as I can see, this has not happened. In fact, pay-go enforcement rules have been so weakened and thwarted through a variety of different mechanisms and smoke and mirrors that we ended up with billions and billions in new spending that is not offset. It is time to bite the bullet. We need to limit increases in discretionary spending by Federal Government agencies. This is necessary while we are also taking extreme care to keep our Nation safe and secure. I reiterate that we must take seriously the warnings we have heard from the General Accounting Office and the Congressional Budget Office about Federal expenditures spiraling out of control. We need to make the budget procedural and process changes to directly address this problem.

One of the many procedural reforms I believe would promote fiscal responsibility and safeguard the Nation's economic health is a 2-year budget process. In fact, in his budget for fiscal year 2009, the President once again proposed commonsense budget reforms to restrain spending. He has several recommendations, including earmark reforms and the adoption of a 2-year budget for all executive branch agencies in order to give Congress more time for program review. While we may negotiate on the details, we should implement these overall recommendations. The budget process takes up a considerable amount of time each year and is drenched in partisan politics while other important issues are put on the back burner. It should not be this way. The current Federal system, frankly, is broken. No, it is smashed. It is in shambles. We only have to look at the mammoth spending bills that nobody has time to fully read or understand before they are glibly passed into law and the hammer comes down on another nail in the coffin of good budgeting.

Last year's omnibus appropriations bill is Exhibit A in my prosecution of a system that promotes fiscal recklessness. It is a serious problem that must be fixed. The current budget and appropriations system lends itself to spending indulgences this country cannot afford. It should be scrapped for a system that is a proven winner.

To divert slightly and remind us of some of what happened last year as we were going through the process, we passed authorization bills around here which are supposed to set the grand parameters for what we are doing. One of those grand parameters involved the AIDS bill, passed unanimously through this body and through the other body and signed by the President. We set up a formula for AIDS help. That formula said the money will follow the patient. Good concept, good enough for everybody to agree it was the way to go. Then last year we had to vote on a $6 million proposal for San Francisco that stole money from 42 other cities in large amounts and smaller amounts from many other cities. We defeated that because we had set up a formula through authorization. But when the final omnibus bill came out, it had that same $6 million with the same theft put in it. We didn't have an opportunity then because $6 million out of $767 billion is not enough to worry about voting on, I guess. And we don't vote on it. But it still wound up in there.

We need to do something with our system of budgeting, and we need to do something about earmarks as well. There is a crucial need to enact procedural and process changes that will enable us to get this country on the right budgetary track. We simply cannot risk the economic stability of future generations by continuing to get by with the status quo. The risks are far too great.

Make no mistake: A change to a new budget process will not be easy. There are very strong feelings on both sides of this issue. But as responsible legislators, we need to come together to begin the difficult but necessary process of change. I, for one, intend to continue to work with my colleagues who are also committed to make the hard choices to safeguard our economic and fiscal future.

A nation that cannot pay its bills is a nation that is in trouble. If it is a repeat of last year, the fiscal year 2009 congressional budget resolution could mortgage the future of our children and grandchildren and require huge tax increases for all Americans. I welcome the opportunity to consider our Nation's spending priorities, keeping in mind we need to make tough choices and sacrifices in order to keep our country strong and healthy.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. PRYOR. Mr. President, I would like to talk about a provision in the Consumer Product Safety Commission Reform Act that deals with a database to make sure information about dangerous products is available to the public.

Here again, this has changed through the process. We have tried to build in safeguards. I want to talk about those. We have tried to find something that is balanced, that provides information, but also has some filtering so we make sure erroneous information is not disseminated. But the goal of this provision is that the public has the right to know when products are dangerous.

We have many examples—and I will go through some of these right now. But I promise you, for every one example I am going to give, there are probably 100 others I could talk about—we have many examples of dangerous products that are being sold and used while the company and the CPSC know of the risks of the product. But because of the inability for CPSC to get a mandatory recall or the inability of them to work out the terms with the manufacturer in many cases, the public does

not know about these dangerous products. So what happens is that the product continues to be sold and continues to be used when the Government and the manufacturer know it is a dangerous product.

Let me start with this one statement. This is from OMB Watch. It says: ''CPSC estimates the number of toy-related injuries''—just toy-related injuries—''jumped from about 130,000 in 1996 to about 220,000 in 2006—more than 600 injuries every day.''

Now, this is over a 10-year period: to go from 130,000 injuries—we are not talking about incidents; we are talking about injuries—130,000 in 1996 to 220,000 in 2006. We are not talking about isolated incidents where there might be the occasional toy or the occasional product that might cause a problem. We are talking about 600 injuries every day—600 injuries, not incidents—to children. This is just in toys. This statistic is just for toys. So, again, we are not talking about things that are in isolation that do not matter in the real world. This bill matters in the real world.

The next chart I wanted to show you is the recall process. This is a flow chart about recalls. My colleagues can see how complicated and how long and how many steps there are in the recall process. Listen, it is not that important about what each and every step is. But this is how it works. You can see, for a product to be recalled, there are a lot of hoops that have to be jumped through. Those hoops take time.

There again, as I mentioned just a moment ago, we know of many instances. I will give you one right here. There was a product called Stand & Seal, which was a product that, apparently, you spray on tile to seal the tile. That product was dangerous, was actually killing people, and definitely injuring people. The company knew about it, the CPSC knew about it, but the public did not know about it.

What happened was, in the one incident I am most familiar with—again, there are many others—in the one incident I am most familiar with, Home Depot continued to sell this product not knowing that it was a dangerous product, not knowing it was injuring people, not knowing it violated U.S. safety standards. They were selling it to the public.

Well, at the end of the process, guess what happens. Home Depot gets sued. They get sued for selling a product for which they had no knowledge of the problem. The CPSC knew, the Government agency knew about the problem, but the general public did not. The retailer did not know. So part of the reason we get into that situation is because of this long recall process.

Now, we are going to address a lot of this in the legislation. We are going to give the CPSC the ability to move through this process much quicker. We are going to give them the leverage they need to make decisions. Right now, the manufacturers, unfortunately, in many instances, have the leverage, not the CPSC. So we are going to try to address some of this.

But that is not even what I am talking about because I want to talk about the database. The database provision that is in the legislation, we believe, is a very important provision. It is very balanced. We have tried to find that right balance.

Let me, if I can, talk about one specific toy which has actually received a lot of attention nationally because of some of the egregious injuries and the serious problems. This is a toy made by Rose Art, which is a company that makes a lot of toys and crayons and art supplies and lots of other things—a lot of craft kinds of stuff. Rose Art makes a toy called Magnetix. This is the ''Xtreme Combo Flashing Lights Castle.'' Well, you can understand why this would have a lot of appeal to parents and children. Just look at the box. It looks like something that would be fun to play with.

If you can notice on this picture, there are these little silver dots, these little silver balls. Those are magnets. That is how you put this together. You can see right here in the picture, in someone's hand, that little dot. I hope it shows up on television for the folks watching around the country. That is one of those little dots.

The problem with these little magnets is they fall off. They can come loose. In 2007, over 1,500 incidents were reported before the 4 million units of Magnetix were recalled. So we have 1,500 examples of these either falling off or, in some cases, children swallowing pieces with the magnet still attached. The reported incidents included 28 injuries and 1 death.

I do not want to go into the details of this on the Senate floor, but the medical issues that children have to go through when they ingest one of these is not pretty. Again, I do not want to go through that on the Senate floor and turn this debate into a gory example. But, nonetheless, trust me when I say these toys, this Magnetix set—there are many varieties—has caused a lot of hardships for parents and children.

But what do kids like to do? They like to put things in their mouths. They eat things. They suck on things. We know how it is. But this is why we need a database so that people can know what is going on out there. We have 4 million units of this toy that were eventually recalled, but there were over 1,500 incidents reported before the recall. That is 1,500 incidents where parents and grandparents, et cetera—day care centers—had no way of knowing this was a dangerous product. So the database solves that problem.

Again, this is just a chart to run through the timetable. We do not have to spend a lot of time on the details. But in 2003, Rose Art introduced these building sets. They were very popular. By the way, they were on lists for a couple of holiday seasons about the best toy for kids, et cetera, et cetera, et cetera. The retailers loved them because they just flew off the shelves.

We could go through this long process, but you can see the first attempted recall was in March of 2006. That is almost 3 years later. They later had to do another recall, a more comprehensive, clearer recall. They did that in mid-2007. So these were on the shelves for a long time. But I am telling you right now, the parents have no way of knowing these are dangerous until the CPSC does their recall.

One of the things I want my colleagues to understand is that, again, this is not an isolated incident. We mentioned Magnetix. We are not trying to pick on Rose Art. We are just reporting the facts as they exist. But here is Magnetix shown on the chart. There were 1,500 incidents before it was recalled, before the public knew of the problem.

Again, we are not going to go through this, but you can see this next particular product had 679 incidents, this one had 400, this one 278, and on down the line.

My fellow Senators, we could print 10 or 20 or 30 of these charts and go down the numbers. You can see the different types of hazards we are talking about. I am telling you, the evidence is overwhelming that in the legislation we need to fix the CPSC.

So what is the best way for the public to know? Well, I would say the best way for the public to know is to inform the public, give the public some information, let them look at it. I must be candid right now to say we have had a few people—not all. I want to be fair. Not all, but a few people—a few companies in the business community, a few associations that have been opposed to this database idea. They think it will create a hardship. They think it will smear companies. They are concerned about the uncontrolled nature of that.

Well, we keep pointing them to the NHTSA Web site. What we are proposing is not novel. It is not new. It is tested. We have seen it in action for years, and that is the NHTSA Web site, the National Highway Transportation Safety Administration Web site. It looks like safercar.gov might be at least one of the ways to get there. But this is actually a copy of the NHTSA Web site.

When you go to safercar.gov or nhtsa.gov, I guess, you can come up with this page. You can see, it has ''Defects & Recalls.'' You can click on this and find out about the defects and recalls.

Let me walk the Senate through this, if I may, for just 1 minute. Here again, you click on something; you go to this page, you click on ''Search Complaints.'' Here again, we are talking about complaints from consumers and from third parties such as hospitals, day care centers, et cetera, who can put their information on a Web site. You put your information on the Web

site. If you are a parent or grandparent or day care center operator, and you are searching on a Web site, you would come to a place like this one or two or three screens later—and it is probably a little bit hard to tell on television, but right here it says ''To use the 'Drill Down' search method'':

What they do is walk you through these tabs—1, 2, 3, 4, 5 steps—and you put in information about the product that you are curious about. What happens is, you go through these steps. I did it yesterday in my office. I am going to tell you, you can look up a product in about 1 minute. It just takes that long. It is easy to use. It is very user friendly.

NHTSA has been doing this for years and years. This is the kind of thing, we would hope, when this legislation passes, that the CPSC would set up. It could be very useful for people all over this country. But you go through the tabs, and you set up what you want to set up. You search the items you want to search. You finally come to this page. This is the page that is the page that most Americans would love to see the Consumer Product Safety Commission offer. They would love to see this type of information.

This is a ''Complaints'' page. This information was filed by a consumer. In many cases, it is done online. It does not have to be, but in many cases it is done online. It is real easy, very inexpensive to do—not a lot of manhours for most of this. It has a ''Report Date,'' which in this case is March of 2008. That is when we ran this. It has the ''Search Type,'' and you see we typed in: ''child safety seat.'' We typed in the name: ''Fisher-Price.'' And for the ''Model,'' we just put the generic child safety seat model. This is all on little pop-up menus and little scroll-down-type menus. It is very easy to use. So we looked at Fisher Price. Crash: No. Fire: No. Number of injuries: One.

We come down here to this child seat: Tether, or strap.

Here is the summary, and this is pretty much what the consumer wrote, right here. It says: The consumer states that the harness strap of the child seat snapped from the back, causing the child to fall out of the seat, and there were some minor injuries.

You will see it has an ID number so they can track each record.

Here again—this is important. Part of the compromise we reached with Senator STEVENS and Senator COLLINS on this issue is that we don't provide information about the complainant. In other words, some in the business community—again, not all, but some—were concerned if we provided information about who is filling these out, then they get a letter from a trial lawyer and all of a sudden you have a lawsuit. We are putting the safeguard in to make sure that doesn't happen. The CPSC under our bill cannot provide that type of information.

Another thing we require of the CPSC is to remove any incorrect information that may be offered by the consumer, by the complaining person. We also allow manufacturers the opportunity to comment on information in the database. For example, they may offer a comment which said: Be sure you follow the instructions because if you don't get it buckled in right, you may have a problem, or whatever; I don't know what their comment may be. But these comments can actually be very useful to people who are searching this. So we built in these safeguards to make sure this NHTSA-type database will work with the CPSC. This is the goal we are trying to get to. We are trying to get to providing that information. While the CPSC is going through this long recall process or working through whatever they have to work through, at least the public has the right to know.

I know I have at least one colleague here who wishes to speak, so let me wrap up on this one final point.

There is a girl who was 14 months old. Her name is Abigail Hartung. She is from New Jersey. When Abigail was 14 months old, she was trapped by a crib. The crib collapsed and her hand was trapped in it. She was 14 months old. It turned out she didn't have a very serious injury, but certainly it was upsetting to the parents and to the child. When the father, Mr. Hartung, called the manufacturer to ask them about this and to tell them about it, the manufacturer told him on the phone: Well, this is amazing. We have never heard of this before. Are you sure you had it set up right? Are you sure the child wasn't somehow abusing the crib, Et cetera, et cetera, et cetera. Come to find out, the company told him they had never heard of this happening before. Come to find out, the company had already received 80 complaints about this happening—80.

This database will build in the accountability for some of these companies that are going to do that. Some of these companies—again, not all; I don't want to paint with a broad brush here, because many of these companies are very responsive. They take these consumer complaints very seriously. They are trying to do the right thing; others, not so much. So for those who are not going to respect the safety and the welfare of their customers, this database will help level the playing field. It will provide information to families and consumers of all sorts to know that there is another place they can go and check and find out if this product has a problem, so companies won't treat others as the Hartungs were treated.

Mr. President, I see I have a wonderful colleague who wants to say a few words, so I will yield the floor.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. SANDERS. Mr. President, I ask unanimous consent to speak as in morning business.

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

THE BUDGET

Mr. SANDERS. Let me begin by thanking my friend the Senator from Arkansas and my friend the Senator from Maine for their fine work on this very important issue in trying to protect the needs of our kids. I thank them very much.

What I wish to talk about for a short period of time is the budget situation. I am a member of the Budget Committee. The Budget Committee, I believe, will be marking up the budget in committee tomorrow. I believe it will be on the floor sometime next week. This entire process of determining a budget is enormously important, because it reflects the priorities of the American people and it reflects our values. It is no different than any family budget. It has everything to do with where we choose to spend our resources and how we raise our resources. So it is an issue of enormous importance.

As a member of the Budget Committee, I am going to be looking at this budget within a context of four major concerns. No. 1, as I go around my State of Vermont and, in fact, America and talk to a whole lot of people, I think the American people understand, even as Congress and the White House may not, that the middle class in this country today is in the midst of a collapse, and I use that word advisedly. Despite a huge increase in worker productivity, great strides forward in technology, there are tens of millions of American workers today who are working longer hours for lower wages. Poverty in America is increasing. I think of most concern is that moms and dads all over this country are worried that for the first time in the modern history of our country, their kids are going to have a lower standard of living than they do. That is the first sense of reality I look at as we prepare the budget.

The second reality I look at is that while the middle class is shrinking and poverty is increasing, the people on top have not had it so good since the 1920s. I understand we are not supposed to talk about those things. Not too many people talk about the fact that we have the most unequal distribution of wealth and income of any major country on Earth. The rich are getting much richer, while everybody else virtually is seeing the decline in their standard of living. It is not something we are supposed to talk about. I talk about it. I think it should be talked about. I think it is an issue that must be addressed as we look at the budget, because we are going to have to ask a question about how we raise more revenue in order to address many of the unmet needs in our country.

The third issue is just that. The reality is that there are enormous unmet needs in this country. When people say Government shouldn't be involved, I don't know to whom they are talking. Our infrastructure is collapsing. The civil engineers tell us that we have over $1 trillion in unmet needs in terms

of our roads, our bridges, our tunnels, our wastewater systems. We need to fund those. It isn't going to get any better if we don't improve them, and we will create jobs as we do that.

But it is not only our physical infrastructure. We have the highest rate of childhood poverty of any major Nation on Earth. This is a national disgrace. Eighteen percent of our kids are in poverty. We have other seriously unmet needs. So looking at the budget, we have to look at not only the general collapse of the middle class, the fact that the rich are getting richer and everybody else is getting poorer; we have to understand with regard to our children, our infrastructure, there are huge unmet needs.

The fourth issue we have to deal with is that in the midst of all that, our national debt is soaring. It is now over $9 trillion.

So I look at those four areas as issues that must be dealt with as we move into this new budget.

Since President Bush has been in office, median household income for working-age Americans has declined by almost $2,500. That is part of the collapse of the middle class. The reality is we have lost some 3 million good-paying manufacturing jobs in Pennsylvania, in Ohio, and in the State of Vermont. We are losing good-paying jobs, in my view, because of a disastrous trade policy which simply encourages corporate America to throw American workers out on the street, move to China, and then bring their products back into this country. So we are losing good-paying jobs.

Since President Bush has been in office, over 8.5 million Americans have lost their health insurance. We are now up to 47 million Americans without any health insurance. Meanwhile, health care premiums have increased by 78 percent.

Under George W. Bush's watch, for the first time since the Great Depression, the personal savings rate has fallen below zero. This simply means that because of dire economic conditions, we are actually as a people spending more money than we are earning. There are millions of people right now who, when they go to the grocery store, don't buy their Wheaties and don't buy their rice and don't buy their milk with cash. They buy it with a credit card. By the way, they are often charged 25, 28 percent for that credit card. We are looking at a foreclosure crisis which is certainly the highest on record, turning the American dream of home ownership into an American nightmare for millions of our people.

So that is No. 1: The middle class is collapsing. There is tremendous economic pressure. People go to the gas station to fill up their gas tank and pay $3.20 for a gallon of gas, while ExxonMobil makes $40 million last year.

People can't afford home heating oil. The price of food is going up. Everywhere you turn there is enormous pressure on working families and on the middle class. That is a reality we must address as we look at this budget.

But as I mentioned earlier, not everybody is in that boat. Let's be honest about it. The wealthiest people in this country have not had it so good since the 1920s. According to the latest figures from the IRS, the top 1 percent—1 percent—earned significantly more income in 2005 than the bottom 50 percent. That means the 300,000 Americans on the top earn more income than do the bottom 150 million Americans. It is the most unequal distribution of income and of wealth in our country of any major country on Earth. That is a reality that must be addressed as we look at the budget.

According to Forbes Magazine, the collective net worth of the wealthiest 400 Americans—400—increased by $290 billion last year, to $1.54 trillion. Incredibly, the top 1 percent now owns more wealth than the bottom 90 percent. That is an issue we have to deal with.

In terms of our national debt, our national debt is now at $9.2 trillion. I think the history books will be pretty clear in that among many other negative characteristics, President Bush will go down in history as being the most financially and fiscally irresponsible President in the history of this country. The national debt is soaring, and clearly, one of the reasons for that is we spend $12 billion every single month on the war in Iraq which, according to some people, is going to go on forever, I guess—$12 billion a month. And who is paying for it? Our kids and our grandchildren are paying for it, because it is easier to pass the cost of that war on to them than tell the American people today there is a cost of war, and you have to make some choices. Twelve billion dollars a month.

There are people here in the Senate, and the President of the United States, who think we should repeal the estate tax. One trillion dollars worth of benefits go to the wealthiest three-tenths of 1 percent. And how do they propose to make up the difference? They don't. Just pass it on to the kids and our grandchildren and let the millionaires and billionaires of this country have a huge tax break. No problem at all, just: That is what we will do.

I wish to talk about something else that also is not talked about very much, and that is the terrible situation of unmet social needs that exists in this country, and the President's budget. At a time when we have a major health care crisis, the President wants to make major cuts in Medicare and Medicaid. As a member of the Budget Committee, I am going to do everything I can to make sure we do not make the health care crisis in this country even worse. We have, as any mother or father knows—it is true in Vermont and it is true virtually all over this country—a horrendous crisis in terms of affordable childcare. The President has said in his budget that he wants to reduce the number of children receiving childcare assistance by 200,000. We have a major crisis, and the President's response is let's make it even worse.

Embarrassingly, in this great country, many of our citizens are going hungry.

I know in Vermont, our emergency food shelters are running out of food. This is true all over the country. We need to address that issue. The President's response is to deny food stamps to 300,000 families and children, and so forth and so on. It is a crisis among low-income working people. The President's response is to cut those programs so we can give tax breaks to the wealthiest people in this country.

It seems to me that at a time when our country has so many serious problems, at a time when the American people know in their souls that we are moving in the wrong direction in so many areas, with fundamental problems in this country, we have to have the courage to have a serious debate about moving this country in a new direction.

There was an article in the papers recently—last week—and it brought forth a fact that many of us had known, but it is important to repeat: In the United States of America, we have the largest number of people behind bars of any country on Earth. People say, well, China is much larger than America and is an authoritarian, Communist country, so surely they have more people—I am not talking per capita, I am talking collectively, in total—behind bars than we do. Wrong.

Is there a correlation between the fact that we have more people in jail than any other country and the fact that we have the highest rate of childhood poverty of any major country on Earth? I think there is a direct correlation. I think you either pay now or you pay later. Either you give kids the opportunity for decent childcare, nutrition, and education, and keep an eye on them so that in fourth grade they don't mentally drop out, and in the tenth grade they don't really drop out of school and get involved in destructive activity—you either do it—and it costs money—or you ignore that reality.

When these kids go to jail and commit crimes, we spend $50,000 a year keeping them behind bars. That is our choice. If people want to ignore the crisis and the reality we have, which is the highest rate of childhood poverty, that we are underfunding Head Start, and so on, you can ignore it, but you are going to pay the price at the other end by locking up many people in jail.

I also want to mention to my colleagues that I will be bringing amendments to the floor during the budget process. They are simple. What they say is that at a time when the wealthiest people in this country have never had it so good, when the President has given these same people huge tax breaks, the time is now that we rescind

the tax breaks that go to millionaires and billionaires and use some of that money to reduce our national debt, and use others of those sums to start protecting the middle-class working families and the kids in this country.

A budget is about priorities, about choices. I intend to provide some choices to the Members of the Senate. I hope they will support me and those amendments in moving this country in a fundamentally different direction.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana is recognized.

Mr. VITTER. Mr. President, I ask unanimous consent to set aside the pending amendment and to call up my amendment, No. 4097.

The PRESIDING OFFICER. Is there objection?

Mr. PRYOR. Reserving the right to object, to make sure, we will go back on the pending amendment as soon as he completes his presentation.

Mr. VITTER. Yes. Mr. President, I wish to modify my unanimous consent request to include that.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Louisiana (Mr. VITTER) proposes an amendment numbered 4097.

Mr. VITTER. Mr. President, 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 allow the prevailing party in certain civil actions related to consumer product safety rules to recover attorney fees)

On page 58, strike lines 4 through 7 and inserting the following:

''(g) ATTORNEY FEES.—The prevailing party in a civil action under subsection (a) may recover reasonable costs and attorney fees.''.

Mr. VITTER. Mr. President, the amendment is simple and straightforward. It establishes a ''loser pays'' rule for actions by attorneys general under the law. It doesn't make it mandatory, it makes it discretionary, or up to the court. But the court would be allowed to award costs and attorney's fees from the losing party to be paid by the losing party to the winning party. I think that is fair and reasonable. That essentially is the present law. It is also essentially the sort of provision that is in the House bill.

In the Senate bill, the availability of fees and costs and attorney's fees is only available to the winner, if the winner is the attorney general. If the attorney general loses in those suits, if the private party prevails, the private party cannot get those costs and attorney's fees. I think that is unfair. Perhaps more important than it being unfair, I think it creates an imbalance that might encourage clogging the system, clogging the courts—perhaps most important, clogging the workload of the Consumer Product Safety Commission with unnecessary lawsuits that are not fully thought through. I think this reasonable provision—loser pays, whoever the loser is, up to the discretion of the courts, not mandatory, simply allowable, if the court decides—is the fair and balanced approach.

In offering this, let me make clear that we need to do more to increase product safety. This bill does many good things in that regard. The House bill does many good things in that regard. I support that move. But as we do that, I don't want to create an imbalance or actually clog up the system, whether it is the court system or the CPSC workload, clog it up with unnecessary, perhaps frivolous, suits and litigation, and prevent us from getting to that goal.

We should make sure we don't overburden the Consumer Product Safety Commission. One of the problems we have now that this bill and the House bill attempts to address is that of overburdening an inadequate staff and resources. So we need to make sure that as we fix those problems with one hand, we don't use the other hand to make them worse by creating incentives to increase the workload unnecessarily with lawsuits that are not thought through and that are frivolous.

Again, I look forward to supporting and promoting greater consumer safety. I supported the amendment on the floor recently that embodied the House bill, because I think the House bill does that in a substantial way, without having some of the shortcomings—including this one—of the Senate bill. We do need to do more. One thing we don't need to do is create more lawsuits than actually accomplish the objective of safety or to encourage lawsuits that are not thought through, to encourage actions that can be frivolous. This is a reasonable, balanced way to prevent that.

In closing, let me be clear that this doesn't mandate ''loser pays'' in every case. This says to the court that you can award costs and attorney's fees from the loser to the winner in whatever direction that works, no matter who the winners and losers are, but it is not mandatory. That is broadly consistent with present law and broadly consistent with the House bill, which I believe is a fairer, more balanced approach, which will avoid clogging up the system yet again, even as we try to give the system more resources.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that Senators CHUCK SCHUMER and BARACK OBAMA be added as cosponsors to amendment No. 4105 to the Consumer Product Safety Commission Reform Act. This is the amendment Senator MENENDEZ and I have introduced to ban industry-sponsored travel by those who regulate them.

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

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to speak as in morning business.

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

MENTAL HEALTH PARITY

Ms. KLOBUCHAR. Mr. President, I rise to commend the House for bringing today before the House a step that will bring our Nation closer to achieving long overdue fairness for people suffering from mental illness and chemical dependency.

We are now one step closer as the House considers this important mental health parity bill today, one step closer to realizing the dream of my friend, the late Senator Paul Wellstone, who championed equality for those with mental health needs, until his untimely death in 2002.

If this law passes, as it should, we can thank the persistence of leaders such as Representatives JIM RAMSTAD and PATRICK KENNEDY; we can thank Senators PETE DOMENICI and TED KENNEDY; and we can thank the Wellstone sons, particularly David, who continues to carry the torch lit by his father.

While Federal law may not alleviate the stigma that surrounds mental illness, it can bring us closer to ending insurance discrimination and easing the unfair financial burden borne by patients and their families.

Most health care plans currently have barriers to mental health and chemical dependency treatment. Individuals seeking treatment for these health problems face higher copayments and higher deductibles, as well as arbitrary limits on the number of office visits or inpatient days covered. These people pay the same premiums as everybody else, but when they get sick, their insurance doesn't cover them.

The House and Senate proposals build upon the Mental Health Parity Act of 1996 by mandating that if an insurer offers mental health and chemical dependency coverage, the treatment limitations can be no more restrictive than for medical benefits.

Minnesota is proud to have one of the strongest mental health parity laws in the country. But this law only goes so far. Federal action will expand mental health parity protections to those covered by self-insured plans—117 million people—and move us toward real equity for those needing vital services.

It is appropriate that this legislation in the House is named in honor of Paul Wellstone—an inspiring figure whose ceaseless motion and tireless pursuit of a better world was brought to a stop only by that tragic plane crash.

Many in this body, including myself, counted Paul as a friend. We all know Paul was a crusader and a man with many passions. But anybody who ever met or talked with him quickly found out that he had a special place in his heart for helping those with mental illness. This deep and abiding concern was shaped by the suffering of his own

brother. Paul's brother Steven suffered from mental illness. As a young child, Paul watched his brother's traumatic dissent into mental illness. As a freshman in college, he suffered a severe mental breakdown and spent the next 2 years in mental hospitals. Eventually, he recovered and graduated from college with honors. But it took his immigrant parents years to pay off the hospital bills.

Writing about this, Paul recalled the years that his brother was hospitalized. For 2 years, he said, the house always seemed dark, even when the lights were on. It was such a sad home. Decades later, Paul knew there were far too many sad homes in our great Nation—too many families devastated by the physical and financial consequences of mental illness.

Paul knew that we can and should do better. For years, he fought to allocate funding for better care, better services, and better representation for the mentally ill, and for years he fought for mental health parity and insurance coverage. For Paul, this was always a matter of civil rights, of justice, and of basic human decency. Of course, on this issue, as with every other issue, Paul and Sheila, his wife, worked together.

We should all care about securing mental health and chemical dependency treatment equity for the same reasons that Paul did. We should care because of the suffering and stigma that individuals and families endure due to mental illness and addiction. We should care because it is cruel when people with mental health or addiction problems receive lesser care than those with physical health problems. We should care because of the enormous financial cost of these diseases for our society and because the economic research shows how cost effective good treatment can be.

I saw this firsthand as a county prosecutor. I cannot tell you the number of violent crime cases I remember where the right treatment could have prevented a horrible crime, and the later costs of imprisonment, or maybe the right medication would have stopped someone from spiraling downward to a point where they committed a crime. This is not to excuse the crime, and it doesn't mean that we didn't prosecute them aggressively and that they didn't go to prison; it just means if we can prevent the crimes with appropriate treatment and medication, then we must do it.

Untreated mental illness and substance abuse adds an enormous burden to the criminal justice system every day. That is why we created a mental health court in Hennepin County, where I prosecuted, which has had many successes, as well as a drug court. But it would be better to prevent people from getting into the system in the first place. That is why this legislation is so important.

Finally, we should care because we know that people who are suffering need help. Mr. President, 54 million Americans suffer from mental illness or substance abuse. Almost 15 million suffer from depression. Over 2 million suffer from schizophrenic disorders. Over 20 million Americans need treatment for alcohol or drug abuse. These numbers are staggering, but ultimately what convinces anyone of the importance of this issue is when we see how real people close to us suffer, whether it is a son or a daughter, a mother or father, or, as in Paul's case, a brother or a sister, a neighbor or a coworker.

PATRICK KENNEDY and JIM RAMSTAD have been brave enough to talk about their own struggles, and that really adds some moral compass to their leadership in the House. I have seen it in my own family with my dad, who suffers from alcoholism, a larger-than-life dad who could climb the highest mountains, whom also I have seen plunge to the lowest valleys with his battle of alcoholism. My dad finally got the treatment he needed, and I have never seen him so happy as in the past 10 years. Other families need to be, as my dad puts it, ''pursued by grace.'' This legislation offers crucial support for people in need.

Several months ago, our Senate unanimously voted in support of mental health parity. The House is now passing its own legislation. I will say that the House bill is stronger, and I prefer the House bill over the Senate version, but I trust these two bills will be reconciled and signed into law, and I hope my Senate colleagues involved in the conference committee will get us and bring us back the strongest bill possible. This will be a victory for millions of Americans living with mental illness who face unfair discrimination in their access to affordable health care treatment.

Again, I thank my colleagues, Senator KENNEDY and Senator DOMENICI, for their leadership on this issue. I thank PATRICK KENNEDY and JIM RAMSTAD for their continued leadership. But in the end, I am here today with respect to Paul Wellstone, who led this fight for so many years. I know he is looking down on us today and looking down at the House of Representatives that is passing this bill with his name in his honor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

AMENDMENT NO. 4094

Mr. LEAHY. Mr. President, I realize we earlier thought we might vote at 12:30 p.m. That has been put off to a little later. I wish to talk about the pending amendment to the Consumer Product Safety Commission Reform Act. I am very worried about it. It would tie the hands of State attorneys general who seek to protect their citizens from harmful products.

I see the distinguished chairman on the floor. He was an attorney general. He knows what is involved in these areas. I applaud his efforts for including in the legislation the power for State attorneys general to enforce consumer product safety violations. As a former prosecutor and as one who watches how carefully anything such as this is done in my home State of Vermont, I certainly do not want us to gut that important enforcement provision by immunizing corporate bad actors for the reasonable costs and fees it takes State attorneys general to bring these actions. States are not rolling in money, but they expect their attorneys general to protect them. If wrongdoers have to pay part of that cost, so be it.

If we strike line 5, 6, and 7 of the pending bill, we immunize corporate bad actors. I don't think any of us should have to go home and tell our legislatures: Boy, we just gutted the ability of our State attorney general to do something, and if he does do something, we want to hit you with a higher bill than you would have paid otherwise.

I understand Senator CORNYN's floor statement in support of his amendment mentioned nothing about reasonable fees and costs incurred by the offices of State attorneys general. Rather, he focused on contingency fee agreements that some attorneys general have decided to make with private lawyers to enforce laws.

Setting aside the contingency fee argument for a moment, I wish to highlight that his amendment would do more than just micromanage the types of staffing decisions State attorneys general enter into. I am always somewhat nonplused to hear Members say how we have to get the Federal Government off our backs and let our States make the determination, that Washington doesn't know best, that our State capitals, legislatures, and Governors have a better idea how to do things, and then all of a sudden bring in amendments that would just run roughshod over our 50 States, would relegate our State Governors and legislators to the dustbin.

We should not strike the lines of this bipartisan legislation that make corporations found liable for violating consumer laws responsible for reasonable costs and fees incurred by States. We do this in private litigation all the time. If you have somebody who has violated the law, they ought to pay the costs and not ask the taxpayers to pay the costs for the violators.

The purpose of Senator CORNYN's amendment is to tie the hands of State attorneys general by prohibiting them from entering into certain types of contracts with private lawyers. I have been here long enough to remember a time when principles of federalism and deferring to State governments meant something in this great Chamber. State elected officials are accountable to their citizens. If the State voters do not like the way a State attorney general is staffing cases, that is easy—just don't reelect him or her. But Senator CORNYN's amendment would make the staffing decision for all State attorneys general, whether it is in Vermont or

New Hampshire or Arkansas or Texas or anywhere else. What he is asking us to do, the 100 Members of this body, is to stand up and say we have greater wisdom than all the legislatures in this country and we are going to tell individual States how they should conduct their business. I believe that is unwise, especially in the context of unsafe products that have the potential to harm consumers. So I oppose this amendment. It undermines the important enforcement role of State attorneys general, and it runs roughshod—it runs roughshod—over any State where their legislature, their Governor, their attorney general wants to protect the people of their State from unsafe consumer products.

Mr. President, 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. PRYOR. 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. PRYOR. Mr. President, it looks as if we have a couple Senators who are preparing to speak. I wish to follow up on the comments, very briefly, that the distinguished chairman of the Senate Judiciary Committee made about the attorneys general.

This idea of allowing State attorneys general to assist Federal agencies with enforcement of Federal decisions is not new in this bill. This has been around for a long time. I have nine examples I want to mention very quickly.

In the Fair Credit Reporting Act, the Telephone Disclosure and Dispute Resolution Act, the Children's Online Privacy Protect Act, the Telemarketing and Consumer Fraud and Abuse Prevention Act, the Credit Repair Organizations Act, the Controlling the Assault of Nonsolicited Pornography and Marketing Act, and one section of the Truth in Lending Act all provide for State attorneys general to have a role in enforcement.

My last point—and this is the ninth one I want to mention—a few years ago, the FTC's telemarketing sales rule went into effect. They said at one point:

> The commission believes that the joint Federal-State enforcement model under the Telemarketing Act provides a practical framework for coordinating our efforts with those of States and results in an efficient and effective law enforcement program.

We are utilizing a model that other Federal agencies that had this model before recognize is an effective and efficient use of resources.

My last point on adding the attorneys general to the enforcement of the CPSC rules, regulations, and decisions is that it is a very efficient way to do it. If we wanted to, the Congress could add another $5 million, $10 million, $20 million, $50 million—whatever it may be—in appropriations to this Federal agency to put people out there around the various States to do the very same work the State attorneys general offices can do without any Federal taxpayers' dollars involved.

I thank the distinguished chairman of the Senate Judiciary Committee for his comments.

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

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

AMENDMENT NO. 4109

Mr. CASEY. Mr. President, I ask unanimous consent that the pending amendment be set aside so I can call up amendment No. 4109.

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

The assistant legislative clerk read as follows:

> The Senator from Pennsylvania [Mr. CASEY], for himself, Mr. BROWN, and Ms. LANDRIEU, proposes an amendment numbered 4109.

Mr. CASEY. Mr. President, I ask unanimous consent that the reading be dispensed with.

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

The amendment is as follows:

> (Purpose: To require the Consumer Product Safety Commission to study the use of formaldehyde in the manufacturing of textiles and apparel articles and to prescribe consumer product safety standards with respect to such articles)
>
> On page 103, after line 12, add the following:
>
> **SEC. 40. CONSUMER PRODUCT SAFETY STANDARDS USE OF FORMALDEHYDE IN TEXTILE AND APPAREL ARTICLES.**
>
> (a) STUDY ON USE OF FORMALDEHYDE IN MANUFACTURING OF TEXTILE AND APPAREL ARTICLES.—Not later than 2 years after the date of the enactment of this Act, the Consumer Product Safety Commission shall conduct a study on the use of formaldehyde in the manufacture of textile and apparel articles, or in any component of such articles, to identify any risks to consumers caused by the use of formaldehyde in the manufacturing of such articles, or components of such articles.
>
> (b) CONSUMER PRODUCT SAFETY STANDARD.—Not later than 3 years after the date of the enactment of this Act, the Consumer Product Safety Commission shall prescribe a consumer product safety standard under section 7(a) of the Consumer Product Safety Act (15 U.S.C. 2056(a)) with respect to textile and apparel articles, and components of such articles, in which formaldehyde was used in the manufacture thereof.
>
> (c) RULE TO ESTABLISH TESTING PROGRAM.—
>
> (1) IN GENERAL.—Not later than 3 years after the date of the enactment of this Act, the Consumer Product Safety Commission shall prescribe under section 14(b) of such Act (15 U.S.C. 2063(b)) a reasonable testing program for textile and apparel articles, and components of such articles, in which formaldehyde was used in the manufacture thereof.
>
> (2) INDEPENDENT THIRD PARTY.—In prescribing the testing program under paragraph (1), the Consumer Product Safety Commission shall require, as a condition of receiving certification under subsection (a) of section 14 of such Act (15 U.S.C. 2063), that such articles or components are tested by an independent third party qualified to perform such testing program in accordance with the rules promulgated under subsection (d) of such section, as added by section 10(c) of this Act.
>
> (d) PREEMPTION.—Nothing in this section or section 18(b)(1)(B) of the Federal Hazardous Substances Act (15 U.S.C. 1261 note) shall preclude or deny any right of any State or political subdivision thereof to adopt or enforce any provision of State or local law that—
>
> (1) protects consumers from risks of illness or injury caused by the use of hazardous substances in the manufacture of textile and apparel articles, or components of such articles; and
>
> (2) provides a greater degree of such protection than that provided under this section.
>
> ''(e) SENSE OF THE CONGRESS.—Congress finds that:
>
> ''(1) Formaldehyde has been a known health risk since the 1960s;
>
> ''(2) As international trade in textiles has grown an number of countries have recently recalled a number of textile products for excessive levels of formaldehyde;
>
> ''(3) The Federal Emergency Management Agency and the Centers for Diseases Control released formaldehyde testing results from trailers in Louisiana and Mississippi on February 14, 2008:
>
> ''(A) Results of these tests showed levels of toxic formaldehyde that were on average five times as high as normal;
>
> ''(B) Formaldehyde in textiles is a known contributor to increased indoor air concentrations of formaldehyde; and
>
> ''(C) The Centers for Disease Control has recommended residents of the 2005 hurricanes living in Federal Emergency Management Agency trailers immediately move out due to health concerns.''

The PRESIDING OFFICER. The Senator is recognized.

Mr. CASEY. Mr. President, I wish to first of all commend the work of several colleagues on this Consumer Product Safety Commission legislation, and in particular the Senator from Arkansas, Senator PRYOR, for long overdue changes of the law that pertain to how we protect consumers, families, across America from unsafe products from around the world that come into Pennsylvania and come into America and can do harm to our families. So I am grateful for the work that went into this legislation.

Today, I wish to raise with this amendment a particular concern I have, and I think it is shared by a lot of people in this body, and that is the threat posed by formaldehyde. I am going to put up a definition so people have a sense of what we are talking about. Formaldehyde is a colorless, strong-smelling gas, and when present in the air at levels above 0.1 parts per million, it can cause watery eyes, burning sensations in the eyes, nose, and throat, nausea, coughing, and all the things you see here, but it has also been shown to cause cancer in scientific studies using laboratory animals and may cause cancer in humans.

So we are talking about something that is a threat to families across this country, and it is something that this legislation should deal with.

Our amendment is very simple. And I should note for the record this amendment is being offered not only by me but by Senator BROWN of Ohio and Senator LANDRIEU of Louisiana. It is very simple what we do. We set forth in this amendment to have the Consumer Product Safety Commission, first of all, study the use of formaldehyde in the manufacturing of textile and apparel articles. That study would be conducted within 2 years, and basically we would want that study to identify risks to consumers caused by the use of formaldehyde in the manufacturing of articles that may be clothing articles or components of such articles.

So, first of all, the study. Secondly, not later than 3 years after the date of the enactment of the amendment, the Consumer Product Safety Commission should set forth a safety standard, which is something this Commission can do and should do with regard to formaldehyde.

Thirdly, we say that the Consumer Product Safety Commission shall prescribe a testing program, a reasonable testing program for textile and apparel articles and components of such articles. Basically, what we are talking about is to test for the presence of formaldehyde and the threat it poses.

Now, what are we talking about? Some of the news articles over the last couple of years point to very basic articles in the life of any family in this country—blankets. There was a problem not too long ago with the presence of formaldehyde in blankets. We have seen examples where toys and other products that impact children, but especially when it comes to clothing in this case, there have been examples of baby clothing where there is a threat posed by the presence of formaldehyde.

Some might say: Well, why would the Consumer Product Safety Commission have to have a regulation such as this and to have a program to deal with this? Well, for some reason, it has been left off the list. Because in terms of the Government agencies already that have regulated the use of or exposure to formaldehyde, the list is long. The Occupational Safety and Health Administration, OSHA, has it; the Environmental Protection Agency, EPA, has it; the Food and Drug Administration; the Housing and Urban Development agency has it. So these are agencies already in the Federal Government that have regulated the use of and exposure to formaldehyde, and what we are asking in this amendment is that yet another critical agency in our Government, the Consumer Product Safety Commission, be charged with the responsibility of studying, setting forth rules and regulations, and also making sure we are doing everything possible to prevent this from becoming an even larger threat to American families.

I would conclude with one chart: the Consumer Product Safety Commission regulations of formaldehyde. And after that, the entire chart is blank because that is exactly what the Consumer Product Safety Commission is doing right now on formaldehyde—nothing, not a single thing, not a single rule that deals with this, despite the threat posed to young children, to babies when they wear baby clothing, or the threat it poses to all Americans when it comes to what we wear.

This is long overdue, and I hope colleagues on both sides of the aisle would not only support, as I think they will, strongly, the elements of this Consumer Product Safety Commission legislation but in particular that they would support this amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

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. 4122

Mr. DORGAN. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from North Dakota [Mr. DORGAN] proposes an amendment numbered 4122.

Mr. DORGAN. 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 strike the provision allowing the Commission to certify a proprietary laboratory for third party testing)

On page 25, beginning with line 21, strike through line 13 on page 29 and insert the following:

''(3) THIRD PARTY LABORATORY.—

''(A) IN GENERAL.—The term 'third party laboratory' means a testing entity that—

''(i) is designated by the Commission, or by an independent standard-setting organization to which the Commission qualifies as capable of making such a designation, as a testing laboratory that is competent to test products for compliance with applicable safety standards under this Act and other Acts enforced by the Commission; and

''(ii) is a non-governmental entity that is not owned, managed, or controlled by the manufacturer or private labeler.

''(B) TESTING AND CERTIFICATION OF ART MATERIALS AND PRODUCTS.—A certifying organization (as defined in appendix A to section 1500.14(b)(8) of title 16, Code of Federal Regulations) meets the requirements of subparagraph (A)(ii) with respect to the certification of art material and art products required under this section or by regulations issued under the Federal Hazardous Substances Act.

''(C) PROVISIONAL CERTIFICATION.—

''(i) IN GENERAL.—Upon application made to the Commission less than 1 year after the date of enactment of the CPSC Reform Act, the Commission may provide provisional certification of a laboratory described in subparagraph (A) of this paragraph upon a showing that the laboratory—

''(I) is certified under laboratory testing certification procedures established by an independent standard-setting organization; or

''(II) provides consumer safety protection that is equal to or greater than that which would be provided by use of an independent third party laboratory.

''(ii) DEADLINE.—The Commission shall grant or deny any such application within 45 days after receiving the completed application.

''(iii) EXPIRATION.—Any such certification shall expire 90 days after the date on which the Commission publishes final rules under subsections (a)(2) and (d).

''(iv) ANTI-GAP PROVISION.—Within 45 days after receiving a complete application for certification under the final rule prescribed under subsections (a)(2) and (d) of this section from a laboratory provisionally certified under this subparagraph, the Commission shall grant or deny the application if the application is received by the Commission no later than 45 days after the date on which the Commission publishes such final rule.

''(D) DECERTIFICATION.—The Commission, or an independent standard-setting organization to which the Commission has delegated such authority, may decertify a third party laboratory if it finds, after notice and investigation, that a manufacturer or private labeler has exerted undue influence on the laboratory.''.

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. 4098

Mr. DORGAN. Mr. President, I send another amendment to the desk and ask for its consideration; amendment No. 4098.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from North Dakota [Mr. DORGAN] proposes an amendment numbered 4098.

Mr. DORGAN. Mr. President, I ask unanimous consent the amendment be considered read.

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

The amendment is as follows:

(Purpose: To ban the importation of toys made by companies that have a persistent pattern of violating consumer product safety standards)

On page 103, after line 12, add the following:

SEC. 40. BAN ON IMPORTATION OF TOYS MADE BY CERTAIN MANUFACTURERS.

Section 17 (15 U.S.C. 2066) is amended—

(1) in subsection (a), as amended by section 10(f) of this Act—

(A) in paragraph (5), by striking ''; or'' and inserting a semicolon;

(B) in paragraph (6), by striking the period at the end and inserting ''; or''; and

(C) by adding at the end the following:

''(7) is a toy classified under heading 9503, 9504, or 9505 of the Harmonized Tariff Schedule of the United States that is manufactured by a company that the Commission has determined—

''(A) has shown a persistent pattern of manufacturing such toys with defects that constitute substantial product hazards (as defined in section 15(a)(2)); or

''(B) has manufactured such toys that present a risk of injury to the public of such a magnitude that the Commission has determined that a permanent ban on all imports of such toys manufactured by such company is equitably justified.''; and

(2) by adding at the end the following:

''(i) Whenever the Commission makes a determination described in subsection (a)(7) with respect to a manufacturer, the Commission shall submit to the Secretary of Homeland Security information that appropriately identifies the manufacturer.

''(j) Not later than March 31 of each year, the Commission shall submit to Congress an annual report identifying, for the 12-month period preceding the report—

''(1) toys classified under heading 9503, 9504, or 9505 of the Harmonized Tariff Schedule of the United States that—

''(A) were offered for importation into the customs territory of the United States; and

''(B) the Commission found to be in violation of a consumer product safety standard; and

''(2) the manufacturers, by name and country, that were the subject of a determination described in subsection (a)(7)(A) and (B).''.

Mr. DORGAN. Mr. President, this issue of imported products from abroad in an increasingly globalized world is a very significant and serious issue. I am not one who suggests we can retreat from the global economy. Clearly, the global economy exists. I would say the rules for the global economy have not nearly kept pace with the galloping movement of this global economy and, as a result of it, we have some very serious trade issues, we have imbalances in trade, we have the largest trade deficit in human history, we have the loss of American jobs being shipped overseas, and then we have, in addition to all that, we have products that are now made overseas, shipped into this country, that we have discovered are dangerous products.

My colleague from Arkansas, Senator PRYOR, under his leadership, and with others, have brought a bill to the floor of the Senate. I am on the Senate Commerce Committee, and I was pleased to work with them and play a very small role in helping create this legislation, but I wish to commend my colleague and others for bringing a bill to the floor that gives the Consumer Product Safety Commission some additional authority.

Now, the Consumer Product Safety Commission is headed by somebody who didn't want the authority; didn't seem to think it was necessary, unfortunately. We need someone at the Consumer Product Safety Commission who is very interested, very alert, and very engaged on these issues. Because the fact is, these can be life-or-death issues. That is a plain fact.

Now, the amendment I have offered, the second amendment, is relatively simple. I wish to describe it. It is an amendment that says the Consumer Product Safety Commission should have the authority to permanently ban imports from certain producers, foreign producers, that have shown a persistent pattern of shipping unsafe products to our shores. Let me repeat. This simply gives the Consumer Product Safety Commission the authority to ban imported toys from unsafe producers.

Under this amendment, the Consumer Product Safety Commission would have the full discretion to decide whether a particular case warrants such a ban. I think it would shock most Americans to learn that there is no such authority that exists at the moment. We can have a company that sends us once, twice, 4 times, 5 times, 10 times or 20 times unsafe products into this country, and there is no authority for anyone to ban that company from shipping products into the U.S. marketplace. That is wrong.

So let's say that a company, in this case let me say China—and I don't mean to pick on the Chinese, but the fact is 85 percent of the toys that come into this country are coming in from China—let's say a manufacturer has a complete and persistent record of painting their toys with lead paint. How often should we allow that company to be caught sending toys into this country with lead paint; lead paint that has a significant capacity to provide injury to children? How long should we allow that to happen? Under current law, the answer is, there is no limit.

Hopefully, we will find the toys and prevent them from being on the store shelves. But at the present time, there is no limit, and no one has the capability to ban the producers from sending those products into this country.

There are Chinese companies producing for U.S. brands that have had many repeated problems. In September, Mattel, Incorporated, announced the third massive recall in a 5-week period. At that point, Mattel found 848,000 Chinese-made Barbie and Fisher-Price toys that had excessive amounts of lead paint. Toys were pulled from the store shelves at that point, and that included Barbie kitchens, furniture items, Fisher-Price train toys, and Bongo Band drums, among others. The surface paints on these toys contained excessive levels of lead, which is prohibited under Federal law because, frankly, it is unsafe for children.

Now, in addition to those recalls, Mattel has recalled nearly 9 million Chinese-made toys coated with toxic lead paint and other safety problems. The plastic preschool toys sold under the Fisher-Price brand in the United States include the popular Big Bird, Elmo, Dora, and the Diego characters.

In June of last year, RC2 Corporation recalled 1.5 million wooden railroad toys and set parts from its Thomas & Friends. Most parents of young children will recognize Thomas & Friends, the wooden railway product line, which was made by Hansheng Wood Products factory using lead paint. So 1.5 million of these toys were headed to the store shelves in this country.

Now, the question: Why would a producer anywhere use lead paint? Well, because lead paint is bright, it is durable, it is flexible, it is fast drying, and most of all, it is cheap. China mass produces lead paint and coloring agents such as lead chromate because they are generally cheaper than organic pigments.

But lead is dangerous even in small quantities. We have known that for a long while in this country. Going back to 1978, the U.S. Consumer Product Safety Commission made it illegal to use any paint containing more than 0.06 percent of lead for residential structures, hospitals, and children's products.

We have known about lead for so long that Ben Franklin wrote about the dangers of lead. Ben Franklin wrote a letter about the bad effects of lead taken inwardly. Some 19th century paint companies advertised their paint in newspaper ads bragging it was lead free. So this isn't some new discovery, that lead is a problem and a potential human health problem. And it is no accident that some of these toys are containing excessive levels of lead paint. Because, as I said, lead is cheap, the contractors that are making these products are trying to lower costs, and they are not spending a lot of time wondering about human health issues.

Now, let me describe this silver chain. This is a Chinese-made charm.

This charm is an example of a heartbreaking case. This happened in March 2006 when a 4-year-old Minnesota boy died of lead poisoning after swallowing this small, heart-shaped charm that came as a gift with a purchase of Reebok tennis shoes. A little 4-year-old boy swallowed this, and this was 99 percent lead. The fact is, these kinds of circumstances can kill. Unsafe toys can kill.

Jarnell died because a trinket, made of 99 percent lead, was included with a shoe, and that trinket was swallowed by a young child, and he is dead.

Ann Brown, who headed the Consumer Product Safety Commission from 1994 to 2001—and by the way, I might say, she was an extraordinary public servant, did a wonderful job. She said there should be an outright ban on any lead in any toy product. She said: If I were at the CPSC now, the Consumer Product Safety Commission, I would say that trying to recall tainted products is like picking sand out of the beach: it is just not possible. I agree with that.

The only way to make certain our products on our store shelves are safe, and especially toy products that are going to be used by our children, is to give the officials who are supposed to be monitoring this and regulating this the authority to permanently ban unsafe producers. Short of that, we are going to continue to see these problems. Then we are going to scratch our heads and wonder: Why do these still exist? The reason they still exist is the same companies are shipping us tainted products and unsafe products. This is not rocket science. We have seen the products, we have read about the products, we have heard about the products. They include, yes, a trinket with a tennis shoe; they include a small wooden toy painted with lead paint; they include toothpaste; they include cat food, contaminated shrimp, car tires—you name it.

The question is, Who is going to stand up for and support the interest of American consumers? I think it has been the case that when these problems came to light and people lost their lives because of them, many of the producers, particularly some in China, said: None of this is true. These are problems that are exaggerated, and our products are safe.

Then, in June, when there was a tremendous outcry here in the United States, regulators in China finally said they had closed 180 food plants and that inspectors had uncovered more than 23,000 food safety violations. China Daily, the nation's English-language newspaper, said industrial chemicals, including dyes, mineral oils, paraffin wax, and formaldehyde, had been found in everything from candy to pickles to biscuits to seafood. China announced on July 9 of last year that it had actually executed the former head of its food and drug safety agency for accepting bribes in excess of $800,000 in exchange for approving substandard medicines.

Well, we know the problem. That is why we have a bill on the floor of the Senate. We know at least a part of this solution. The bill on the floor of the Senate is a good bill. But I have an amendment that would improve it, so that when you have a company that has a persistent and consistent and relentless problem of shipping unsafe products to this country, we can say: Stop, you cannot do it anymore.

I read a while back about a guy in my home State who was picked up 13 or 14 times for drunk driving. Our State said: Stop. You cannot drive any more. It is over. We are not putting up with this.

We ought to do the same thing with companies—not only in China but elsewhere—that send unsafe or tainted products that are unsafe for American consumers and especially children. We ought to do the same thing to companies that do that over and over again. If they are not willing to abide by the regulatory processes and by the standards we set and adopt in this country, then they are not welcome any longer to ship products to our store shelves. So I offer an amendment that would allow us at least the authority—not the requirement, the authority—to outright ban products from companies that have a record of persistent problems in sending unsafe or tainted products to our store shelves.

Again, I wanted to say that as all of this has played out, this is all part of the global economy these days. You know, you produce somewhere and ship it somewhere else, and someone consumes it. I have spoken extensively about this, this issue of the global economy that has galloped forward, but the rules have not kept pace. This is one more area where the rules have not kept pace, and this underlying piece of legislation is an attempt to establish better rules.

Now, the fact is, we cannot force this to work unless we have people in agencies who are hired and paid by the Federal Government who want to do their job. The fact is, we have had abysmal leadership at one of the agencies that ought to have been involved in stopping this. It is unbelievable to me that someone collects a paycheck and has a sense of self-worth if they are not interested in standing up for what their agency should stand up for, but that has been the case.

So we bring a piece of legislation to the floor that is a good piece of legislation, that establishes new rules, rules that will provide for safety for American consumers. But we need better management and better leadership as well at some of these agencies who have decided they are going to stand up for consumers too.

AMENDMENT NO. 4122

I wish to mention the second amendment I have offered, which is one about which I will not speak at great length. I wish to visit with the manager of the bill at some point. That is an amendment which would strike the provision that allows the Commission to certify a proprietary laboratory for third-party testing. I would like to see independent testing. Let me hasten to say I accept the good intentions, the good will of those who wish to test themselves, but in my judgment, when you have proprietary testing, it is a step or several steps away from independent testing. I wanted to talk to the manager of the bill about this amendment to see if we can find a way to at least make sure all testing that is done represents truly independent testing.

STRATEGIC PETROLEUM RESERVE

Mr. President, I wish to finish my comments with another point.

Yesterday, I came to the floor, and I was going to offer an amendment, but there was an objection because my amendment is admittedly not germane. I will not attempt to offer it today. I understand others are not offering the nongermane amendments, so I will certainly not offer mine, except to say I intend to offer it every chance I get. I will find a crevice someplace on an authorization bill or I will do it on the Energy and Water appropriations bill that I write because writing the chairman's mark gives me an opportunity to simply write it in.

It deals with this question of today, on Wednesday, we are sticking 60,000 to 70,000 barrels of oil underground in one of our domes to save it for the future, at a point when the price of gasoline is at $3, $3.50, going to $4 a gallon and oil is rocketing up around $103 a barrel and the Strategic Petroleum Reserve, where we store oil underground for a rainy day, is 97 percent full. We have the administration taking oil from the Gulf of Mexico as royalty-in-kind from oil wells, and instead of putting it into the supply and converting it to money for the Federal Government, they are sticking it underground and saving it for a rainy day. This is, by the way, a subset of oil called sweet light crude. What that does is put upward pressure on oil and gas prices at exactly the wrong time.

This is not rocket science either. Why would you pick the highest price of oil and say: By the way, the Federal Government has decided, in addition to all of the other issues out there with respect to energy policy, we have decided to see if we cannot put some upward pressure on gas prices, and they have. Government witnesses testified before the Energy Committee yesterday and admitted that this puts upward pressure on gas prices. So why on Earth would we stick 60,000 or 70,000 barrels of oil a day underground? That is unbelievable to me. It is going to double. There are going to be 125,000 barrels a day in the second half of this year, sticking it in the Strategic Petroleum Reserve.

I now have a piece of legislation that would say: You cannot do that. There has to be a 1-year pause unless the price of oil goes back below $75. But if it does not, there has to be a 1-year pause, that the oil has to go into the supply, not underground.

The Federal Government ought not be making things worse for consumers, you know. There are a lot of interests here that are causing American drivers to be burned at the stake, but the Federal Government is carrying the wood when it is putting oil underground. That makes no sense at all. We have OPEC, all of these other issues. We have unbelievable speculation in the market, with hedge funds and investment banks knee-deep in a carnival of speculation.

We had a witness testify that the oil futures market has become like a 24/7 casino—never closes. The result of all of this speculation by people who are trading in oil—and they will never have the oil and never get oil, yet they are trading futures contracts and driving up the price every time as all of that speculation goes on. I think that deserves and needs an investigation.

Our Federal Government has decided on a policy of taking oil out of the supply and sticking it underground. There is only one word for that; that is, ''nuts.'' We have to stop it.

I was not able to offer this amendment on this bill yesterday, but I will be back with this amendment. In my judgment, we will have a vote on it in the Senate because we have the votes to pass it and say to this administration: Stop it. Put an end to it. Put that oil in the supply and put downward pressure on gas prices and downward pressure on oil prices.

Mr. President, I yield the floor.

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

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

Mr. KOHL. Mr. President, I have an amendment I would like to offer at some point. I will not do so at this time, but I would like to make some general comments on the subject.

The PRESIDING OFFICER. The Senator is recognized.

Mr. KOHL. Mr. President, the bipartisan amendment I am talking about addresses the troubling use of court secrecy. Far too often, our courts permit vital information that is discovered in litigation, which bears directly on public health and safety, to be covered up. Our amendment is a narrowly targeted measure that will make sure court-endorsed secrecy does not prevent the public from learning about health and safety dangers.

This amendment is a good amendment because it is a complement to this bill, and we know private lawsuits are often a critical source of information about dangerous products. Court secrecy often hinders regulatory agencies in their efforts to protect the public.

Under the amendment, judges would have to consider public health and safety before granting a protective order for sealing court records and settlement agreements. Judges have the discretion to grant or deny secrecy based on a balancing test that weighs the public's interest and public health and safety hazards and legitimate interests in secrecy such as trade secrets. The amendment does not place an undue burden on our courts. It simply states that in a limited number of cases, judges would have to take a closer look at requests for secrecy.

We know there are appropriate uses for these orders and we are confident that our judges will protect information that truly deserves it.

We are all familiar with well-known cases where protective orders and secret settlements prevented the public from learning about the dangers of silicone breast implants, IUDs, prescription drugs, exploding gas tanks, dangerous playground equipment, collapsing baby cribs, and defective heart valves and tires. Had information about these harmful products not been sealed, injuries could have been prevented and lives could have been saved.

At a December hearing, we learned that while some judges may be more aware of the issue, this problem continues, and we have examples to prove it. Johnny Bradley told us the chilling details of a car accident caused by tire tread separation that killed his wife and left him and his son severely injured. During his lawsuit against Cooper Tire, he learned that information about similar accidents had been kept secret for years through court orders and secret settlements. Today, details about this tire defect remain protected by court orders while Cooper Tire continues to aggressively fight attempts to make them public.

We also heard from Judge Joe Anderson, a Federal district court judge in South Carolina. He supports the bill as a balanced approach to address ''a discernable and troubling trend'' for litigants to ask for secrecy in cases where public health and safety might be adversely affected. He told us about a local rule in South Carolina, one that goes even further than our amendment, and how it has been a great success. The number of trials has not increased and cases continue to settle even though secrecy is no longer an option in that court.

I have heard concerns about national security and personally identifiable information so I have included language to ensure that this information is protected. I have also heard concerns about protecting trade secrets. I would like to make it very clear that our amendment protects trade secrets. We are confident that judges, as they are already required to do, will give ample consideration to them as part of the balancing test. However, we will not permit trade secrets that pose a threat to public health and safety—such as defective tire design—to justify secrecy.

Some people argue that there is no evidence that protective orders or sealed settlements present a significant problem. Just ask the thousands of people who took the prescription drug Zyprexa without knowing the harmful side effects that were concealed by a secret settlement. Or ask the parents whose children were injured or killed by dangerous playground equipment, collapsing baby cribs, ATVs, and over-the-counter medicines.

If information about these products had not been sealed, we may have known about the dangers and lives could have been saved. So I hope my colleagues will support the efforts we are trying to bring to bear to pass this long overdue legislation.

Thank you so much, Mr. President.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

AMENDMENT NO. 4096

Mrs. MCCASKILL. Mr. President, I want to talk a little bit about an amendment that has been offered by Senator DEMINT to remove a very important provision of this bill—a very important provision because it deals with whistleblowers.

Now, why do we need to protect whistleblowers? Well, let's be honest about this. I think Senator PRYOR has done a masterful job of laying out the reality of the Consumer Product Safety Commission and, frankly, the tawdry way it has met its responsibilities over the last 7 years. We obviously need to do many of the things that are included in this legislation, and I thank Senator PRYOR for his work on this legislation, along with Senator INOUYE, Senator STEVENS, and Senator COLLINS, because this is important.

We are talking about the lives and health and safety of people who think we are on the job. They think their Government is, in fact, looking out for their safety and protection in terms of consumer products, and the safety of those products.

So why do we need whistleblower provisions? Because frankly that is our best line of defense. It is, in fact, the people who work at this important agency who have been most offended at some of the practices of this administration in terms of undermining and gutting the work that has been done by the brave, talented, and competent people who work there. So I do not know why we would be reluctant to give them whistleblower protection.

This is not a new concept. Whistleblower protection is not a new concept. This Congress has enacted and this President has signed many whistleblower protection laws into being over the last several years. Let's review them. These are the same commonsense protections that were already passed by the Senate and signed into law as part of the 9/11 Implementation Act and Defense Authorization Act.

Since 2000, Congress has passed the following same kind of commonsense whistleblower protections: We have done AIR–21 in 2000 for airline industry workers. We have done Sarbanes-Oxley in 2002 for employees of publicly traded companies. We have done the Pipeline Safety Act in 2002 for oil pipeline employees. We have done the Energy Policy Act in 2005 for nuclear workers. We have done, as I said, the Implementing Recommendations of the 9/11 Commission Act in 2007 for railroad and public transportation workers. And, of course, we have done the Defense Authorization Act in 2008 for Department of Defense contractors.

Now, why would we want to protect the contractors' employees at the Defense Department and not protect the employees in the Consumer Product Safety Commission? That does not even make sense. Of course, we want to protect them.

Let me give you some examples of what some of the employees have said publicly about some of the pressures they face and about the atmosphere in which they work. Then you realize the kind of protection they need.

One CPSC safety employee said his boss, his superior:

> . . . hijacked the presentation. . . . He distorted the numbers in order to benefit industry and defeat the petition. It was almost like he still worked for them, not us.

And by ''them,'' he meant the industry that was supposed to be regulated and supposed to be made accountable.

Another CPSC safety employee said:

> Buyer beware—that is all I have to say.

Another one:

> So much damage has been done.

Another one:

> It's a complete disaster.

All of these employees were talking about what they know and what they see in terms of this agency's failings to do the bare minimum, the basic necessities of protecting consumers.

In March 2005, CPSC called together the Nation's top safety experts to confront an alarming statistic: 44,000 children riding ATV vehicles were injured the previous year, nearly 150 of them killed. Subsequent to an alarming presentation by CPSC employees of the dangers and risks, the agency's director of compliance then presented a public view that was unsubstantiated by the research that had been done.

The head of the poison prevention unit resigned when the efforts to require inexpensive child-resistant caps on hair care products that had burned toddlers were delayed, and delayed so industry costs could be weighed against the potential benefit to unsuspecting children.

These whistleblower protections will not shield bad employees. It does not protect disgruntled employees who make false claims, and it does not prevent an employer from firing a whistleblower for unrelated reasons, such as poor performance.

Let's get to the meat of the matter. The President does not like the whistleblower protections. I wish I were surprised. The claim is that the administration thinks this provision of the bill extends new whistleblower protections in ways that are unnecessary. This administration being hostile to a provision protecting whistleblowers is a little bit like the Sun coming up. It has gone out of its way to lobby against every whistleblower law that has been enacted.

This is a very secretive administration, and they are simply hostile to the concept of whistleblowing because it sheds light—it sheds light—and public scrutiny on abusive conduct that betrays the public trust.

Another claim made by the administration: These provisions are likely to result in serious problems for the CPSC in carrying out its mission and will cause a serious increase in the number of frivolous claims brought against employers.

Yes, the specter of frivolous claims. We always need to be worried about the specter of frivolous claims and frivolous lawsuits. It is not real, this worry from the administration. This provision is designed to help the dramatically understaffed CPSC enforce the law. It is a necessary enforcement cornerstone for this vital reform to be realized most effectively.

With only 400 employees, we cannot expect this agency to find every single consumer hazard or product that makes its way to consumers. We need to empower the employees to help. We need to protect them if they want to bring the public's attention to the work they have done.

There have been numerous concerns expressed about the increased burden to be placed on employers because of litigation. Frankly, these shrill predictions have been made every single time—every time we have considered one of the 35 other corporate whistleblower laws that Congress has passed.

The CPSC whistleblower language retains preexisting effective structural checks against litigation abuses. And this is important; let me underline this. There is not one case—not one case—since 1974 where the CPSC has had to use the structural checks against litigation abuses. In other words, this is a complete paper tiger.

Let's do what is right here. We should be celebrating whistleblowers, we should be thanking whistleblowers, and, by all means, we should be protecting whistleblowers.

I urge the Senate to reject the DeMint amendment that would gut one of the important ways we have in this bill to actually protect the innocent consumer from, in fact, having a toy with lead paint or another dangerous product that could do real and irreversible harm to members of their family.

Mr. 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.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. 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. KLOBUCHAR. Mr. President, I wish to address one point related to the amendment that the Presiding Officer and I have, amendment No. 4105, which is coming up for a vote shortly.

I received an e-mail communication from the Consumer Product Safety Commission which pledged Chairman Nord's support for our amendment. I am pleased she is supporting our amendment which basically bans industry from financing travel when it involves industries the Consumer Product Safety Commission regulates.

They also clarified in the amendment that there were, in fact, I think 29 instead of 30 trips that were taken in the last 7 years but also that Chairman Nord herself took only 3 of these trips and that the rest of the trips were her predecessor who went on trips to places such as China. I would point out that one of the trips she took, which they call mundane in this e-mail, was to New York that was financed by the toy industry itself. As my colleagues know, we are now dealing with these toxic toys. Another one she took which wasn't mentioned in her e-mail, but I am getting out of the Washington Post article, was $2,000 in travel from the Defense Research Institute to attend its meetings in New Orleans on product litigation trends. Her predecessor had attended the same group's meeting in Barcelona.

My point is to clarify the record. We are pleased to have Chairman Nord's support for our amendment. But I would note the issue that doesn't seem to be grappled with in this e-mail is the consumers who have to deal with this—the families with whom Senator PRYOR and I met, including the mother of the little boy who swallowed the Aqua Dot that morphed into the date rape drug—they were not able to finance the travel. They were not able to spend 2 days with the head of the Consumer Product Safety Commission to make their case.

That is why I believe it is very important, as we look at the ethical accountability issues related to the Consumer Product Safety Commission, that this amendment pass.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

AMENDMENT NO. 4103

Mr. CARDIN. Mr. President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 4103.

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

The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Maryland [Mr. CARDIN] proposes an amendment numbered 4103.

Mr. CARDIN. 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 require the Consumer Product Safety Commission to develop training standards for product safety inspectors)

On page 5, between lines 21 and 22, insert the following:

(c) TRAINING STANDARDS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Consumer Product Safety Commission shall—

(A) develop standards for training product safety inspectors and technical staff employed by the Commission; and

(B) submit to Congress a report on such standards.

(2) CONSULTATIONS.—The Commission shall develop the training standards required under paragraph (1) in consultation with a broad range of organizations with expertise in consumer product safety issues.

Mr. CARDIN. Mr. President, this amendment would require that new hires of the Consumer Product Safety Commission be adequately trained by making sure a study is done on adequate training.

First, I wish to take some time, if I might, for one moment to thank my colleagues for bringing the Consumer Product Safety Commission Reform Act to the floor of the Senate. It is long overdue. There are many important provisions in this act, including dealing with an issue that has been very dear to me, coming from Baltimore, which has been a city actively involved in trying to deal with lead poisoning. I am pleased this legislation will ban lead in our children's toys and set up independent testing to make sure we have an effective way to deal with lead in toys, particularly those that are imported.

There are many other important provisions of this act. The amendment I called up is an amendment to make sure that as the new hires come to the Commission, these individuals are adequately trained so we can make sure they are doing their work appropriately. I believe we will have support on both sides of the aisle, and I hope that amendment can be cleared.

I also anticipate offering two additional amendments which have not yet been cleared for introduction, and I hope I have a chance to do that on behalf of Senator OBAMA. One amendment would include the right to know for products that are recalled, so the public would know the exact information they need so the recall notices are effective. It would include the manufacturer. It would include where the product came into our market. It would include a lot more information, consumer information, as to how they can get relief. I hope I have a chance to offer that amendment at a later point.

I yield the floor, and 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. PRYOR. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. PRYOR. Mr. President, I ask unanimous consent that the Senate proceed to a vote immediately in relation to Klobuchar amendment No. 4105, as modified, with 2 minutes of debate prior to the vote, equally divided; further, that no second-degree amendments be in order prior to the vote; that following the vote in relation to the Klobuchar amendment, there be 1 hour of debate on Cornyn amendment No. 4094, as modified, with the time equally divided between Senators CORNYN and PRYOR, or their designees; further, that a vote in relation to the Cornyn amendment occur at a time to be determined by the two leaders; that no second-degree amendments be in order prior to the vote, and there be an additional 10 minutes of debate prior to the vote in relation to the Cornyn amendment.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENT NO. 4105

We now have 2 minutes of debate on the Klobuchar amendment. Who yields time?

Ms. KLOBUCHAR. Mr. President, I will divide my time with Senator MENENDEZ. We feel strongly about this amendment. This is an amendment that basically says the Chairman of the Consumer Product Safety Commission and other employees cannot finance their travel from the industry they are regulating. This was a major scandal this fall, right in the middle of the time that we found out that 29 million toys had been recalled, that employees of the CPSC were taking travel paid for by the industry they are supposed to regulate. It is not consistent with what SEC and other agencies do. We believe this amendment is very important. We heard from the chairman of the Commission that she doesn't oppose this amendment. Thank you.

I yield the floor.

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

Mr. MENENDEZ. Mr. President, I join my colleague from Minnesota in advocating that all Members of the Senate support the amendment. The Senate overwhelmingly voted to do the same as it related to this institution, this body, in terms of not taking travel from lobbyists. The CPSC should have no less a standard. Consumers should feel safe that, ultimately, those products are going on the market not because of the influence of some trips a Commissioner took.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. STEVENS. I yield back our time.

The PRESIDING OFFICER. The question is on agreeing to the Klobuchar amendment.

Ms. KLOBUCHAR. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from New York (Mrs. CLINTON), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 96, nays 0, as follows:

[Rollcall Vote No. 38 Leg.]

YEAS—96

Akaka	Crapo	Lautenberg
Alexander	DeMint	Leahy
Allard	Dodd	Levin
Barrasso	Dole	Lieberman
Baucus	Domenici	Lincoln
Bayh	Dorgan	Lugar
Bennett	Durbin	Martinez
Biden	Ensign	McCaskill
Bingaman	Enzi	McConnell
Bond	Feingold	Menendez
Boxer	Feinstein	Mikulski
Brown	Graham	Murkowski
Brownback	Grassley	Murray
Bunning	Gregg	Nelson (FL)
Burr	Hagel	Nelson (NE)
Cantwell	Harkin	Pryor
Cardin	Hatch	Reed
Carper	Hutchison	Reid
Casey	Inhofe	Roberts
Chambliss	Inouye	Rockefeller
Coburn	Isakson	Salazar
Cochran	Johnson	Sanders
Coleman	Kennedy	Schumer
Collins	Kerry	Sessions
Conrad	Klobuchar	Shelby
Corker	Kohl	Smith
Cornyn	Kyl	Snowe
Craig	Landrieu	Specter
Stabenow	Thune	Webb
Stevens	Vitter	Whitehouse
Sununu	Voinovich	Wicker
Tester	Warner	Wyden

NOT VOTING—4

Byrd	McCain
Clinton	Obama

The amendment (No. 4105), as modified, was agreed to.

Ms. KLOBUCHAR. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 4094

The PRESIDING OFFICER. There is now 60 minutes equally divided on the Cornyn amendment. Who yields time?

AMENDMENT NO. 4124

Mr. DEMINT. Mr. President, I have an agreement with the chairman and the next speaker to bring up an amendment and then yield the floor. I ask unanimous consent to set aside the pending amendment and send an amendment to the desk.

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

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. DEMINT] proposes an amendment numbered 4124.

Mr. DEMINT. 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 strike section 31, relating to garage door opener standards)

Beginning on page 85, strike line 22 and all that follows through page 86, line 8.

Mr. DEMINT. I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

AMENDMENT NO. 4094

Mr. CORNYN. Mr. President, the managers of this legislation, Senator PRYOR and Senator STEVENS, have introduced what I think is, by and large, a very good bill designed to protect consumers. As a matter of fact, I support the expansion of enforcement authority not only to include the Department of Justice, Federal law enforcement authorities, but also to deputize State attorneys general to seek injunctions for violations of the act. That comes from my experience as serving as the attorney general of my State for 4 years.

I think the State attorneys general can provide additional resources in their capacity as the chief consumer protection officer of their State to make sure that consumers are protected. Although in talking to my colleagues, the question was raised, well, if there is only an injunction sought, then why do we need a prohibition against contingency fees that might be paid to outside lawyers to whom this job would be outsourced? And the answer to that is, lawyers can get pretty creative sometimes and figure out a

way to pay an outside lawyer a contingency fee even when all the relief that is granted is an injunction.

I want to be clear about what this amendment is and what this amendment is not. This amendment has no bearing whatsoever on the right of an individual if they can't afford any other way to hire a lawyer than based on a contingency fee arrangement. Historically, since the days of England, or Anglo-American jurisprudence, we have recognized the contingency fee as the poor person's key to the courthouse; being able to sign a piece of their recovery, whether it is a settlement or a judgment of a court, as a way to get into court, to sort of level the playing field.

But this is not a case of a person who cannot afford to hire a lawyer unless they hire them using a contingency fee. We are talking about the Federal Government. We are talking about the State governments. And I think there are important reasons to make sure the people who represent the sovereign State of Texas and the other 49 States or the U.S. Government are accountable to the public and are not only in it as bounty hunters seeking to maximize their recovery without any sort of political accountability. That lack of political accountability happens when lawyers for the Government outsource their responsibilities, or at least the job of suing, to private lawyers but without any political accountability associated with it.

I would point out there are tragic examples of what I am talking about. It is not a hypothetical. Before I was elected as attorney general of my State in 1998, my predecessor hired outside lawyers to pursue tobacco companies in the much ballyhooed tobacco litigation. The justification for that was supposed to be that the money was going to be used to stop underage smoking and to try to make sure the public was well educated about the dangers of tobacco. Well, I am sorry to say, as a result of that litigation, the private lawyers hired by the then-attorney general of Texas received more than $3 billion—billion dollars—in attorney's fees that I believe should have gone to the State of Texas to help in those targeted sorts of programs.

There is no accountability. There is no reason the State or the Federal Government should have to outsource its responsibilities to private lawyers. And my amendment is designed to make sure that does not happen under the context of consumer protection.

We found out, though, what is being circulated by an organization that used to be called the American Trial Lawyers Association, now called the American Association for Justice—interesting selection of names—that is opposed to my amendment. It makes clear the concerns I had that ultimately this bill, which would provide only for the attorneys general to seek injunctions, is perhaps to be used as a vehicle to expand that to allow private lawyers, acting under the authority of the State attorneys general, to seek money judgments against any business they are big enough and bad enough to sue.

As you can see, in the fourth paragraph of this document, it says:

> Proponents of the Cornyn amendment are desperate to prevent an even playing field for consumers. Prohibiting the use of contingency fees will result—as the proponents of the amendment know it will result—in State attorneys general being wholly unable to utilize private attorneys in those very cases where litigation expenses and complexity make the assistance of private attorneys essential.

It is ironic, that it is the very outside lawyers—the trial lawyers—who hope to be hired by the State attorneys general to pursue that litigation who are opposing this amendment, even though they know that under the consumer product safety laws that are currently on the books it provides for the computation of a reasonable attorney's fee in the recovery and pursuit of a claim. As a matter of fact, it provides an attorney's fee based on actual time expended by the attorney in providing the advice and other legal services in connection with representing a person in an action brought under this law, such reasonable expenses as may be incurred by the attorney in the provision of such services, which is computed at the rate prevailing for the provision of similar services with respect to actions brought in the court which is awarding such fee.

So it is, unfortunately, clear this provision, in this otherwise good piece of legislation, is being used as a Trojan horse not just to protect consumers but to benefit outside lawyers and to have a lack of political accountability that is, I believe, required to make sure the lawyers who represent the United States of America in the Department of Justice or the State attorneys general conduct themselves in an appropriate and accountable sort of fashion.

I mentioned this before, and I will mention it again, that there are examples where this very arrangement has resulted in corrupt bargains. My predecessor's attorney general has just recently left a Federal penitentiary, having served time in prison because he used this outside fee arrangement basically to funnel money to a friend. So this is a very real and present problem.

It is clear the provisions that have been negotiated between the distinguished Senator from Arkansas and the distinguished Senator from Alaska, which would limit it to just seeking injunctions, that perhaps there is a design or plan or the possibility that this will be expanded in conference to include authorizing private lawyers to then sue small businesses and large businesses across the country and authorize the delegation or outsourcing of those responsibilities that the Department of Justice or these attorneys general have to outside counsel, with no accountability, and the very real prospect that there will be abuse and, in some cases perhaps, even corruption.

So I hope my colleagues will learn from the experience of the past, the sad experience of the past, where these sorts of arrangements have been entered into in a way that has resulted in not only not accomplishing the goals sought by the legislation but also outright corruption.

AMENDMENT NO. 4094, AS MODIFIED

Mr. President, I ask unanimous consent that my amendment be modified, with the changes at the desk, and I reserve the remainder of my time.

The PRESIDING OFFICER. The amendment is modified under the order.

The amendment, as modified, is as follows:

> On page 58, strike lines 4 through 7 and insert the following:
>
> ''(g) If the attorney general of a State obtains a permanent injunction in any civil action under this section, that State can recover reasonable costs and a reasonable attorney's fees from the manufacturer, distributor, or retailer, in accordance with section 11(f).
>
> ''(h)(1) An attorney general of a State may not enter into a contingency fee agreement for legal or expert witness services relating to a civil action under this section.
>
> ''(2) For purposes of this subsection, the term 'contingency fee agreement' means a contract or other agreement to provide services under which the amount or the payment of the fee for the services is contingent in whole or in part on the outcome of the matter for which the services were obtained.''.

The PRESIDING OFFICER. Who yields time?

Mr. PRYOR. Mr. President, I suggest the absence of a quorum, and I ask unanimous consent that the time run equally.

The PRESIDING OFFICER. Is there objection?

Mr. CORNYN. Reserving the right to object, I did not hear the request.

Mr. PRYOR. I suggested the absence of a quorum and that the time run equally on both sides.

Mr. CORNYN. Mr. President, if I may, I will object only for the purpose of asking unanimous consent that the document that was depicted in the chart be made a part of the record following my remarks.

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

OPPOSE THE CORNYN CONTINGENCY FEES AMENDMENT—DON'T LET OPPONENTS OF STRONGER CONSUMER PROTECTIONS CHANGE THE SUBJECT AND WEAKEN ENFORCEMENT

(By the American Association for Justice (formerly ATLA))

Despite what the bill's opponents wish the Senate to believe, the CPSC Reform Act is not about plaintiffs' attorneys and it is not about allowing state officials to reward their friends or pursue a political agenda. Those are entirely spurious attacks by the bill's opponents, deliberately designed to change the subject and undermine the Senate's will to enact the bill's tough, new standards for manufacturers.

Congress has no business (and no constitutional authority!) telling state governments they may not enter into contracts that are perfectly legal under state law. Prohibiting

state attorney generals from entering into lawful contracts with private attorneys is designed for one purpose only: to discourage the use of the very enforcement tools that the CPSC Reform Bill sets out to enact.

Opponents of the bill know that occasionally state governments will lack the necessary financial resources or the requisite expertise to themselves handle complicated civil actions. In such cases, Congress has no constitutional authority whatsoever to deny these governments their right to enter into lawful contracts under state law.

Proponents of the Cornyn Amendment are desperate to prevent an even playing field for consumers. Prohibiting the use of contingency fees will result—as the proponents of the amendment know it will result!—in state attorneys general being wholly unable to utilize private attorneys in those very cases where litigation expenses and complexity make the assistance of private attorneys essential. It is ironic that the defendant corporations backing the Cornyn Amendment themselves employ dozens of outside counsel to protect their own interests in every state. State governments need the same flexibility to bring in additional resources, just as private corporations do.

Without the availability of the contingency fee system that has historically allowed state governments to utilize private attorneys, many successful consumer and environmental protection actions brought by state attorneys general would not have been possible. In the past, these actions have led to much faster removal of unsafe products from the marketplace and have protected children from extended exposure to lead paint and protected consumers from unsafe chemicals like arsenic in food and water and formaldehyde in homes.

The PRESIDING OFFICER. Without objection, the request of the Senator from Arkansas is agreed to, and the clerk will call the roll on the absence of a quorum request.

The assistant legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. 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 NOS. 4094 AND 4097

Mr. WHITEHOUSE. Madam President, I rise to oppose amendments offered to the Consumer Product Safety Commission bill by Senators CORNYN and VITTER. Before speaking about these amendments, I first commend Senator PRYOR for his important work on this bill. I know he has been working on this a long time and we are, as former State attorneys general, particularly pleased to see language in this bill granting State attorneys general the authority to obtain injunctive relief against entities that violate consumer protection laws. I know Senator PRYOR and other former attorneys general in this body understand that this authority is an efficient and effective way to enforce consumer protection laws. Unfortunately, the amendments offered by Senators CORNYN and VITTER would needlessly undercut these important protections.

The Cornyn amendment adds the following language to the bill. It says:

An Attorney General of a State may not enter into a contingency fee arrangement for legal or expert witness services related to a civil action under this section.

I oppose inclusion of this language in the bill. As an attorney general, I was involved in Rhode Island in a very significant piece of litigation which is now successful. We have won the jury case. It was filed on behalf of tens of thousands of Rhode Island children who either had been poisoned by lead in paint or were going to be poisoned by lead in paint if nothing was done. Without the ability to bring in a significant law firm to support my office's efforts, we would have been simply blown out of the litigation by the blizzard of dilatory tactics, by the paper blizzard that defense attorneys can specialize in. I can recall being forced to chase down a witness list of 100 witnesses to take depositions, not one of whom was called as an actual witness. I believe it was an effort to create a wild goose chase, to stretch our resources, to try to make these kinds of cases painful to attorneys general who might dare bring them. The ability of a State to authorize its attorney general or recognize the inherent authority of the attorney general to enter into these contingency fee agreements is an important part of that State's own law. Simply put, Congress has no business telling elected State attorneys general what kind of contracts they can or cannot enter into which would be perfectly legal under State law.

I am especially surprised to see what appears to be significant Republican support for this amendment since it contradicts a very basic principle—federalism. Congress ought to let the States, whenever possible, govern themselves. As a former State attorney general who has had this experience of taking on powerful corporations with essentially unlimited resources, I believe strongly that State attorneys general should not have their hands tied by Congress so that they cannot aggressively pursue and punish corporate wrongdoing on a level playing field. That is all they ask for.

I will oppose the Vitter amendment for similar reasons. This amendment requires State taxpayers to pay the legal fees and costs if a manufacturer prevails in a consumer protection suit brought by a State attorney general. This appears to be an effort to weaken this important bipartisan legislation. First, it would obviously discourage State AGs from bringing consumer protection cases in the first place. If it looks as though something went wrong with the case, you would have to find a way to fund your opponent's legal fees. Second, it places an unreasonable burden on State taxpayers. Why, for instance, should the taxpayers of Rhode Island have to cover the legal fees for an out-of-State, possibly even an out-of-the-United States foreign company that has been charged with violating our consumer protection laws?

As a former State attorney general, I well understand that these amendments will have a significant effect, diminishing the ability of State attorneys general to enforce consumer protection laws. If these are good consumer protection laws, we want to see them enforced. We don't want to discourage those officials charged with their enforcement.

I urge my colleagues to vote against the amendments of my friends Senators CORNYN and VITTER.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. STEVENS. Madam President, before I make my remarks on the pending amendment, I ask unanimous consent to speak for 4 minutes in morning business.

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

911 CALLS

Mr. STEVENS. Madam President, 911 calls are a lifeline for those in danger and essential for our public safety personnel to respond quickly to emergencies. Public safety communications are a priority for Senator INOUYE and myself as we work together on the Commerce Committee. In 1967, the President's Commission on Law Enforcement and Administration of Justice recommended that a single number be established to report emergency situations. AT&T established 911 as the emergency code throughout the United States.

I come to the Senate today to speak about one of my constituents, a 4-year-old named Tony Sharpe. He is a preschooler in North Pole, AK. When his mother collapsed and lost consciousness during a gallbladder attack, Tony knew to call 911 because his grandmother had sent him a children's book called, ''It's Time To Call 911: What To Do in an Emergency.'' Tony called 911 and his mother received emergency medical help. Tony proves that proper education about 911 can help save lives. As a matter of fact, Tony, again, in another emergency, his mother had called 911 when they lived at another location. Once again, he had the privilege of helping his mother.

This week I had the honor of presenting the E–911 Institute's Citizen in Action Award to Tony. He sets a fine example for young people throughout the country and Alaskans are very proud of him. Heroic actions such as Tony's led Senator CLINTON and me to introduce S. Res. 468. It designates April of 2008 as the National 911 Education Month to recognize the need for education about 911 and make people aware of how the system works with new technologies. Ensuring that 911 is compatible with new communications technologies is crucial to the safety and security of all Americans. The E–911 congressional caucus has worked to pass legislation to improve 911 service. Last week the Senate approved S. 428, the IP-Enabled Voice Communications and Public Safety Act. This act will require communications services to provide customers with 911 access and establish a framework for IP-enabled

voice service providers to coordinate with public safety entities. It also ensures that the next generation of 911 systems reach rural America and are available to Americans with disabilities.

The Commerce Committee has worked on this bill for several years. I look forward to working with the House to send this bill to the President as soon as possible. We want to continue to ensure that our 911 system keeps up with changing communications technology and that Americans of all ages know help is only a phone call away.

AMENDMENT NO. 4094

If I may, I want to say I am pleased to be here when the statement was made about the amendment of Senator CORNYN. I have been practicing law for a few years; as a matter of fact, for well over 50. I do remember several instances where we had to have counsel and expert witnesses. The difference here is, what Senator CORNYN is saying is a contingent fee arrangement as an attorney general enforces Federal law, a decision of the Consumer Product Safety Commission. We want them to do that. But if they need expert witnesses or they need outside counsel, they should make an agreement with them. If they succeed and get the decision they seek, they will be entitled to recover those costs under the bill we have before us. Reasonable costs will be recovered. But a contingent fee to be charged by an outside counsel or by an expert witness means that if the attorney general is successful without regard to whether those people are used, they will get one-third, whatever it is, contingent recovery from the defendant.

This bill does not contemplate that there is going to be an award of damages in the sense of a normal damage type case. This is an action authorizing the attorney general to enforce a decision and make that decision applicable immediately within his or her State. We are seeking an outreach for enforcement, not an outreach for getting damages, particularly for utilizing the services of buddy-buddy lawyers or buddy-buddy expert witnesses to get money from defendants as we seek to enforce the decisions of the Consumer Product Safety Commission.

I support the Cornyn amendment because I do not like the concept of contingent fees involved in expert witnesses or outside counsel when it comes to this type of enforcement of a Federal decision. It is a decision of the Consumer Product Safety Commission. It should not be the basis for recovery based on contingent concepts in this matter. I do want to make certain that everybody understands the Cornyn amendment. If it is not properly drafted, I urge that it be changed so that there be no question about the right of an attorney general to recover the cost of the expert witness or recover the cost of the outside counsel if it is necessary for the attorney general to have one. But I do not want to see contingency concepts entered into this type of arrangement.

I was in private practice involved in plaintiffs' litigation. I understand full well the concept of contingent fees. They have been very useful in the sense where an attorney takes on a case and represents a client and, in effect, will do so without any compensation at all if they lose. But when they win, they share in that success by having their fee based upon a contingency rather than upon an agreement based on an hourly basis or a retainment basis.

But this is not that kind of situation. This is for an attorney general—an official of the State—giving them, at their request, the authority to enforce the Consumer Product Safety Commission's decisions in their State immediately rather than wait for someone to come from the Consumer Product Safety Commission to their State and take action against those who should abide by the decisions of the Consumer Product Safety Commission.

I support this entirely. It broadens the concept of enforcement. That is what we are seeking, that for decisions of the CPSC, to have enforcement available in 50 States immediately, if the attorneys general wish to do so. That will mean taking these toys and other things off the shelves immediately. But it is not the kind of situation that requires or should need an expert witness.

Beyond that, why would someone need an outside counsel on a contingent fee to enforce what has already been decided by the CPSC? All that is necessary is action within the State giving an order to give the attorney general the authority to go take stuff off the shelf or to tell the manufacturer to cease and desist. That is not a situation that involves a normal plaintiff litigation opportunity.

So I do urge particularly the lawyers in this Senate to understand what we are doing. We are not creating a contingency-type litigation field. We are only creating a situation where enforcement of the CPSC's decisions are capably extended to 50 States immediately upon a decision, which I think is going to help children. It is going to help the parents.

It is not a situation that requires the employment of outside counsel or expert witnesses. But if some situation arises where it is necessary because of a challenge to the defendant, then the attorney general can employ them, can recover the amount in terms of both the attorney's fees and the expert witnesses on an agreement basis, not on a contingency basis.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. PRYOR. Madam President, I thank Senator STEVENS for his comments on the Cornyn amendment.

I oppose the Cornyn amendment for several reasons, although I must say Senator CORNYN has been very fair in his dealings on this amendment. We have sat down with him. I have talked to him several times on the Senate floor. But let me give you a few reasons I oppose this amendment. I know some other Senators want to come and speak.

First, we have to remember what we are doing in the context of this legislation. We have drafted a bill that contains a provision where the State attorneys general can enforce what CPSC says. We made it very clear in this statute that the State AGs must follow the CPSC. They cannot get out in front of the CPSC.

One of the concerns by some in the business community, in fairness to them—not all but some in the business community—is where they have had the concern that there are going to be 51 standards; that it is going to be a patchwork, a crazy quilt of AGs running around out there. That is not what we are doing in this legislation. I believe we drafted the legislation very clearly, where the attorneys general must follow the CPSC. The CPSC remains in the driver's seat. That is very important.

The second limitation on the States in this legislation is that the State AGs can only pursue injunctive relief. In layman's terms, what that means is there are no money damages. They can only pursue injunctive relief. If you think about it, given the nature of what we are talking about, I think it is going to be the rare exception when a State would ever want to use outside counsel because by the nature of what we are talking about, if they found some dangerous product that is in circulation in their State, they—in my experience as attorney general—probably will approach that business, and probably that business will immediately respond by taking corrective action. That is probably what happens 99 percent of the time because the company does not want the bad publicity. They do not want the legal headache. Once you point out to them they are in violation of some Federal law, they are going to pull those products off the shelves, whatever the case may be. So it is going to be very seldom used.

But in the event the company does not do that, in every case I have ever heard of—and I used to be the attorney general of my State of Arkansas—in every case I have ever heard of, when the attorney general sues—excuse me, has to hire outside counsel to do it—those are complicated and expensive and in some cases long-term cases.

This is not one of those kinds of cases. These kinds of cases will be that when they find some violation in their State, they will want to act quickly. They will not want to have to go through maybe an RFP process. Or in our State, we had a statutory process we had to get signed off on by the legislature, signed off on by the Governor. All that takes time; you have to negotiate a contract; you have to bid it. I am going to tell you right now, most

States are never ever going to use outside counsel when it comes to trying to enforce CPSC rules.

Another reason—and this is just a practical reason, where the rubber meets the road—they are not going to pursue outside counsel to help them because it is injunctive relief only. In injunctive relief cases, there is no money, so there is no way to pay for the litigation. I think it is going to be very seldom used.

Now, I have had brought to my attention—at least one and there may be more—fee agreements that have been negotiated where there is some sort of contingent fee based on injunctive relief. Again, I have never heard of that. I do not know how you enforce that. If you do a contingent fee based on some value of injunctive relief, that money is going to have to come out of the State's hide. It is not going to come out of the defendant in the lawsuit.

So there, again, I think people are concerned about this, and I do not doubt their sincerity but, really, I think you are going to see this happen very seldom, if ever.

The last couple of things I want to say about the States attorneys general before a couple of my colleagues come and talk on this bill and other matters are, we have to remember who the State attorneys general are. They are elected officials. They were elected by the same people who elected us. The people in their home States trust them. They like the fact that the attorney general is out there looking after the public interest. They like the fact that the attorney general is looking after public safety issues. I will guarantee you, they like the fact they are out there making sure unsafe toys are taken off the shelves. So the people of the States, they have elected the attorneys general to do things such as this.

My experience in Arkansas and in talking to other AGs around the country is the people in those States have a high level of trust and confidence in their attorney general. And they know—we may not always understand this—they know the attorney general will not abuse this right they will be gaining under our Senate bill.

This Cornyn amendment smacks of micromanagement. I understand what he is trying to do. I appreciate it and I respect it. Like I said, I do not think you are ever going to see any contingent fee cases anyway. But regardless of that—maybe you will under some circumstances—let's allow the States to make that decision.

Again, almost all these States have some sort of a legal process they have to go through before they can hire outside counsel. Let's let the States do it. These State AGs in most cases are elected by the people of the State. There are a few who are not. A few are appointed by the Governor; appointed in one case by the State supreme court. But, nonetheless, let them make that decision. We do not need to micromanage this. Let them do what they believe is in the State's best interest. That is what this bill is all about anyway.

So I oppose the Cornyn amendment. But I certainly appreciate Senator CORNYN reaching out in the manner he has to work with us on this legislation.

With that, Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Madam President, I ask unanimous consent to be recognized to speak for up to 10 minutes and ask that the time not count against the Cornyn amendment.

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

Ms. MIKULSKI. Thank you very much, Madam President.

First, I congratulate the manager of the bill, the Senator from Arkansas, Mr. PRYOR, on the outstanding job he has done to develop a modern framework for consumer product safety.

There was a time when I was the appropriator for the Consumer Product Safety Commission. Also, the Consumer Product Safety Commission is located in my State. I know what a consumer product safety agency does, I know what it should do, and I know what faithful, independent civil servants would want to do if they had the right leadership and the right authority.

I believe what the Senator from Arkansas has done is modernize the consumer product safety framework from when it was originally invented in the 1970s. Technology has come a long way. Products are more complex. Imports are on the rise. We know we need to modernize if we are going to protect Americans.

I view what the Senator from Arkansas has done as an act of homeland security because what is it homeland security does? It protects the American people from anyone who has a predatory intent toward the United States. I believe if you put lead in children's toys, if you knowingly look the other way when you make the blood thinner called heparin—that is a lifeline to so many people with heart disease—let me tell you, if you know you did it, and you know it is coming to the United States, or you are making something in the United States, standing up to protect the consumer is exactly an act of homeland security, and I congratulate the Senator in doing it and the bipartisan coalition he has put together. So he can count on me to support the bill.

But like any good idea, it can be improved. That is why I am here today. I have an amendment I wish to discuss that requires any food that comes from a cloned animal or progeny to be labeled. In other words, cloned animals have now been approved by the FDA to be safe for human consumption, even though most Americans actively oppose cloning and scientists say we should monitor it.

I have always taken the position that consumers have a right to know, they have a right to be heard, and they have a right to be represented. Yet when we talk about cloned food entering the marketplace, if it enters the marketplace, it has been deemed safe by the FDA, but when it comes to your table, to the restaurant, to school lunch programs, it will be unidentified, it will be unlabeled, and it will be unknown to you. Well, I find that unacceptable.

Here we have a picture of Dolly. Sad, isn't it? But nevertheless, Dolly is the first cloned animal. Dolly, or cows, or other animals, have been deemed safe to enter our food supply. So you could walk into a restaurant and you could have a ''Dolly-burger.'' You could go to a fast food chain or maybe that local malt shop that has so many fond memories for you in Missouri and you could have a ''Dolly milkshake.'' You could have ''Dolly in a glass.'' You could have ''Dolly on a bun.'' You could have ''Dolly on the table.'' You could have ''ground Dolly,'' ''pattied Dolly,'' ''roast Dolly,'' ''pot roast Dolly.'' But any way you have Dolly, you would not know you were eating Dolly. I say that is not acceptable.

What I wish to do, if appropriate, is offer an amendment to the consumer product safety bill, even though it is regulated by the FDA—and I acknowledge that—that would label them as being from cloned animals or their progeny.

Now, in this bill, we look out for toys, strollers, appliances and all of that is right and I salute my colleague, as I have said. But I also wish to look out for the food we put on our table.

People say: Well, Senator MIKULSKI, hey, the FDA approved it. Well, the FDA used to be the gold standard, but we have heard ''it is safe'' for too long. We were told asbestos was safe, but I have men who worked in the Baltimore shipyards who traded in their lunch bucket to carry an oxygen tank because of the lung disease they have. We were told DDT was safe. Do you want to be sprayed with DDT? Then there were people who said thalidomide was safe. No pregnant woman would take it today. Then Vioxx was safe. Would anyone with a heart condition or cholesterol want to take it?

So there are a lot of flashing yellow lights around FDA. Where are they the weakest? In postapproval surveillance. But you can't surveil unless you know there is a problem with a product.

The National Academy of Sciences said cloned food might be safe, but the science is too new. We need to monitor it. But you can't monitor it unless you know where it is. That is why I am for labeling. Labeling would tell us where the food is and we could do that postmarket surveillance.

I don't know why there is an urgency to do this—to have cloned food enter the marketplace. What labeling would do is it would give consumers the right to know that it is there. It would allow scientists to monitor. Also, it would protect our export markets.

I have talked about why it would be good science to have labeling so we can monitor and why consumers want to know, but what about the export deal? Well, you know what I worry about? I worry about our food being banned from exports because they don't know if cloned food is coming into their country.

There are those who already called our genetically altered products ''Frankenfood.'' They call it Frankenfood, and they don't want it to come in.

Our European trading partners have exhibited consistent concern about genetically altered products. My State exports food, particularly chicken. We are a big chicken State and chicken-producing State. We share that with the Senator from Arkansas. It has helped save our agricultural interests down there. So I want us to be able to export, and that is why I want whatever is cloned or its progeny to be labeled.

While we see Dolly in this photograph, I have to wonder what cloned food accomplishes. We don't have a shortage of food in our country. We don't have a shortage of milk in this country. For those who want to produce Dolly, we can't stop it, but we should stop the effort to put cloned food into the food supply without labeling and without informed consent. At the appropriate time, I will offer this as an amendment.

At this time, I wish to again thank my colleague for the wonderful job he has done. I am glad to be part of the effort. We need more fresh and creative and affordable solutions such as the Senator has done.

I yield the floor.

Mr. PRYOR. Madam President, 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. PRYOR. 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. PRYOR. Madam President, I ask unanimous consent that during this quorum call, the time run equally against both sides.

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

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

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

AMENDMENT NO. 4124

Mr. DEMINT. Madam President, I want to speak for a few moments on my amendment No. 4124, which focuses on section 31 of the underlying bill, the Consumer Product Safety Commission Reform Act. This section deals with garage door openers.

It is important, obviously, as the bill that addresses safety, to look at issues such as garage doors. I remind my colleagues that the whole reason for the Consumer Product Safety Commission is to evaluate the safety of various products. When we as a Senate or as a Congress as a whole take it upon ourselves to determine what is safe and what is not, we basically violate the principle of what we are trying to do—particularly when we get into even more detail, where we attempt to prescribe the particular technology that has to be used on certain projects before it is deemed safe. That totally goes around the idea of an expert panel on this commission, with the testing lab that we are going to fund, using their expertise and resources to determine the safety of a product.

This particular section, I am afraid, takes one particular technology that is only used in one product in one State and says that has to be the technology used on all garage door openers. This is something that, as a Senate, we all need to stop at this point. The precedent that it establishes for us to prescribe a particular technology violates everything we are trying to do here.

Let me talk specifically about it for a few minutes. Section 31 mandates that all garage doors in the United States include a device that doesn't require contact with an item or person, using photosensors, while prohibiting the sale of other technologies, namely the touch technology, in the United States.

Most new garage doors in this country—automatic garage doors—use a technology where if it touches something on the way down, it stops. It generally uses the pressure of about 15 pounds.

Specifically, the section states:

> Notwithstanding section 203(b) of the Consumer Product Safety Improvement Act of 1990 . . . or any amendment by the American National Standards Institute and Underwriters Laboratories, Inc. of its Standards for Safety-UL 325, all automatic garage door openers that directly drive the door in the closing direction that are manufactured more than 6 months after the date of enactment of this Act shall include an external secondary entrapment protection device that does not require contact with a person or object for the garage door to reverse.

Keep in mind that it has been deemed safe to use the technology that is being eliminated by this bill. The language explicitly says ignore the experts at the Underwriters Laboratories. This effectively requires all garage doors to include a photosensor at the bottom of the door that reverses the door direction.

Why is this a problem? This provision puts Congress in the position of picking and choosing winners and losers in a highly technical area of safety regulation. No Senator has the expertise to determine what is a safe garage door technology. Most of the Members of this body are lawyers or businessmen, physicians and veterinarians, and we should not substitute the judgment of Senators who, by and large, have no technical background for the expertise of the engineers at the Underwriters Laboratories. By legislatively mandating that only one technology is safe, we are doing just that—requiring garage door manufacturers who sell garage doors to include these devices, increasing the cost to consumers, and it discourages innovation in the future. If we say this is the technology that has to be used, then the chances of new technology which improves safety and convenience in the future are diminished. Legislatively mandating that only one type of technology is safe enough for us in the United States will also help certain companies at the expense of others and discourage innovation in one of the areas where innovation is most important and should be encouraged, which is consumer product safety.

This will mandate away free market competition. It will boost the sales of companies that sell this required technology while hurting the sales of those that do not.

The Door and Access Systems Manufacturers Association, which is an association representing garage door manufacturers, recently voted on whether they would support this provision. They voted 14 to 1 to oppose the provision. I will let you guess who the one vote was that voted against it. It was Chamberlain, the company that makes the technology that is required in this legislation.

The inclusion of this provision in the Consumer Product Safety Commission Reform Act represents why the American people do not trust Congress. It represents Washington politics as its very worst. After the experts approved a competing technology for sale in the United States, this one company, Chamberlain, retained a high-powered lobbying shop in Washington and paid them in excess of $140,000 to secure inclusion in this provision. Because of the connections to the lobbying firm, it was able to secure proposed Federal legislation that would protect its company from competition.

Is the technology that the bill mandates the only safe technology? Not at all. According to the experts at Underwriters Laboratories, the technology the bill mandates is safe, but it is not the only safe technology. The Underwriters Laboratories, through its standard product certification process, has certified another technology as safe, which does not use a photosensor but uses approximately 15 pounds of resistance to trigger a reverse on the door.

For example, according to the Architect of the Capitol, the doors of the Senate subway that we all ride on, which carries thousands or maybe millions of people per year from the Dirksen to the Hart Senate office buildings, uses touch technology. If it touches an

object that provides more than 30 pounds of resistance, the doors will pop back open. The Senate daycare also uses the same technology on its doors, which reopen if they touch an object with 8 to 15 pounds of resistance. Thus, the technology that the Underwriters Laboratories found safe, which this bill deems unsafe, requires less resistance than the Senate subway doors and approximately the same resistance as the Senate daycare doors to reverse the course.

The fact is that touch resistance technology is being used all over our country today very successfully and safely. This bill prohibits its use in the future. The reason it prohibits it is one of the reasons people don't trust us here—because it is clearly not there to make America and American products safer, but to do a specific favor for a constituent with a lobbying firm that puts pressure here on Congress.

Why do my colleagues need to support striking section 31? As I have said several times, I think it represents the worst of the legislative process here, and we all know better. Congress should not use its power to override the opinions of congressionally designated experts, unless we have proof they are wrong. We should not promote legislation that would pick winners and losers in the marketplace. We should not pass legislation that would discourage innovation, especially when it comes to ensuring we have the safest technology possible to protect our children.

By striking section 31 of the Consumer Product Safety Reform Act, this amendment would give the experts at Underwriters Laboratories the final say in determining what technologies are safe for sale in the United States. The amendment would not give a competitive advantage to any company, and it does not strike any safety provisions. It simply restores the law to where it is today. It would only require that the experts decide what technologies are safe in the United States, which is the purpose of the whole bill. We give more funding to the Commission. We give them a more sophisticated testing lab to use. We are empowering the best experts in the country. It is not our job to come in and try to give one company an advantage because it happens to be in the State we represent.

Mr. President, I hope all of my colleagues will support the amendment to strike section 31 from the underlying bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas is recognized.

Mr. PRYOR. Madam President, let me say that, again, I thank the Senator from South Carolina for being very constructive during this process and working on this legislation this week. We sat with him and his staff on a number of occasions to try to work through language in amendments. He has been a delight to work with on this matter. I appreciate that.

Let me talk about this garage door provision that is in the Senate bill. I think it is important for colleagues to understand the history of why, and why it is in there. You can look at existing law and, basically, what the Congress did years ago was to more or less allow Underwriters Laboratories to set the safety standards for garage doors. For years and years, there was a two-part safety standard. One dealt with pressure for a motorized garage door that, when it hit a certain level of pressure, would stop and reverse, and also some sort of noncontact systems, where if someone were to pass under the garage door, such as a baby crawling or whatever it may be, it would trigger these sensors and the door would never come down and touch in the first place. That has been the standard in this country for a long time.

But what has happened over the last year or so, UL has changed their standards and they have actually gone, in my view, backward by saying this pressure sensor is enough. They have updated the standard—and I may be overgeneralizing that a little, but they are basically saying you don't need that second safety mechanism. We all probably remember the years of the 1970s and 1980s when it was common for garage doors to kill people. It is not as common anymore, and power garage doors are much more common today than they used to be.

In section 31, we tried to not just restore the old law, but we tried to enhance it and improve it. This is what it says:

> All automatic garage door openers that directly drive the door in the closing direction that are manufactured more than 6 months after the date of enactment of this Act shall include an external secondary entrapment protection device that does not require contact with a person or object for the garage door to reverse.

This is a technology-neutral provision. Many companies make this laser technology we have all seen. I used to have one on my garage door where there is a mechanism that shoots a little beam of light. When you interrupt that contact somehow—I don't know exactly how it works—it triggers the door, stops it, and it opens. That is actually a fairly cheap piece of technology. I have heard estimates of that technology costing something around $10 per door. I am sure it depends on the brand, who installs it, where you buy it, et cetera. Roughly, as I understand, it is about $10 per door. It is very cheap, very inexpensive, very effective. That is the traditional laser technology.

As we might expect in today's world, there are all kinds of new emerging technologies. We do not know what the future holds. We do know that this technology the automakers are putting on their bumpers now, the reverse indicator, the backup warning—when you are backing up your car, some cars that have this technology will beep when you get too close to an object behind. Apparently, as I understand it—do not ask me to explain it in any detail—apparently, that is some sort of radar technology. Again, it is pretty cheap and pretty effective. Supposedly, the garage door people are coming up with some sort of new radar technology that some believe may be better or may be a good alternative, at least, to the laser technology. Apparently, there are other types of motion sensors. Again, I don't know all the technology, and I don't know how the technology is going to emerge.

What we are trying to do with this provision in this act is, quite frankly, have a little belt-and-suspenders here. We want to make sure we have two safety mechanisms on doors. That has really been, again, what Underwriters Laboratory set as the U.S. standard for years and years. Now they reversed that standard. I think they are going in the wrong direction. They are going back to basically one type of safety device, not having two per door. This is a stronger safety provision than what is currently under U.S. law.

Another point I wish to mention is there has been some discussion that this might set a bad precedent for us, the Congress, to set a safety standard; isn't this what CPSC is supposed to do? The answer is yes, this is what they are supposed to do, but there are many occasions where the Congress has specifically laid out safety standards. I will give a few: lawn mowers; garage door openers; bicycle helmets; a toy that has been banned called Lawn Darts that was unsafe, and Congress actually banned it; lead-lined water coolers. There are safety standards Congress has mandated on refrigerators and other products. Certainly, we authorize CPSC to come up with a lot of safety standards, and they should; they are the experts, but there have been many occasions in the past where Congress has laid out a safety standard for a specific product or specific item.

Here, again, this approach we are utilizing in section 31 is a little bit redundant. With safety, it is not all bad to be redundant. It is a little bit of belt-and-suspenders. Again, it basically would reestablish a previous standard in the United States that when you have a power garage door, there would be some sort of pressure mechanism with the motor, that when it feels the right amount of pressure, it will stop and reverse.

Also, there will be some, as it says, external secondary entrapment protection device. In other words, it would be separate from the motor. This is a very technology-neutral, very vendor-neutral phrase, and we will let the industry sort out what an ''external secondary entrapment protection device'' may mean because there may be technology on the drawing board today we know nothing about, maybe designs of these garage door systems about which we know nothing. Nonetheless, we want to make sure we have that double protection.

Mr. DEMINT. Will the Senator yield?

Mr. PRYOR. Absolutely.

Mr. DEMINT. Madam President, I appreciate the Senator's comments. I do wish to make it clear that while Congress has set many safety standards, it is very unusual for us to select and prescribe the technology that will be used to achieve those standards. For instance, a bicycle helmet has to take a certain amount of impact, but we do not prescribe what that helmet is to be made of. We do the same with automobiles and impact. We need to tell the safety labs, the manufacturers, what standards they have to achieve, but when we start picking the technology, we get way out of bounds.

I have the UL standards in front of me. I just need to clarify what my colleague from Arkansas said because the standard does require a primary reversing system as well as a secondary reversing system. So currently, most garage doors are going to have a system in the motor, and if it senses resistance, it will reverse, and there needs to be a secondary system. The way that is done today is either by some photo type of mechanism where if something crosses the path between the door and the bottom, it stops and reverses. That is one way. The other way is pressure sensitivity along the bottom of the door itself. But what the underlying bill does—the UL standard is it has to be an equivalent secondary safety measure; it has to be the photo type of system or the touch system. But this bill says it has to be the photo system. Frankly, from what we understand from talking with some consumers, there is not necessarily a lot of satisfaction with just the photo system because a door that goes down can be opened by a leaf blowing underneath it. But the touch system has been deemed just as safe by the Underwriters Lab, but it does not have the same inconvenience.

What we are asking is that we stick to the standards that are here, that we have a primary and a secondary reversing system but we allow the industry to pick whether it is a photo type of reversing system or a touch system, and let the UL system we have set up, the Consumer Product Safety Commission, determine which is safe and which is not. This bill says that only one way is safe for the secondary reversing system. Actually, the industry has already proven that there are other safe ways to do it which we need to continue to allow.

Again, I thank my colleagues for the opportunity to debate. I appreciate the intent of this amendment, which is to make garage doors safer, but I think we can leave the technology to the Consumer Product Safety Commission.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, I rise today to oppose the DeMint amendment No. 4124 and explain why the garage door safety provision in the Consumer Product Safety Reform Act is really important.

Garage doors inherently pose a risk to families, particularly small children who could be crushed by the doors. The doors often weigh more than 300 to 400 pounds. Many families open and close them a lot of times during the course of a day. The 12 inches between closing the door and the floor, they call it the crush zone. A tremendous amount of force is generated as gravity pulls this 300- or 400-pound door down and it starts to come to the floor of the garage. This crush zone is a real risk for children, particularly small children. Small children live close to the ground—we all know that—and they are always in the crush zone when they are near a garage door.

For some time, this has been a serious risk. In the 1970s and 1980s, 67 deaths caused by garage doors were reported to the Consumer Product Safety Commission, and there were even more serious injuries. Most of these were caused by entrapment under the door.

Congress stepped in and passed legislation in 1980 that included a garage door safety standard requiring that doors have what is called an external secondary entrapment device. We directed Underwriters Laboratory to modify its standards. We gave it the force of a product safety rule.

The primary device most often is the drivetrain of the garage door. When there is an obstruction in the door's path, the drivetrain reverses. So if the door is coming down and senses something, it goes back up. In other words, when the door hits a person or object, the drivetrain will reverse. Unfortunately, this primary device does not always do the job adequately. That is why Congress required a secondary device to protect consumers.

The secondary device deployed by garage door installers for the past 15 years has been an optical sensor. This is technology that anyone who has owned a garage door over the last 15 years is familiar with. If you do not know it, go home and take a look. When your garage door comes up, look down at the bottom near the guide on one of the sides of the garage door, and you will see a tiny little photosensor light. It is like a beam of light. It is trained on another receptor on the other side of the garage door opening. It creates this photosensor. If you walk across that between those two devices, you trip it, and the garage light usually goes on, and the garage door knows someone is there, don't let the door come down.

We are trying to make this standard so no matter what kind of mechanical device you have that brings the door down, you are always going to have the secondary noncontact sensor. The door does not have to hit me in the head to turn around. I can trip it by walking through that doorway and breaking that photosensor light.

Senator DEMINT wants to eliminate that safety requirement. He believes it is unnecessary. First, let's put it in perspective, if we can.

How much do you think those little light devices cost? The answer? Five dollars. That is what it costs to buy those two little photosensors, one on each side of your garage door.

How much does a garage door cost? It is about $200 or $300 for the device to move it up and down. You can pay up to $1,000 for the whole door; $5 for the photosensor to save the child who is walking into the garage versus the $1,000 for the door. Is it worth it? If it is my kid, it is worth it. If it is my grandson, it is worth it. If it is about the neighbor's kid whom I dearly love, too, it is worth it.

Well, Senator, you didn't tell us how much it costs to install it. It turns out it costs $15 to install it—$20 total cost for this safety device on a $1,000 garage door, and Senator DEMINT says we don't need it.

Underwriters Laboratory that he quotes, in fairness to him, has been in the midst of deciding whether we move away from the photosensor to not requiring it. But they come out with a minimum requirement for safety.

What I am suggesting is, it is worth 20 bucks to every garage door owner and installer in America and to every family to have the peace of mind of this safety. Is it worth one kid's life, $20? I think it is worth a lot more. I think it is worth a lot for us to include it, and I am glad it is in the bill.

The secondary device deployed by garage door installers, as I said, for 15 years has been this optical sensor. It is not new, questionable technology. It works. I have seen it work on my own garage in Springfield, IL. I wondered why the garage door wouldn't come down. Finally, I figured it out. The optical sensor lights were not tracking on one side. A simple little adjustment, and everything worked fine. The minute I crossed those lights, the garage door mechanism knew not to close. When an object breaks the beam, the garage door reverses.

Since this requirement has first been put into effect, during the last 15 years, injury and fatality rates by garage doors have dropped dramatically—dramatically. An ounce of prevention, that is what we are talking about here, a $20 expense to make sure a child is not injured or crushed by a 400-pound garage door coming down.

The Underwriters Laboratory standard for garage doors was modified in the late 1990s to allow for a new type of technology to serve as the secondary device. That technology, like the primary device, required direct contact. The problem with this standard is it relies entirely on contact when an effective, inexpensive system that does not require context exists.

Underwriters Laboratory is a fine organization. I have worked with them over the years, and I really believe they do a good job. But they do not provide maximum protection. They provide minimum protection. This bill, asking for another $5 device and $20 total cost, is going to provide even more protection for families.

Who supports this bill? Who supports this amendment that Senator DEMINT wants to strike? The Consumer Federation, the Consumers Union, U.S. PIRG, and Public Citizen. Those four are the leading groups on consumer safety in America today. None of them work for any companies. They work for the common good, for families across America, trying to make sure safety and consumer interests are protected. They joined in a joint letter saying they support the language that is both appropriate and protective of consumer safety and that a noncontact sensor is a valuable safety requirement.

I know my friend has offered this amendment in good faith, but I would tell him, I believe that requiring this photosensor and protecting kids who might wander into this crush zone is not too much to ask. I would rather vote for this and have somebody say it is belt and suspenders than to have on my conscience that we walked away from this tiny, almost insignificant cost to the garage door, than lose a child's life in the process. That would be something which would be hard for me to reconcile.

So I urge my colleagues to join the leading consumer groups across America, join the cause of common sense, and be willing to put a $20 cost onto a garage door and possibly protect the life of an innocent child.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. Madam President, I would like to clarify some of the facts my colleague is talking about because there is nothing in my amendment to strike or prohibit the use of this phototechnology. If that is deemed the safest by the manufacturer, then certainly it can be used. But the secondary reversing device that uses touch technology has had no injuries. It has been deemed safe as well. In the future there are likely to be even better and safer and maybe even more economical ways to make garage doors safe.

The reason we need to strike this provision is because it limits consumer safety to one idea—one idea that exists today. It prescribes for the UL laboratories that it has to be done this particular way instead of us saying, as a Congress, it has to be safe. If we want to prescribe those standards, that is fine, but I am afraid we are distorting the information. We need to allow the opportunity for innovation in safety in all areas.

There is nothing that says this phototechnology is any safer than the touch technology we have talked about, which is another option being used by garage door companies today. So the argument to keep this in is totally parochial. It is not about safety for children, which has been spoken about today.

We believe the current standards that have a primary and secondary reversing system are important and that we need to encourage manufacturers to innovate on the safest ways to make that happen and that the labs we have put in charge of determining safety can look at these different ways to make garage doors safe and tell us which ones are the safest and tell consumers which ones are the safest. It makes absolutely no sense, and it is a terrible precedent for us as a Senate to come in and say: This is the technology that always has to be used in order to be safe, and we have no standard associated with it. We say, this is the technology.

Our job is to set the safety standards and say products should be safe, not to act on behalf of companies that happen to be in our States and say you use their technology or you don't use any at all. That is not what my amendment says. My amendment says: Find the very best technology, make it as safe as possible, but don't prescribe how that has to be done.

Madam President, I yield back.

Mr. PRYOR. Madam 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. PRYOR. 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. PRYOR. Madam President, I ask unanimous consent that the vote in relation to the Cornyn amendment, No. 4094, as modified, occur at 4:45 p.m., with the provisions of the previous order remaining in effect.

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

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. PRYOR. Mr. President, I wish to address my colleagues here for a minute and tell them about our status and what we are trying to accomplish this week. Of course we are on the Consumer Product Safety Commission reauthorization bill.

Again, I thank all my colleagues on both sides of the aisle for their spirit of cooperation that we have seen all week. It has been exemplary. I appreciate it. I have told several of you that privately and publicly. It has been great.

Our status is right now we are going to have a vote at 4:45 on the Cornyn amendment. It deals with attorney's fees with regard to attorneys general. We are going to have a vote on that.

Then we would love to set up more votes tonight. We have several amendments that have been filed that are pending. It is not a long list, but we do have several. We would love for Senators, if at all possible during this vote, to come and talk to me or talk to Senator STEVENS or talk to our staffs about how you wish to see your amendments sequenced.

I think it is very realistic that we can finish this bill tomorrow. At some point tonight, we are all going to sit down and begin to work very diligently on a managers' package. We have had several amendments, noncontroversial, or that we have made modifications to. There has been a lot of progress made. I know sometimes when you watch the Senate you wonder if anything is going on. A lot of progress has been made. Again, I thank all of my colleagues for that.

So we are going to sit down tonight and work through a managers' package. If a Senator wishes their amendment included in the managers' package, please let me or Senator STEVENS know. We are going to be working on that very diligently tonight. That is where we stand.

We encourage people, if they want votes for their amendments, to please let us know. We encourage people to come in and talk about their amendments. We encourage Senators to work together and either try to get their language included in the managers' amendment or have a vote on it tomorrow or tonight. We would love to have some more votes tonight. We think there are at least one, two, or three that we may be able to vote on tonight, realistically. So I wanted to alert Senators to that fact.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from California is recognized.

Mrs. BOXER. Mr. President, if I can engage the Senator from Arkansas for a minute to clarify. I do have this amendment that is germane that deals with a chemical that has shown up in microwave popcorn and has proved to be fairly deadly to workers; in one case at least that we know about, in consumers.

I understand we are having a vote in 5 minutes. Would it be amenable if I spoke about this amendment? I believe it is at the desk. The amendment is at the desk. If I could speak about it until it is time to vote. Would that be something you would encourage?

Mr. PRYOR. Yes. I have no objection to that. We have spoken on the Cornyn amendment extensively.

Mrs. BOXER. Thank you.

The ACTING PRESIDENT pro tempore. The majority's time has expired.

Mrs. BOXER. I have the time.

The ACTING PRESIDENT pro tempore. The Senator from Texas controls the balance of the time.

Mrs. BOXER. I am confused. Can someone explain that—I had the time. I was recognized by the Chair—as to why I do not have the time?

The ACTING PRESIDENT pro tempore. There was a previous order allocating 10 minutes, and the majority's time has expired.

Mrs. BOXER. I ask unanimous consent that I have 2 minutes before Senator CORNYN to explain this amendment.

The ACTING PRESIDENT pro tempore. Is there objection?

Mrs. BOXER. I would add 2 minutes, if that is okay, and then I am done.

Mr. CORNYN. Reserving the right to object, and I will not object, I am happy to do that as long as I preserve my 5 minutes before the vote.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mrs. BOXER. Of course that was my intent, Mr. President. I mean no disrespect in any way.

AMENDMENT NO. 4127

I wanted an opportunity to talk about an amendment that I have at the desk. It is germane. It would ban certain uses of a chemical that poses very serious health risks to the lungs of consumers and workers.

In recent years, scientific evidence has mounted that a chemical called diacetyl seriously harms the lungs of workers in factories making microwave popcorn. I am sure you have read about it, because there is a huge list of stories that appeared in the press about doctors linking illnesses to this particular chemical.

Also there is documentation that says that the large popcorn manufacturers have banned this chemical. But we do not have a ban in law, which means it is simply not fair. We have some companies that have banned it, but we have not acted to ban it. I think it is so dangerous. It causes the tissue inside the lungs to get clogged and creates scar tissue and inflammation and it leaves the victim struggling to breathe.

That is the reason Senator KENNEDY has teamed up with me on this amendment. The severity of the lung symptoms can range from only a mild cough to a severe cough, shortness of breath. These symptoms do not improve when the worker goes home at the end of the day, and severe symptoms can occur suddenly. The worker may experience fever, night sweats, and weight loss. Doctors were very puzzled, but they finally found a link with this chemical.

I am not going to go on. I have a lot more to say on this. I hope it will not be necessary for us to have an argument about this, since the large companies have already banned it. It seems to me only right that we follow their lead and do so in law. My amendment simply levels the playing field for all microwave popcorn makers, including importers and small manufacturers, by banning this chemical, diacetyl. I urge my colleagues at the appropriate moment to please support this.

I will say to the Senator from Arkansas, Mr. PRYOR, if it is possible, I hope this will not be controversial. Perhaps it could be part of the managers' package.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

AMENDMENT NO. 4094, AS FURTHER MODIFIED

Mr. CORNYN. Mr. President, I ask that my amendment be modified with the changes at the desk. My modification makes clear that the expert witness fees are part of the recoverable costs and fees that the State attorneys general can recover. I appreciate Senator STEVENS for raising this concern to me and hope my modification is responsive to his concerns.

The ACTING PRESIDENT pro tempore. The amendment of the Senator from Texas has already been authorized.

The amendment, as further modified, is as follows:

On page 58, strike lines 4 through 7 and insert the following:

''(g) If the attorney general of a State obtains a permanent injunction in any civil action under this section, that State can recover reasonable costs, expert witness fees, and reasonable attorney fees from the manufacturer, distributor, or retailer, in accordance with section 11(f).

''(h)(1) An attorney general of a State may not enter into a contingency fee agreement for legal or expert witness services relating to a civil action under this section.

''(2) For purposes of this subsection, the term 'contingency fee agreement' means a contract or other agreement to provide services under which the amount or the payment of the fee for the services is contingent in whole or in part on the outcome of the matter for which the services were obtained.''.

Mr. CORNYN. Mr. President, first we are told that the reason why State attorneys general need to be explicitly authorized under this statute to pursue these consumer complaints is so there is no risk of runaway lawsuits, because they will be confined to seeking an injunction in Federal court. I actually support that provision of the bill.

Then we are told there is an objection to my amendment, which would prohibit State attorneys general from entering into contingency fee arrangements in order to pursue authorized activities under this bill, that there is no reason for the amendment. Next thing I know, there is a document circulated by the American Trial Lawyers Association arguing the only way consumers can get access to the court is by allowing the outsourcing of the responsibility of the State attorneys general under a contingency fee arrangement which makes me mighty suspicious whether this is, in fact, a Trojan horse to allow trial lawyers basically to do the work elected State attorneys general should be doing and that currently the Department of Justice is doing. All my amendment is designed to do is to make sure the purpose for which the State attorneys general are authorized—that is, to seek an injunction only—is maintained and that it not be allowed to serve as a Trojan horse to outsource these responsibilities. There are some very important public policy reasons for that. No. 1, trial lawyers hired by State attorneys general are not accountable to the public.

We have seen examples. I mentioned some in the tobacco litigation, where there were serious abuses that could not be rectified by the electorate when it came to holding public officials accountable. Those public officials in some cases left office; some, such as my predecessor, as attorney general in Texas, went to Federal prison because of misconduct associated with those kinds of arrangements. This amendment is prophylactic in nature. But I will tell you I am concerned it has been mischaracterized. It will not prohibit State attorneys general from contracting with outside lawyers on an hourly rate arrangement under the same circumstances under which lawyers can be reimbursed now. But it will prevent the sort of trophy hunting and the outlandish attorney's fees that were awarded in the tobacco litigation through these contingency fee arrangements. It is something that is within the power of this body to correct. I hope my colleagues will join me in passing this commonsense amendment which is entirely consistent with the underlying purposes of the bill. I worry this is being used as a Trojan horse for other purposes. But if my amendment is passed, I think we can all lay this matter to rest and realize consumers will be protected, but it will not be used as a pretext for enriching private lawyers and political constituencies.

The ACTING PRESIDENT pro tempore. Is all time yielded back?

Mr. CORNYN. My understanding is there was 10 minutes divided. If there is no other response, I will yield my time back, if the majority yields back their time.

Mr. PRYOR. I yield back my time.

The ACTING PRESIDENT pro tempore. All time is yielded.

Mr. PRYOR. I move to table the Cornyn amendment and ask for the yeas and nays.

The ACTING PRESIDENT pro tempore. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant journal clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from New York (Mrs. CLINTON), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER (Mr. LEAHY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 51, nays 45, as follows:

[Rollcall Vote No. 39 Leg.]

YEAS—51

Akaka	Cantwell	Durbin
Baucus	Cardin	Feingold
Bayh	Carper	Feinstein
Biden	Casey	Harkin
Bingaman	Conrad	Hatch
Boxer	Dodd	Inouye
Brown	Dorgan	Johnson

Kennedy	McCaskill	Salazar
Kerry	Menendez	Sanders
Klobuchar	Mikulski	Schumer
Kohl	Murray	Smith
Landrieu	Nelson (FL)	Specter
Lautenberg	Nelson (NE)	Stabenow
Leahy	Pryor	Tester
Levin	Reed	Webb
Lieberman	Reid	Whitehouse
Lincoln	Rockefeller	Wyden

NAYS—45

Alexander	Craig	Lugar
Allard	Crapo	Martinez
Barrasso	DeMint	McConnell
Bennett	Dole	Murkowski
Bond	Domenici	Roberts
Brownback	Ensign	Sessions
Bunning	Enzi	Shelby
Burr	Graham	Snowe
Chambliss	Grassley	Stevens
Coburn	Gregg	Sununu
Cochran	Hagel	Thune
Coleman	Hutchison	Vitter
Collins	Inhofe	Voinovich
Corker	Isakson	Warner
Cornyn	Kyl	Wicker

NOT VOTING—4

Byrd	McCain
Clinton	Obama

The motion was agreed to.

Ms. CANTWELL. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. PRYOR. Mr. President, 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. REID. 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. REID. Mr. President, I have had a conversation with the Republican leader—in fact, several of them. I have talked to the two managers of the bill, Senator STEVENS and Senator PRYOR. We have made very good progress on this bill. As I said when we opened this morning, I think this is a good way to legislate. We are on this piece of legislation. It is a bipartisan bill that the Commerce Committee spent days of their time working on to get to the point where we are now. Is it a perfect bill? From my perspective, it is really good. Others who know the issue better than I may not think it is perfect, but I think it is a pretty good piece of legislation. We have had a number of amendments offered, and we have voted on several of them.

At this stage, there is nothing that I think we can vote on tonight. I want the managers to work during the evening to see if there is something we can do tomorrow constructively to move toward finalizing this.

The Republican leader and I usually don't agree on issues such as this, but I think it would be to the benefit of the Senate if—before we go out tonight, I am going to file a cloture motion, just to protect us in case it appears we are not going to be able to finish. I have told Senator STEVENS that when I file that tonight, I will say—and I will say it here—that we can go to third reading anytime tomorrow when this issue is over with and we, of course, won't do the vote on cloture. If this doesn't work, then Friday we will have to have a cloture vote. So I hope everyone understands the good intentions of the two managers and everyone else who has been involved in this piece of legislation.

So I will come out later tonight and formally file a cloture motion. Until then, I hope more progress can be made on the legislation. I think it is fair to say there will be no more votes tonight.

AMENDMENT NO. 4096 WITHDRAWN

Mr. KYL. Mr. President, I ask unanimous consent that the DeMint amendment No. 4096 be withdrawn.

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

The Senator from Arkansas is recognized.

Mr. PRYOR. Mr. President, just to reiterate what the leader said a few moments ago, we are making great progress. Again, I thank my colleagues on both sides of the aisle. Everyone has been very reasonable.

My sense is that this body really wants to get this done tomorrow. I can tell my colleagues right now that our staffs will be working, burning the midnight oil tonight trying to put together a managers' package. We made progress during this vote, with one or two amendments going away.

So thank you to all of my colleagues who have been working so hard to get us where we are today. We will continue to work. Again, if any Senator's staff wants to come and talk to us about amendments or something they would like to see in the managers' package, now is the time to do it because we are about to work very hard to try to get this bill done tomorrow.

The PRESIDING OFFICER (Mr. PRYOR). The Senator from Connecticut is recognized.

Mr. DODD. Mr. President, I ask unanimous consent to speak as in morning business.

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

THE ECONOMY

Mr. DODD. Mr. President, I rose to address the Senate less than a week ago about this present economic set of circumstances in the country. Obviously, the foreclosure issue is a major question that is causing serious problems all over the country. In fact, it is now becoming more of a global issue than just a domestic issue. I know there have been serious efforts, and I commend the majority leader and others who have tried to put together—along with those of us on the Banking Committee, the Finance Committee, and the Judiciary Committee—a proposal that would offer some hope and some confidence-building measures to grapple and deal with the foreclosure issue, which is the epicenter, obviously, of this economic crisis we are all seeking answers to.

I thought it might be worthwhile to take a couple of minutes this afternoon to again urge the minority—I have worked closely with Senator SHELBY, and let me just report on a favorable note that I think we are fairly close to having an FHA reform bill that we will be able to adopt very quickly. While that is not going to solve all of the problems, it is yet another piece in this economic puzzle that deserves our attention. I am hopeful and confident we will be able to do that in relatively short order.

I commend the chairman of the Financial Services Committee, Congressman FRANK, BARNEY FRANK of the other body, for his work—the work they put together on a bipartisan basis in the House—and his willingness to compromise on this issue so that we can achieve a proposal that would enjoy broad-based support both here and in the other body.

This issue we are facing today is a very serious one. I hope all of my colleagues appreciate that statement. That is not hyperbole; the realities are there. One cannot pick up a morning newspaper—it is no longer just in the business section; these issues are now front-page stories with fears of growing economic dislocation, a slowdown in our economy that we have not seen in years, with housing values falling nationally at rates that one has to go back literally to the Great Depression to find similar national statistics. We have rising unemployment rates and rising inflation rates. The cost of a barrel of oil once again is exceeding $100 a barrel. Food prices—my colleague from Rhode Island, the Presiding Officer, pointed out the other day, just in terms of bakeries in the country, the rising cost of wheat. The price of wheat has risen dramatically in the country. These are examples of what is occurring that contributes, obviously, to a worsening economic situation in our country.

All we are hoping for here—or I had hoped for before the Easter Passover break—is that we would be able to adopt a series of measures that would attract broad-based support that could offer some relief, some confidence, some optimism to people across the country. I am less optimistic that it is going to happen in a broad sense, but I am still hopeful that FHA reform might be adopted before we leave.

We are facing a very serious situation, and we are doing so in a much weaker position than we were just 7 years ago, the last time that our nation was on the brink of a recession. This is not a partisan or an ideological statement. When the Federal Reserve Chairman, Governor Bernanke, was before the Banking Committee last week, I asked him whether he thought we were in a worse position today to respond to the problems we are facing than we were when we last faced a recession in 2001. The Chairman of the Federal Reserve agreed that we are indeed in a worse position today than we

were 7 years ago. He specifically said that the standard monetary and fiscal policy tools we have to confront economic downturns are far more constrained today than they were 7 years ago. He also said the American consumer is facing the brunt of this economic downturn.

The incoming economic data show how serious the problem is. The Nation's economy has slowed to a near standstill in the fourth quarter, with overall GDP growing by less than 1 percent and private sector GDP growing by only one-tenth of 1 percent.

The country had a net loss of jobs in January. That is the first time we have lost jobs in over 4 years. Incoming data on retail sales has been very weak, and most projections, by the way, by private economists and by the Federal Reserve for economic growth this year have been revised down sharply.

The Vice Chairman of the Federal Reserve, testifying before the Banking Committee yesterday, indicated that the next several quarters do not offer much hope at all that this economy is going to strengthen. Credit card delinquencies are on the rise as consumers find themselves increasingly unable to tap the equity in their homes to help pay down credit card debt and other financial obligations.

Lastly, as I mentioned a minute ago, inflation has increased by 4.1 percent this year. That is the largest increase in 17 years, driven mainly by the rising cost of energy, food, and health care. Oil prices are above $100 a barrel, and the U.S. dollar is at the lowest point in modern history since we began freely floating our currency in 1973.

This economic decline has been reflected in the falling stock prices, the falling currency, and the increased volatility in the securities markets.

Our economy is in trouble, which is to state the obvious, and the data clearly confirms that, but we don't necessarily help the situation by just acknowledging that. What are we doing? What steps are we taking in this body and in the other body? What steps is the administration taking? What steps is the Federal Reserve taking, and others, to reverse these trends and to offer some hope?

I don't want to engage in a self-fulfilling prophecy by reciting the data that is going on here without suggesting that we might not be able to do some things that could help.

As I said previously, the catalyst of the current economic crisis is the housing crisis. Overall, 2007 was the first year since data has been kept that the United States had an annual decline in nationwide housing prices. A recent Moody's report forecasts that home values will drop in 2008 by 10 to 15 percent, and others are predicting a similar decline in 2009. This would be the first time since the Great Depression that national home prices have dropped in consecutive years.

If the catalyst of the current economic crisis is the housing crisis, then the catalyst of the housing crisis clearly is the foreclosure crisis. I have said that over and over again over the last number of weeks.

What steps have we taken?

Last week, it was reported that foreclosures in the month of January were up 57 percent compared to a year ago and continue to hit record levels. When all is said and done, over 2 million Americans will lose their homes, it is predicted. There are already 1.4 million homes in foreclosure nationally, including over 14,000 in my home State of Connecticut, according to RealtyTrac, which publishes these figures, as a result of what Secretary Paulson himself has called ''bad lending practices.'' These are lending practices that no sensible banker, no responsible banker would have engaged in. Yet they did. Reckless and careless, sometimes unscrupulous actors in the mortgage industry allowed loans to be made that they knew many people would not be able to afford, particularly when they reached the fully indexed value and price. They engaged in practices that the Federal Reserve, under its prior leadership, did absolutely nothing, in my view, to effectively stop.

This crisis affects more families who will lose their homes. Property values for each home located within one-eighth of a square mile will drop by $5,000. That is another specific decline. Another statistic which is not often quoted is that when you have neighborhoods that end up with foreclosed properties, the crime rates go up about 2 percent automatically. So you get declining value with increased crime rates, and, of course, declining values and foreclosed properties mean less property taxes coming in to local counties or communities, which, of course, affects services, including fire, police, and emergency services, not to mention social services. So you get a contagion effect.

We now know it has spilled over into student loans. The State of Pennsylvania and the State of Michigan have indicated there may be no student loans available this year. For hard-working, middle-income families who may be current in their mortgage obligations and who are managing their finances well, to find out that their students, their children may not qualify or find student loans available will be yet another added hardship in this country.

So this matter is spilling out of control. I know from time to time people say that is excessive language. It is not excessive at all. What disturbs me deeply is that while I don't claim there is any one silver bullet answer to this, and I would be the last to suggest there was a simple package of four or five items that might help cure all of the housing problems.

I am not saying anything that is not known by others. The troubling data on the housing market and the economic situation is readily available. It is being reported on a daily basis in the national media. The question is, what are we doing, if anything, to try to reverse these serious trends; to offer some optimism and confidence from this body, the Senate, the Congress of the U.S., the administration, and the regulatory bodies? What can we do to act in a responsible and constructive manner to get the country back on the right track?

Yesterday, I chaired a hearing in the Banking Committee with representatives of the Federal bank, thrift, and credit union regulators. The evidence strongly suggests that they were asleep at the switch as this crisis built and when the alarm went off, they merely hit the snooze button. The Federal Reserve, in particular, candidly acknowledged—and I appreciate Don Kohn's testimony—that they failed to properly assess and address excessive risks that were being taken.

The regulators abandoned proven standards of applying good judgment and strong supervisory oversight. Instead, they relied on models and estimates that were being used to justify that there was no housing bubble. These models and estimates were wrong.

What is so troubling is that questions were raised about them some years ago, before the bubble burst, by regulators people such as Ned Gramlich who, when he sat as a Governor of the Federal Reserve, warned that this problem was growing. The staff at these agencies knew this as well. Yet nothing was done. The warning flare shot into the sky by him and others went largely ignored.

Now that this bubble has burst, the regulators are telling us they are ''studying'' what went wrong. While studying the problem has its place, and I appreciate that, I must say that conducting studies of the crisis in the economy and financial markets is, of course, like firefighters responding to a fire by picking up a book and studying how to put out a fire rather than going and doing the job.

I think we all know we need action today, not complacency by the frontline bank regulators. That is why Senator SHELBY and I will continue to press the regulators for the actions they are taking to address the serious problems that our country is facing. I commend Senator SHELBY, who I thought yesterday had good and strong questions for the regulators. The answer we got was that people were too complacent. Many speeches were given and informal conversations took place, but the job of a regulator, the cop on the beat, is not just to give speeches and have informal conversations. If the staff at these agencies knew this bubble could burst, that there were serious problems, that Governors at the Federal Reserve Bank were warning about this problem we are facing, giving speeches and having informal conversations was hardly the kind of action we should have been expecting from very important agencies charged with the

responsibility of seeing to it these kinds of problems would be handled before they became as significant as they are today.

Congress, too, I think should act. Again, I am not suggesting any one specific action, but the idea that we have no role to play while we are watching this wave grow of people who are going to lose their homes—by the way, the estimates are we could be looking at as many as 2 million to 2.5 million families who could lose their homes, and the effect will be as many as 44 million to 50 million homes as a result of the value of homes exceeding, of course, the financial obligations on the residences. If that is the case, and if it goes on too long, and if unemployment rates continue to rise and energy costs continue to rise and student loans become less available, and the cost of education goes up, and health care continues to go up, families who would have been able to manage owning a home under normal circumstances will have serious trouble surviving these economic circumstances. If these problems increase, for families that have a mortgage in excess of the value of the property, and the home value continues to decline, obviously, those families are going to face additional troubles. Therefore, the problem spreads beyond just—not as if it were just 2, but 2.5 million who are losing their homes to a much larger constituency in this country.

So this problem is serious. We are now in another week. I have great respect for what is going on here and dealing with the legislation at hand. But as the majority leader said over and over again, this housing matter is the most serious one in the country. I think the failure to get some agreement and understanding on a package of proposals that we could go forward in a bipartisan fashion is tragic. We will be in here next week on the budget and then we are gone for 2 weeks. While this may seem like academic issues to some people here, if you are that American homeowner out there who lost your job and is watching energy costs go up, with kids you were planning on getting a college education, and student loans may not be available, then this is not an academic issue to you at all.

The question is, Where are the people here doing their job? The majority leader offered and said this is the problem we ought to be addressing. Yet because of whatever reasons, we are unwilling or unable to come together to offer some ideas that could offer relief and optimism. I think it is terribly wrong and I worry about the consequences of inaction.

I know there have been disagreements about what steps to take. That is legitimate. Candidly, this issue ought to be addressed in a far more urgent fashion than is the norm. If there are different ideas on bankruptcy or tax policy or even on the community development block grant idea or the counseling ideas that are all part of a package we had suggested, then let there be a debate about it; let alternatives be offered. But if we cannot spend a few hours or days talking about an economic crisis that has as its center a foreclosure crisis and a housing crisis, then what are we doing here?

This problem is mounting, growing, getting more serious every single day. The failure of this institution to respond in a more responsible way I, again, deeply regret. One point I hope we can all agree on is that doing nothing is not an option. Yet that is what is happening at this very hour.

We need to work out these differences and provide solutions that will work. To that end, I will continue to work with my colleague from the Banking Committee, Senator SHELBY, on several key issues. I thank him again for his willingness to move forward. We are working together with our counterparts in the House on a final version of the FHA legislation that I mentioned. That bill passed 93 to 1 just weeks ago. My hope is that the House and Senate can resolve those differences and present a final product before we leave next week.

Modernizing the Federal Housing Administration is a critical step in responding to the housing crisis. Another important step is comprehensive Government-sponsored enterprise reforms, GSE reforms. I am committed to that issue. We have another hearing I will be holding on that tomorrow, in fact, at the Banking Committee level. So we can hear views from all sides before drafting what I hope will be a bipartisan bill, that we can bring to the Chamber rather quickly for its adoption.

As Chairman Bernanke said several days ago in the Banking Committee, our country is in a worse economic situation today to face a recession than we were 7 years ago. Traditional monetary and fiscal tools might not be adequate to face the unprecedented challenges our economy is facing, with national home prices falling, as I mentioned earlier, for the first time since the Great Depression. We must hear new ideas and proposals to address these problems. The strength of our economy 7 years ago is not there today. We don't have the strength of the dollar, we don't have low inflation, and we don't have low unemployment. Our fiscal situation is a far cry from where it was 7 years ago. So we are in a very different situation to rely on traditional market forces to act as a cushion against a likely recession. We need to think creatively about ways to avoid what is growing and, quite obviously, going to come if additional steps are not taken.

Unfortunately, the administration has so far been reluctant to hear new ideas and take action on proposals to address these problems. At every single turn of this housing crisis, the administration has been one step behind, unfortunately: one step behind the 2.2 million homeowners facing foreclosure last year; one step behind the financial markets which started tightening credit for student loans and other consumer needs last summer; one step behind those of us in Congress who have called for solutions to the foreclosure crisis for more than a year now; one step behind the regulators at the FDIC who have urged broad-based modifications for homeowners since last spring.

Sheila Bair, former legal counsel to Senator Bob Dole, deserves great credit. Almost a year ago, the FDIC, under her leadership, was calling for actions to be taken. Had we acted then, I think the problem would have been a lot less severe than it is today.

Now the administration is again one step behind this time, behind the Federal Reserve who is now calling for more action before the housing crisis gets worse. I commend Chairman Bernanke again for his candor and for the speech he gave yesterday in Florida, calling for more creative action before the problem grows worse, as it does almost hourly.

It took some time for the Federal Reserve to acknowledge the severity of the housing problem, but they have come around. Days after I convened the first hearing of the 110th Congress on foreclosures, Federal Reserve Board Governor Susan Bies said she didn't ''think there will be a large impact on the prime mortgage industry.'' Last March, Treasury Secretary Paulson reinforced that benign and incorrect view, saying that the economic fallout from the housing market would be ''painful to some lenders, but . . . largely contained.''

By the time I held a second hearing on the subprime abuses on March 22 of last year, the Federal Reserve finally acknowledged that the Fed had acted too slowly to address mortgage lending abuses. The Fed pledged then to do more to protect homeowners. Unfortunately, the administration continued to deny the severity of the problem.

Throughout last spring and summer, the Treasury Secretary commented that ''we are at or near the bottom'' of the housing correction and there was no risk to the economy overall. When the Treasury sends such rose-colored messages to the public, it is no surprise that the administration and the industry were slow to assist homeowners with broad-based loan modifications.

I organized the first Homeownership Preservation Summit in April of last year, to bring together the Nation's leading mortgage loan servicing companies, regulators, and community organizations to discuss a timetable and a tangible solution to reduce foreclosures. But the private sector, acting alone, yielded minimal results. Moody's found that just 1 percent of loans had been modified in the spring and summer of last year. Instead of taking action throughout these months to help homeowners, the administration continued its happy talk about the

housing market and the economy. The Treasury stated in July that troubles in the housing market were ''largely'' over and ''contained.'' It wasn't until November, just a few months ago, that the administration convened its own homeownership preservation summit. Unfortunately, during those 7 months that passed, tens of thousands of new homeowners became delinquent on their mortgages.

Instead of working with us in the Congress to develop solutions for homeowners over the summer, the Treasury Secretary said on August 1 that he did not see anything that caused him to reconsider his views, that the economic damage from the housing correction was ''largely contained.'' Echoing Secretary Paulson's benign assessment of the housing market, just days later, President Bush said, ''It looks like we are headed for a soft landing.''

Later that month, in August, I met with Secretary Paulson and Federal Reserve Chairman Bernanke, urging them to use all of the tools at their disposal to address the mortgage market turmoil. I wrote a letter to the Treasury Department and the Department of Housing and Urban Development urging them to move expeditiously to make administrative changes to the Federal Housing Administration single family insurance program to help borrowers escape abusive mortgages by refinancing into more affordable FHA loans.

Throughout the fall, FDIC Chair Sheila Bair and I advocated for systemic loan modifications to help homeowners facing foreclosure. Instead of using his authority and influence to promote such solutions, the Treasury Secretary said, ''The idea of across-the-board modifications is not something that this group [of large subprime servicers] is looking to do . . . and it's not something we in this administration are advocating.'' Weeks later, however, the Treasury Secretary changed his view, saying they saw an ''immediate need to see more loan modifications and refinancing and other flexibility'' and a standardization of loss-mitigation metrics to evaluate servicers' performance goals.

If I have learned one lesson from this housing crisis, a lesson all of us should have learned, it is that delayed action will cost families, neighborhoods, the economy of our Nation, and, of course, the taxpayers more and more money than timely action would have avoided. Instead of turning a tin ear, we must listen to the growing chorus of homeowners, lenders, servicers, housing counselors, economic experts, and regulators who are calling for bold action to prevent this housing crisis from becoming worse than it is today. I believe bold action must include financing options for homeowners through FHA, the GSEs, and a new fund at FHA that I propose to use to preserve home ownership.

We must also do more to slow the tide of foreclosures that are overwhelming many of our communities. And we need to give our local officials the tools and resources to cope with these increases in foreclosed properties. In doing so, we will help break, I believe, the downward cycle that is pushing our economy toward a recession, if we are not already in the middle of one.

By acting, we can bring some certainty where today only uncertainty exists. We can help restore the confidence of consumers and investors that is indispensable to economic progress for our Nation.

There are some steps we have taken in the housing sphere already. Working closely, again, with Senator SHELBY, ranking member of the Banking Committee, we have been able to pass FHA reform legislation. As I mentioned, we have been working with the House to resolve our differences on that legislation.

I am committed to working with my colleague from Alabama and the administration to pass a GSE regulatory reform bill so Fannie Mae, Freddie Mac, and the Federal Home Loan Banks can expand their efforts to help people keep their homes.

The committee also held extensive oversight hearings on the problems that plague the housing market, including a hearing on January 31 to look at the foreclosure issue. We held a hearing on the state of the economy and financial markets with Secretary of the Treasury Paulson, Chairman Bernanke, and SEC Chairman Christopher Cox. We held a hearing with Chairman Bernanke last week to receive the semiannual monetary policy report, and we held a hearing yesterday on the state of the banking industry with all the Federal bank regulators. We are holding a second hearing on GSE reform tomorrow, and there will be more hearings to come.

I also believe that S. 2636 would help address the problems we are facing in the housing and mortgage markets in a number of ways by providing counseling services, dealing with bankruptcy reform, improving disclosures, increasing availability of mortgage revenue bonds, and appropriating emergency funds for local communities struggling with these empty properties. Again, I commend Majority Leader REID for his leadership on this issue. I emphasize those ideas I mentioned are, by and large, noncontroversial, but I know there are those who disagree with them, as one might expect. That is not a reason not to try to move forward and allow a debate to occur, amendments to be offered to modify any of these ideas or additional ones people might bring to the table.

But, doing nothing at all is inexcusable. The fact that days go by, despite the growing alarm bells going off about the seriousness of this problem, as I said a week ago, will be indictable by history if we do not to step up and offer some ideas to get this right.

At the end of the day, this legislation by itself is not going to stop foreclosures or restore our communities to economic health. In my view, we need to do more to bring liquidity to the mortgage markets, to help establish value for the subprime securities that are clogging up the system and a way of clearing them out of the markets so capital can once again flow freely. I continue to work on the details of a home ownership preservation entity that makes use of existing platforms, such as FHA or GSEs, to help achieve this result. There are other ideas that I welcome, maybe not this idea, but something similar to it will work. Whatever it is, we ought to bring our practical talents to bear on all this and do something rather than sitting around doing nothing about this issue.

The home ownership preservation entity will facilitate the refinancing of distressed mortgages. This idea was originally proposed by the American Enterprise Institute and the Center for American Progress, two organizations that do not normally come together on economic ideas, but they did on this one; two organizations that approach economic issues from very different philosophical perspectives but that agree more action is needed to stem the housing crisis.

In its general outline, the home ownership preservation entity would capture the discount for which delinquent and near-delinquent loans are trading in the marketplace through a transparent, market-based process and transfer the discounts to the homeowners so more families can stay in their homes.

I would hope such an entity could purchase and restructure these loans in bulk so we could help as many people as possible, but a case-by-case approach is possible as well. I would not rule that out. It would require lenders and investors to recognize losses so there would be no bailout. In my view, this entity should make use of existing institutions, such as FHA and the GSEs, to expedite the process and maximize the process. Every day that goes by without action means more families are going to lose their homes. Obviously, many details need to be fleshed out, I know that, but I am currently drafting legislation for such an idea and plan to introduce it in the coming weeks. The legislation closely mirrors the approach recommended by Federal Reserve Chairman Ben Bernanke in a speech before community lenders he gave yesterday morning in Florida.

Again, I encourage all my colleagues to work with us. I see the Senator from Iowa on the floor, the former chairman of the Finance Committee, the ranking member today. I commend the Finance Committee. They have offered some very sound ideas out of their committee to deal with revenue mortgage bonds and other ideas. Again, those ideas will not solve everything, but I commend their committee for stepping up and saying: Here are a couple things that may restore confidence, increase

optimism, and may save some families from falling into the worst of all situations.

Remember, only 10 percent of these subprime mortgages went to first-time home buyers. Most of them went to people who are making a second mortgage to take care of financial obligations, people who have been in their homes for years building up that equity to take care of future economic difficulties, student loans, health care problems or retirement, and to watch the wealth that accumulated for years disintegrate before their very eyes. Many end up losing the only wealth creator they have had, the long-term financial security for retirement goes out the window, and we are sitting around doing absolutely nothing about it. It is reprehensible. Again, not everyone is in that category.

The Senator from Iowa, Senator GRASSLEY, to his credit, and Senator BAUCUS and their committee have stepped up, and I commend them for it. We are doing our part. What I regret is we cannot find the time for a couple of days to let some of these ideas at least be raised for debate, discussion, and possibly action before we leave.

As we take off for our 2-week break and enjoy our families, travel, and do whatever else we do, in that time there will be people losing their homes in the country, and maybe, just maybe, if we stepped up to the plate, we might have avoided that from happening.

I think it is sad, indeed, that we cannot find the time to do it, unwilling to sit down and engage in what this body was created for—for healthy, responsible debate about actions we ought to be taking to avoid this problem that grows worse by the hour.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, are we in morning business?

The PRESIDING OFFICER. No, we are still on the underlying bill.

Mr. GRASSLEY. I ask unanimous consent to speak as in morning business.

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

Mr. GRASSLEY. I will speak for a short period of time if anyone else wants the floor.

STONEWALLING ON OVERSIGHT

Mr. GRASSLEY. Mr. President, throughout my career in the Senate, I have taken very seriously our constitutional responsibility of oversight. So I have actively conducted oversight of the executive branch of Government regardless of who controls Congress or who controls the White House.

These issues that I do oversight on are about basic, good Government and accountability in Government. It does not deal with party politics or with ideology. The resistance from the bureaucracy is often fierce. It does not matter whether we have a Republican President or a Democratic President. There is an institutional bias among bureaucracy not to cooperate with Congress in doing our constitutional job of oversight.

Protecting itself is what the bureaucracy does best, and it works overtime to keep embarrassing facts from congressional and public scrutiny. This has gone on too long. It is time for the stonewalling to stop. We have a duty under the Constitution to act as a check on the executive branch, and I take that duty seriously. I know other Members of the Senate do. But too often, we let issues in oversight slide that somehow we do not let slide in legislation. So I am asking my colleagues to ramp it up a little bit, to be more serious in the pursuit of information, but not just in the pursuit, to make sure that information actually comes to us when we do not get the proper response from the administration.

When the agencies I am reviewing get defensive and refuse to respond to my requests, it makes me wonder what they are trying to hide. They act as if the documents in the Government files belong to them. These unelected officials seem to think they alone have the right to decide who gets access to information—information, which, by the way, was probably collected at taxpayers' expense.

I have news for them. I am asking my colleagues to have news for them. Documents in Government files belong to the people, and the elected representatives of the people in our constitutional role of oversight of the executive branch have a right to see them. That right is essential to carry out our oversight function.

Let me summarize a few examples of the kind of stonewalling I face. But before I do that, I would like my colleagues to know this is the first of several trips to the floor that I intend to make about the executive branch and its stonewalling. I am tired of it, and I am going to talk about it until we in the Senate and this Senator gets what we are entitled to under the Constitution. All the kids in America study the checks and balances that are a part of our system of Government, and this is part of the congressional check under the Constitution on the executive branch of Government.

So let me start this evening with what is outstanding and is being held up at the FBI on the one hand, the State Department on the other, and the Department of Homeland Security in another case. Let's look at the use of the jet aircraft that is available for the FBI.

The Government Accountability Office is beginning an audit that I requested on the use of luxury executive jets by the FBI. I asked for the audit after a Washington Post article detailed evidence that the jets were being used for travel by senior FBI officials rather than for the counterterrorism purpose as Congress intended when the jets were provided. However, the FBI Director has refused to commit to providing the flight logs to the Government Accountability Office investigators who are working on this project.

What is wrong with a little bit of public scrutiny about the flight logs on a corporate jet, which the taxpayers have paid for, for the use of Government bureaucracy and Government officials?

Let's go to the Michael German case. For nearly 2 years, despite requests from two Judiciary Committee chairmen, the FBI refused to provide documents in the case of FBI whistleblower Michael German. It took more than a year for the FBI to respond to questions for the record following last year's FBI oversight hearing by the Judiciary Committee. Even when the responses finally came in, most of them ducked and evaded the questions rather than answering them very directly.

The FBI misled the public about the facts in the German case. Even faced with the evidence, the FBI still will not admit that German was right about domestic and international terrorist groups meeting to discuss forming operational ties. Now they are trying to hide that evidence from the public. Don't you think the public ought to know everything there is to know about people who are planning terrorist activities against Americans?

I would like to bring up next exigent letters. The FBI continues to stonewall this committee on requests for documents. For example, last March, we requested internal FBI e-mails on their issuance of exigent letters. These letters were criticized by the Justice Department inspector general as inappropriate ways to obtain phone records without any legal process and said the letters contained false statements, promising that a subpoena would be on the way even when there was no intent to issue such a subpoena. Here we are, then, a whole year later, and the FBI has provided only 15 pages. We know they have been sitting on even more e-mails that should shed light on this controversy. It is enough to make you wonder what they might be trying to hide.

Let us go back to something now 5 years old—the anthrax case. Not 5 years I have been working on it, but it hasn't been too far short of 5 years. There is still no public indication of progress in the investigation of the anthrax attacks. Well, this involved attacks on individual Senators. A former journalist is being fined for failure to disclose her sources, despite press accounts stating the sources were unnamed FBI officials. Whether anyone in the Justice Department has taken any serious steps to find out who in the bureau was leaking case information about Stephen Hatfill to the press is still a mystery. And why should it be? It shouldn't be a mystery. Have they obtained and searched the phone records of their own senior officials to see who was calling the reporters in question? You know, it is mysterious, but the FBI won't say.

Let us go to the Cecilia Woods matter. We have been waiting 2 years for documents in the case of a whistleblower named Cecilia Woods. Woods came to my office to report that she was retaliated against for reporting that her supervisor had an inappropriate intimate relationship with a paid informant and that her supervisor was inexplicably not fired, despite overwhelming evidence of this misconduct. I asked to see the FBI internal investigation to find out why. I still have not received adequate replies.

Let us look at the Goose Creek defendants. It is not only the FBI we have problems with. The Homeland Security and State Departments are stonewalling Congress as well. Last year, I wrote to Secretary Rice—she is an honorable person, Secretary of State, doing well—and we wrote to Secretary Chertoff—he is an honorable person. We wrote about the case of two Florida State University students arrested near Goose Creek, SC, with explosives in their trunk. They are both Egyptian nationals. One of them, Ahmed Mohammed, entered the United States on a student visa. However, I learned he had previously been arrested in Egypt and that he even declared his arrest on his visa form. I wanted a copy of his visa application and other documents to investigate how our screening system for visa applicants could still be so broken 7 years after 9/11. Both the Department of Homeland Security and the State Department have thus far refused to comply. Why would they want to keep information such as this from a Member of the Senate, who has responsibility for appropriating enough money to make sure we can keep terrorists from doing another attack against American citizens?

For today, I have given only a few examples. I am going to come to the floor again to outline more examples where these agencies and other agencies have delayed and delayed and delayed. Months turn into years, and we don't get the information we need. It is time for excuses to stop so Congress can perform its constitutional job of check and balance—in this case check the executive branch of Government—and our constitutional responsibility of oversight of that branch of Government, the executive branch.

I yield the floor.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. CANTWELL). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. VOINOVICH. 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. VOINOVICH. Madam President, I ask unanimous consent to speak as in morning business.

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

THE BUDGET

Mr. VOINOVICH. Madam President, as we prepare to consider the budget resolution next week, I rise today to comment on the need for fiscal responsibility and reform of the very financial pillars that support our Government's foundation. Building on a speech I gave last October, and in the tradition of another Member of this body, Senator Fritz Hollings, I hope to regularly provide my colleagues and the American people with updates on our growing national debt. We need to be reminded of the fiscal reality which we find ourselves in. We cannot continue to live in a state of denial.

The Congressional Budget Office projects a $219 billion budget deficit for 2008—that is the fiscal year we are in right now—which does not include the $152 billion economic stimulus package President Bush recently signed into law. With the addition of the economic stimulus bill, the 2008 projected deficit can be assumed to be $371 billion in 2008.

But even that figure hides the true degree to which our official situation has deteriorated, mainly because it uses every dime of the Social Security surplus. I think it is important for our colleagues to understand we are using every dime of the Social Security surplus, as well as surpluses in other trust funds, to hide the true size of the Government's operating deficit.

If you wall off the Social Security surplus so that Congress can't spend it on other programs, as I believe we should, then the Government's operating deficit amounts to $566 billion, over 50 percent more than the reported deficit of $371 billion. In other words, what we do is we hide from the American people the fact that we are borrowing money from ourselves to run our Government, and the only thing we report to them is the public debt, but we don't report to them the Government debt. So when we make these figures available, we will say, oh, the deficit is $371 billion, but the truth of the matter is, when you add in the Social Security surplus, it is $566 billion.

But the annual difference between revenues and outlays is not what is truly threatening our future. It is the cumulative ongoing increase in our national debt that matters. Unfortunately, many in Washington pretend that the debt doesn't even exist. How often do you hear anybody talk about the national debt? They don't.

I think we all remember that in 1992 Ross Perot was out running around America talking about our fiscal irresponsibility and the national debt. At that time, Ross Perot—and this is 1992—predicted that by 2007, the national debt would be $8 trillion. Well, the fact is, he was wrong. It is $1 trillion more. It is $9 trillion.

Now, the interesting thing is that from the beginning of our country to 1992, it is something like 200 years. We have since 1992 increased the debt—doubled it—from what it was. In other words, in the last 15 years, we have increased the debt more than what it was for the first 200 years. Think about that—200 years. And the tragedy of it is that each and every American—man, woman, and child—owes $30,000. That is what we all owe today.

Here are some additional facts: 47½ percent of that privately owned national debt is held by foreign creditors, mostly foreign central banks. That is up from 13.3 percent only 5 years ago. And who are the foreign creditors? The three largest creditors are Japan, China, and the oil exporting countries, or the OPEC nations. Can you imagine how high our interest rates would soar if these countries moved out their investment to somewhere else? In other words, if they would get shaky about where we are in terms of our U.S. economy.

According to the S&P and Moody's, U.S. treasuries will lose their triple-A credit in 2012. In other words, by 2012, our treasuries are going to lose their triple-A rating. That is the best rating you can get. In dollar purchases, I think most of us remember when we could take the American dollar and buy more Canadian dollars. Today, a dollar buys 98 cents of a Canadian dollar. In Europe, it takes $1.52 to buy one Euro.

I have traveled overseas in the last several years, and at one time everybody wanted the American dollar. They called them Reagans. I want a Reagan.

Well, the fact is, today they do not want Reagans, they wanted Euros. Our long-term fiscal situation makes short-term responsible budgeting today even more important. The adoption of a biennial budget for the Federal Government, as I had as Governor of Ohio, would ensure Congress can get its work done on time while also conducting the oversight necessary to ensure that programs and agencies are functioning effectively.

I am hoping we can convince the chairman of the House Budget Committee that this is something that would be great for this country because it is a systemic change that would make a real difference.

I have long championed this issue. I have been a cosponsor of Senator DOMENICI's Biennial Budgeting Act since I came to the Senate in 1999. I have been advocating for its passage nearly 10 years.

In 25 of the last 30 years, Congress has failed to enact all of the appropriations bills by the start of the fiscal year, instead passing omnibus bills and continuing resolutions. Government-by-CR has consequences: Agencies cannot plan for the future, they cannot make hiring decisions, and they cannot sign contracts.

In the next several weeks, I am going to give another speech on the floor of the Senate to remind people about the disruption our not being able to pass budgets on time and the effect continuing resolutions have on inefficient Government and our inability to do the

job the taxpayers want us to do. As I said, we get more waste and inefficiency from the Government by what we are doing. We get lower quality services provided to the people. At the end of the day, we get higher spending and less accountability and oversight of the taxpayers' money. This is irresponsible management, and it has to stop.

Biennial budgeting will ensure Congress does its job and actually looks back to see if the money we have spent is doing what it is supposed to do.

While biennial budgeting can restore order to the appropriations process, it will not solve our long-term entitlement problems or reform our Tax Code. We must enact fundamental tax reform to help make the Tax Code simple, fair, transparent, and economically efficient.

Tax reform is not just a matter of saving taxpayers time and effort; this is about saving taxpayers real money. The Tax Foundation estimates that comprehensive tax reform could save us much as $265 billion in compliance costs associated with preparing our returns.

People come to my office every day, and I ask them: How many of you do your own tax returns? And the answer is most of them—the hands go up. I am an attorney. I used to make out my own return. I used to do them for my clients. I would not touch my tax return today with a 10-foot pole.

Now, if we can straighten this out through good tax reform, fair, easy to understand, even if we did it halfway, it would save almost $160 billion for all of the taxpayers of this country. That is a real tax reduction, and it is something that would not cost the Treasury one dime.

In January 2005, President Bush announced the creation of an all-star panel led by former Senators Mack and Breaux, and that panel spent most of the year engaging the American public to develop proposals to make our Tax Code simpler, more fair, and more conducive to economic growth.

In November 2005, the panel issued its final report. While not perfect in everyone's mind, the panel's two plans provided a starting point for developing tax reform legislation that will represent a huge improvement over the current system. The panel's proposals belong as a key part of the national discussion on fundamental tax reform.

Last January, I introduced the Securing America's Future Economy—or SAFE—Commission Act, legislation that would create a bipartisan commission to look at our Nation's tax and entitlement systems and recommend reforms to put us back on a fiscally sustainable course and ensure the solvency of entitlement programs for future generations. My colleague, Senator ISAKSON, has joined me as a cosponsor.

Democratic Congressman JIM COOPER of Tennessee and Republican FRANK WOLF of Virginia introduced a bipartisan version of the SAFE Commission in the House, where they have 73 cosponsors from both parties. This bipartisan, bicameral group has support from corporate executives, religious leaders, think tanks across the political spectrum, from the Heritage Foundation to the Brookings Institution, and former members from both parties.

On the heels of this, two of my colleagues, the Budget Committee chairman from North Dakota and the ranking member from New Hampshire, recently introduced a bipartisan bill that would create a tax and entitlement reform commission entitled the ''Bipartisan Task Force for Responsible Fiscal Action.'' I signed on as a cosponsor of the Conrad-Gregg proposal. I look forward to working with them to restore fiscal sanity to the U.S. Government.

I would like to comment on the efforts of Divided We Fail, a coalition comprised of the AARP, Business Roundtable, Service Employees Union, and the National Federation of Independent Businesses, for encouraging bipartisan congressional action on this legislation. I want to repeat that. Here is a group. They call themselves Divided We Fail. It is made up of the AARP, the Business Roundtable, and the National Federation of Independent Businesses, which are supporting this. What an interesting array of individuals who think it is time for us to do entitlement and tax reform.

I am encouraged that the Senate Budget Committee is planning to mark up the Bipartisan Task Force for Responsible Fiscal Action, and I urge my colleagues to pass this critical legislation before the close of 2008.

The next President, whoever that may be, should be ready in January 2009 to work with the task force in addressing these critical reform issues. What we are doing now is not working for us. We know that oversight is an important part of our job. But oversight takes time. We must identify programs that are mired in waste, fraud, and abuse.

Another piece of legislation I have introduced, along with Senator CORNYN, is the United States Authorization and Sunset Commission Act. This legislation would create a bipartisan commission to make recommendations to Congress on whether to reauthorize, reorganize, or terminate Federal programs. It would establish a systemic process to review unauthorized programs and agencies and, if applicable, programs that are rated as ''ineffective'' or ''results not demonstrated'' under the program assessment rating tool, which is called PART. Hopefully, the next administration will adopt the criteria the Bush administration has set for PART.

Now, this legislation does not take away from our obligations to make difficult decisions about which programs to continue and those that we can no longer afford to support. What it does is provide an opportunity to work harder and smarter and do more with less.

I believe by establishing this commission to do a thorough examination of programs and agencies using the established criteria, and a transparent reporting process, we can carry out our oversight responsibility more efficiently and effectively.

The legislation will help us distinguish between worthwhile programs and those that have outlived their purpose, are poorly targeted, operate inefficiently, or simply are not producing results taxpayers expect. I used such a commission as Governor of Ohio, and it has helped us work harder and smarter and do more with less.

As we near the end of the Presidential primary season and move into the nominating conventions, the Presidential candidates of both parties should address the critical issue of tax reform, entitlement spending, and budget process reform.

All of the leading Presidential candidates are Members of the Senate. The American electorate should demand that they take a stand on the SAFE Commission and on the Bipartisan Task Force for Responsible Fiscal Action. Voters should demand that Congress pass this bill this year and insist Presidential candidates pledge that upon being elected, they will guarantee that one of their first actions they take as President is to make their appointments to this task force. The Presidential candidates should have recommendations on tax reform, entitlement reform, and biennial budgeting.

But I am afraid that the candidates, whether Democratic or Republican, will avoid these topics, because these challenges require tough choices. Where is Ross Perot? Where is Ross Perot? Voters must ask candidates if they are willing to discuss our country's financial future. If a candidate avoids this topic of responsibility in the campaign, how can voters trust them to be forthright after they are elected?

The former Comptroller General, David Walker, has said:

> The greatest threat to our future is our fiscal irresponsibility.

He added:

> America suffers from a serious case of myopia, or nearsightedness, both in the public sector and in the private sector. We need to start focusing more on the future. We need to start recognizing the realities that we are on an imprudent and unsustainable fiscal path and we need to get started now.

I have three children and seven grandchildren. My wife Janet and I are wondering whether they are going to have the same opportunities we have had, as well as the same standard of living or our quality of life. I question what kind of legacy we are going to leave them as a nation.

The time to act is now. When you look at the numbers, it is self-evident that we must confront our swelling national debt, and we must make a considered bipartisan effort to reform our tax system, slow the growth of entitlement spending, and halt this freight

train that is threatening to crush our kids' and grandkids' future. We owe it to our children and grandchildren to take care of it now. All of us—all of us—should think about them. We have a moral responsibility to the future of this country, our children and our grandchildren, to make sure our legacy is one that we can be proud of, that they will have the same opportunities we had during our lifetime.

Mr. LEAHY. Madam President, I support Senator KOHL's amendment to the Consumer Product Safety Commission, CPSC, Reform Act. This legislation would make it more difficult to prevent public disclosure of information in lawsuits involving a product that poses a serious public heath or safety risk.

Senator KOHL's amendment would promote transparency in court proceedings by prohibiting courts from restricting access to information in civil cases that could affect public health or safety. The amendment would prohibit judges from sealing court records, information obtained through discovery, and certain details of a settlement unless the public health or safety interest is outweighed by a specific and substantial interest in maintaining confidentiality. When issued, protective orders could be no broader than necessary to protect the privacy interest asserted.

The Judiciary Committee heard compelling testimony in a recent hearing about the tragic consequences of court secrecy in cases concerning defective products. We heard from Johnny Bradley, a Navy recruiter who tragically lost his wife in a car wreck that resulted from tread separation on a Cooper tire on his Ford Explorer. Mr. Bradley chose to buy Cooper tires in the wake of the Bridgestone/Firestone recall, believing that they would be safer. It was not until after the tragic death of his wife that he found out during litigation that Cooper had faced numerous similar incidents and had thousands of documents detailing design flaws and defects in the company's tires. The details from as many as 200 lawsuits against Cooper remained covered up through various protective orders, demanded by the tire company. As a result, vital information that could have saved Mr. Bradley's wife was not disclosed to the public. Mr. Bradley's story is just one example of the terrible consequences of court secrecy in cases involving products that pose health and safety risks.

Last December, Senator KOHL introduced the language contained in this amendment as the Sunshine in Litigation Act. I am a cosponsor of Senator KOHL's bill, and I support this amendment. In an environment where the administration is clearly not enforcing product safety regulations, we need to make sure that consumers have better access to information that affects their health and safety.

CLOTURE MOTION

Mr. REID. Madam President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on S. 2663, a bill to reform the Consumer Product Safety Commission.

Harry Reid, Charles E. Schumer, Russell D. Feingold, Bernard Sanders, Debbie Stabenow, Patrick J. Leahy, Jon Tester, Christopher J. Dodd, Edward M. Kennedy, Blanche L. Lincoln, Byron L. Dorgan, Richard Durbin, Mark L. Pryor, Jeff Bingaman, Amy Klobuchar, Kent Conrad.

Mr. PRYOR. Madam President, 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. PRYOR. 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. PRYOR. Madam President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

HONORING REPRESENTATIVE ALDO VAGNOZZI

Mr. LEVIN. Madam President, Representative Aldo Vagnozzi is a beloved figure in Michigan. He is one of those people who talks the talk, walks the walk, and does both to the great benefit of all of those who are fortunate enough to cross his path.

Aldo served in the U.S. Army during World War II as an interpreter in Italy, talking in English and Italian and rising to the rank of sergeant. He took advantage of the GI bill to finish his education at Wayne State University, graduating with a degree in journalism in 1948.

That same year, he married Lois Carl, beginning a 50-year marriage. They would raise two daughters and two sons, seven grandchildren, and two great-grandchildren.

As editor of several publications, including numerous labor newspapers, Aldo reported on and learned about Michigan's social and political environment and the workings of government. This understanding, along with his knack for making friends, would serve him and the State of Michigan well.

Aldo would later serve on the Farmington Hills City Council, the Farmington District School Board, the Farmington Area Parent-Teacher Association, and as the mayor of Farmington Hills. He has been actively involved in numerous community organizations.

In 2002, Aldo ran for election to the Michigan House of Representatives. He personally went door-to-door to 15,000 houses, walking over 900 miles including a 5-day, 70-mile walk from Farmington Hills to Lansing.

Term limits will keep Aldo from continuing his service in the House of Representatives after his current term ends this year, and he will be deeply missed by his colleagues and his constituents.

I salute my friend Aldo Vagnozzi for his years and years of service to Michigan, his indomitable spirit, and his remarkable ability to walk, talk, and sometimes do both while working for the people of Michigan.

I have lost track of the retirement parties I have been to for Aldo Vagnozzi. I am confident his next one won't be his last as he moves on to other endeavors.

NATIONAL PEACE CORPS WEEK

Mr. KYL. Madam President, last week marked the 47th anniversary of the founding of the U.S. Peace Corps. Since its inception in 1961, 190,000 Americans have served in 139 countries around the globe. Currently, 126 Arizonans are Peace Corps volunteers, dedicating their time and hard work to projects in 51 countries.

The Peace Corps is an organization through which many Americans have made meaningful service and have contributed to the well-being of peoples in other lands. A spirit of generosity and volunteerism helped build our Nation; in that same spirit, these Peace Corps volunteers are helping others to build theirs.

Peace Corps volunteers are also ambassadors of American culture—exchanging ideas and bridging cultural divides are critical to helping people understand America's values and message of freedom.

I would like to pass on my thanks and congratulations to those who have served in the Peace Corps, and I applaud their contributions to our Nation and nations abroad.

TRIBUTE TO CHRISTOPHER K. BRADISH

Mr. SPECTER. Madam President, I pay tribute to a very distinguished staffer in my office, Christopher K. Bradish, who serves as my legislative assistant for defense and foreign affairs issues.

Recently, the National Guard Association of the United States recognized Christopher's extraordinary work by presenting him with the Patrick Henry Award—the civilian counterpart to the National Guard Association of the United States Distinguished Service Medal. Created in 1989, the Patrick Henry Award provides recognition to local officials and civic leaders, who in

a position of great responsibility distinguished themselves with outstanding and exceptional service to the Armed Forces of the United States, the National Guard, or the National Guard Association of the United States.

To fully comprehend the magnitude of this honor, it is important to note the criteria for the selection of the Patrick Henry Award. Superior performance of normal duty alone does not justify award of this honor. An individual must have provided exceptionally strong support for the National Guard such that the readiness and the future of the National Guard must have been positively impacted.

Christopher has provided a tremendous service to our Nation's military, as the United States continues to wage a war on terrorism in this post-9/11 era. Additionally, he has demonstrated a remarkable amount of enthusiasm for ensuring that the Armed Forces and National Guard have the readiness capabilities to defend our country. The assistance he has provided the National Guard will not be easily matched; however, for Christopher this level of dedication is par for the course.

I applaud the National Guard Association of the United States for recognizing Christopher's behind-the-scenes work to increase National Guard funding and champion projects of special interest to the Guard. Christopher also strives to provide the legislative tools necessary to give soldiers and airmen the best support available. He has worked hard on these issues—each time jumping in feet first, soaking up knowledge, and moving legislation forward in this often complicated process.

I urge my colleagues to join me today in commending Christopher K. Bradish for his receipt of the Patrick Henry Award and his leadership on behalf of the Armed Forces of the United States, the National Guard, and the National Guard Association of the United States.

UNITED NATIONS SECURITY COUNCIL SANCTIONS ON IRAN

Mr. SMITH. Madam President, I wish to speak on the latest round of United Nations Security Council sanctions on Iran.

This past Monday, the Security Council voted 14 to 0 to increase sanctions on Iran in response to its continued enrichment of uranium. I applaud the United Nations for pursuing the diplomacy necessary to avoid hostilities. The vote was another step on the long diplomatic path toward increasing stability in the Middle East, but more remains to be done. Among other measures, these sanctions are important in restricting the travel and freezing the assets of certain Iranian officials and banks. The U.N. is now following the American lead in taking action against banks like Bank Melli which are deeply involved financially with the Iranian Government and its nuclear program.

The near unanimity shown by members of the Security Council, including the five veto-holding countries, was a strong and unmistakable signal of the international community's condemnation of Iranian policies. That signal would be even stronger if the Security Council members—and Russia and China in particular—would take further economic measures, including against Iran's energy sector. These countries need to realize that a nuclear-armed Iran does not just threaten the United States or the West but indeed the entire Middle East, the nuclear nonproliferation regime, and potentially the world. The very idea of a nuclear Iran is chilling.

In March of last year, Senator DURBIN and I introduced the Iran Counter-Proliferation Act, a bill outlining steps the United States and its allies should take to prevent Iran from continuing its nuclear program. I am pleased that this legislation currently has 69 cosponsors, and the Bush administration has taken many of the measures I suggested. Other nations, particularly our European allies, should follow the United States in using additional sanctions to supplement the actions of the Security Council. The international community particularly needs the cooperation of states which actively do business with Iran to draw down that business, in addition to holding key Iranian leaders personally responsible.

Some of the foreign countries which engage Iran economically have been cooperative in reducing the extent of that cooperation, like Germany, which is steadily decreasing the export credits granted to investments in Iran. Others have been far more recalcitrant, especially Russia, which continues to provide nuclear and military assistance to Tehran. This cooperation, under the circumstances, is unacceptable.

The diplomacy of the United States and the United Nations must continue to intensify until Iran verifiably agrees to forego its nuclear ambitions. Until that day, and until Iran's political leaders decide they have more to gain from cooperation than from conflict, the sanctions enacted today and others like them will continue.

EQUAL CARE FOR ARMED FORCES

Mr. SMITH. Mr. President, I rise today to speak to an important piece of legislation to secure equal care for members of the armed services who suffer from a mental illness. I am pleased to have my colleagues Senators EVAN BAYH and BILL NELSON joining me in this cause by serving as original cosponsors of this bill, the Travel Assistance for Family Members of our Troops Act of 2008.

There is no greater obligation than caring for those who have served this country through their military service. We would be remiss if we did not ensure that the health care of our heroes in arms is the finest medicine has to offer.

What we now refer to as post-traumatic stress disorder, PTSD, was once described as ''soldier's heart'' in the Civil War, ''shell shock'' in World War I, and ''combat fatigue'' in World War II. Whatever the name, they are serious mental illnesses and deserve equal attention and care as a physical wound.

In recent reports, we have heard that 20 to 40 service men and women are evacuated each month from Iraq due to mental health problems. In addition to those who are identified, there are many more who will return home after their service to face readjustment challenges. Some will need appropriate mental heath care to help them adjust back to ''normal'' life, while others will need medical assistance to heal more serious PTSD issues. Yet others will need help to mentally cope with their physical wounds.

So many of our veterans from previous conflicts, such as World War II and the Korean and Vietnam wars, needed similar programs once they returned home. Yet I fear that we didn't do enough to help them. With proper and early support systems in place, including support of their families, we can work to prevent the more serious and chronic mental health issues that come from a lack of intervention.

The legislation I am introducing today will provide support for family members of our uniformed service men and women receiving inpatient treatment for serious psychiatric conditions. Right now, the Department of Defense does not classify Active-Duty servicemembers receiving treatment for mental illnesses as ''Very Seriously Ill'' or ''Seriously Ill.''

Therefore, under current policy, family members are not eligible to receive the same travel allowances as patients being treated for physical injuries.

This bill will eliminate the current disparity in treatment against our country's men and woman who are bravely serving in the armed services. We have already taken legislative steps through the Defense reauthorization bill to begin to address needed improvements in the quality of health care, both from mental and physical injuries. This bill is another important piece in that process.

Travel Assistance for Family Members of our Troops Act of 2008 ensures that patients with serious mental impairments can spend time with their family—the same treatment we currently are providing to patients with physical injuries requiring inpatient care.

We urge our colleagues to support this important piece of legislation.

ADDITIONAL STATEMENTS

RECOGNIZING THE MINNEAPOLIS EMERGENCY COMMUNICATIONS CENTER

• Ms. KLOBUCHAR. Madam President, I wish to recognize the Minneapolis Emergency Communications Center, which is being honored today as the Nation's Outstanding Call Center.

Too often, the exceptional work and service that 9–1–1 call centers and workers perform every day across America goes unrecognized.

Before I came to Washington, I served as the chief prosecutor for Hennepin County, Minnesota's largest county, for 8 years. During that time, I saw firsthand the critical contributions 9–1–1 call centers make to public safety on a daily basis—helping to save lives and bring criminals to justice—and gained an unending appreciation for their work.

Today, I wish to thank all 9–1–1 operators for all they do to keep our communities safe—for coordinating the response to each and every emergency, and for doing it all with composure and compassion, and never with complaint.

But today is a special honor for the Minneapolis Emergency Communications Center, now recognized as the Outstanding Call Center of 2007 for its response to the tragic I–35W bridge collapse in August of 2007.

I would like to congratulate and thank director John Dejung, deputy director Heather Hunt, and each of the 77 call center agents involved in the response.

In the minutes and hours following the bridge collapse, the response of Minnesota's fire fighters, police, and other emergency personnel was extraordinary. One of the most enduring images of the response is that of brave young firefighter Shanna Hansen who, with a rope tied around her waist, kept diving down into the depths of the Mississippi to search for any survivors.

What wasn't seen was how the Minneapolis Emergency Communications Center directed the response. Under the most difficult of circumstance, center personnel produced the very best of results and no doubt saved lives. The entire Nation saw Minnesota's finest on display in those first few hours after the collapse, and it was made possible by the 9–1–1 responders we are honoring today and their colleagues in Minneapolis.

So it is with great pride that I congratulate the Minneapolis Emergency Communications Center for this well-deserved award of Outstanding Call Center of 2007.●

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 which were referred to the appropriate committees.

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

MESSAGE FROM THE HOUSE

At 2:21 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 816. An act to provide for the release of certain land from the Sunrise Mountain Instant Study Area in the State of Nevada and to grant a right-of-way across the released land for the construction and maintenance of a flood control project.

H.R. 1143. An act to authorize the Secretary of the interior to lease certain lands in Virgin Islands National Park, and for other purposes.

H.R. 1311. An act to provide for the conveyance of the Alta-Hualapai Site to the Nevada Cancer Institute, and for other purposes.

H.R. 1922. An act to designate the Jupiter Inlet Lighthouse and the surrounding Federal land in the State of Florida as an Outstanding Natural Area and as a unit of the National Landscape Conservation System, and for other purposes.

H.R. 3111. An act to provide for the administration of Port Chicago Naval Magazine National Memorial as a unit of the National Park System, and for other purposes.

H.R. 3473. An act to provide for a land exchange with the City of Bountiful, Utah, involving National Forest System land in the Wasatch-Cache National Forest and to further land ownership consolidation in that national forest, and for other purposes.

H.R. 5137. An act to ensure that hunting remains a purpose of the New River Gorge National River.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 816. An act to provide for the release of certain land from the Sunrise Mountain Instant Study Area in the State of Nevada and to grant a right-of-way across the released land for the construction and maintenance of a flood control project; to the Committee on Energy and Natural Resources.

H.R. 1143. An act to authorize the Secretary of the Interior to lease certain lands in Virgin Islands National Park, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 1311. An act to provide for the conveyance of the Alta-Hualapai Site to the Nevada Cancer Institute, and for other purposes, to the Committee on Energy and Natural Resources.

H.R. 3111. An act to provide for the administration of Port Chicago Naval Magazine National Memorial as a unit of the National Park System, and for other purposes; to the Committee on Armed Services.

H. R. 3473. An act to provide for a land exchange with the City of Bountiful, Utah, involving National Forest System land in the Wasatch-Cache National Forest and to further land ownership consolidation in that national forest, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 5137. An act to ensure that hunting remains a purpose of the New River Gorge National River; to the Committee on Energy and Natural Resources.

MEASURES READ THE FIRST TIME

The following bills were read the first time:

S. 2712. A bill to require the Secretary of Homeland Security to complete at least 700 miles of reinforced fencing along the Southwest border by December 31, 2010, and for other purposes.

S. 2713. A bill to prohibit appropriated funds from being used in contravention of section 642(a) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.

S. 2716. A bill to authorize the National Guard to provide support for the border control activities of the United States Customs and Border Protection of the Departments of Homeland Security, and for other purposes.

S. 2718. A bill to withhold 10 percent of the Federal funding apportioned for highway construction and maintenance from States that issue driver's licenses to individuals without verifying the legal status of such individuals.

S. 2711. A bill to improve the enforcement of laws prohibiting the employment of unauthorized aliens and for other purposes.

S. 2710. A bill to authorize the Department of Homeland Security to use an employer's failure to timely resolve discrepancies with the Social Security Administration after receiving a ''no match'' notice as evidence that the employer violated section 274A of the Immigration and Nationality Act.

S. 2715. A bill to amend title 4, United States Code, to declare English as the national language of the Government of the United States, and for other purposes.

S. 2709. A bill to increase the criminal penalties for illegally reentering the United States and for other purposes.

S. 2714. A bill to close the loophole that allowed the 9/11 hijackers to obtain credit cards from United States banks that financed their terrorists activities, to ensure that illegal immigrants cannot obtain credit cards to evade United States immigration laws, and for other purposes.

S. 2719. A bill to provide that Executive Order 13166 shall have no force or effect, and to prohibit the use of funds for certain purposes.

S. 2722. A bill to prohibit aliens who are repeat drunk drivers from obtaining legal status or immigration benefits.

S. 2720. A bill to withhold Federal financial assistance from each country that denies or unreasonably delays the acceptance of nationals of such country who have been ordered removed from the United States and to prohibit the issuance of visas to nationals of such country.

S. 2717. A bill to provide for enhanced Federal enforcement of, and State and local assistance in the enforcement of, the immigration laws of the United States, and for other purposes.

S. 2721. A bill to amend the Immigration and Nationality Act to prescribe the binding oath or affirmation of renunciation and allegiance required to be naturalized as a citizen of the United States, to encourage and support the efforts of prospective citizens of the United States to become citizens, 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–5299. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Methoxyfenozide; Pesticide Tolerances and Time-Limited Pesticide Tolerances'' (FRL

No. 8352–2) received on February 28, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–5300. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Acetic Acid; Pesticide Tolerance'' (FRL No. 8350–8) received on February 28, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–5301. A communication from the Chairman, Board of Governors, Federal Reserve System, transmitting, pursuant to law, its semiannual report relative to monetary policy; to the Committee on Banking, Housing, and Urban Affairs.

EC–5302. A communication from the Secretary of Transportation, transmitting, pursuant to law, a report relative to funds provided for Federal-aid highway and safety construction programs; to the Committee on Commerce, Science, and Transportation.

EC–5303. A communication from the Assistant Secretary, Office of Legislative Affairs, Department of Homeland Security, transmitting, pursuant to law, a report relative to the Critical Skills Retention Bonus program for military personnel; to the Committee on Commerce, Science, and Transportation.

EC–5304. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Revisions to the California State Implementation Plan, South Coast Air Quality Management District'' (FRL No. 8530–7) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5305. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Ohio'' (FRL No. 8533–8) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5306. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Implementation Plans; State of Iowa'' (FRL No. 8535–9) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5307. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Redesignation of 8-Hour Ozone Nonattainment Areas to Attainment and Approval of the Areas' Maintenance Plans and 2002 Base-Year Inventories; Correction'' (FRL No. 8536–6) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5308. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Redesignation of the Allentown-Bethlehem-Easton 8-Hour Ozone Nonattainment Area to Attainment and Approval of the Area's Maintenance Plan and 2002 Base Year Inventory'' (FRL No. 8536–5) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5309. A communication from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; VOC and NOx RACT Determinations for Merck and Co., Inc.'' (FRL No. 8536–4) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5310. A communication from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''Delegated Authority to Order Use of Procedures for Access to Certain Sensitive Unclassified Information'' (RIN3150–AI32) received on February 28, 2008; to the Committee on Environment and Public Works.

EC–5311. 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 ''Fuel Cell Motor Vehicle Credit'' (Notice 2008–33) received on February 28, 2008; to the Committee on Finance.

EC–5312. 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 ''Voluntary Closing Agreement Program for Issuers of Tax-Exempt Bonds and Tax Credit Bonds'' (Notice 2008–31) received on February 27, 2008; to the Committee on Finance.

EC–5313. A communication from the Assistant Secretary for Import Administration, Foreign-Trade Zones Board, Department of Commerce, transmitting, pursuant to law, an annual report relative to the Board's activities for fiscal year 2006; to the Committee on Finance.

EC–5314. A communication from the Director, Office of Standards, Regulations, and Variances, Department of Labor, transmitting, pursuant to law, the report of a rule entitled ''Mine Rescue Teams'' (RIN1219–AB53) received on February 28, 2008; to the Committee on Health, Education, Labor, and Pensions.

EC–5315. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report relative to the Community Services Block Grant Act Discretionary Activities; to the Committee on Health, Education, Labor, and Pensions.

EC–5316. A communication from the White House Liaison, Office of Justice Programs, Department of Justice, transmitting, pursuant to law, the report of the designation of an acting officer for the position of Assistant Attorney General, received on February 27, 2008; to the Committee on the Judiciary.

EC–5317. A communication from the Director, Department of Homeland Security, transmitting, pursuant to law, the Annual Report of Citizenship and Immigration Services for fiscal year 2007; to the Committee on the Judiciary.

REPORTS OF COMMITTEES ON MARCH 4, 2008

The following reports of committees were submitted:

By Mr. INOUYE, from the Committee on Commerce, Science, and Transportation, with an amendment:

S. 1675. A bill to implement the recommendations of the Federal Communications Commission report to the Congress regarding low-power FM service (Rept. No. 110–271).

By Mr. BIDEN, from the Committee on Foreign Relations, with amendments and an amendment to the title:

H.R. 1469. A bill to establish the Senator Paul Simon Study Abroad Foundation under the authorities of the Mutual Educational and Cultural Exchange Act of 1961 (Rept. No. 110–272).

By Mr. BIDEN, from the Committee on Foreign Relations, with an amendment in the nature of a substitute:

H.R. 2798. A bill to reauthorize the programs of the Overseas Private Investment Corporation, and for other purposes (Rept. No. 110–273).

EXECUTIVE REPORT OF COMMITTEE

The following executive report of a nomination was submitted:

By Mr. BINGAMAN for the Committee on Energy and Natural Resources. *J. Gregory Copeland, of Texas, to be General Counsel of the Department of Energy.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to requests to appear and testify before any duly constituted committee of the Senate.

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 Mrs. DOLE:

S. 2703. A bill to reduce the reporting and certification burdens for certain financial institutions of sections 302 and 404 of the Sarbanes-Oxley Act of 2002; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. LINCOLN (for herself and Mr. CRAPO):

S. 2704. A bill to amend title XVIII of the Social Security Act to provide for Medicare coverage of services of qualified respiratory therapists performed under the general supervision of a physician; to the Committee on Finance.

By Mr. DURBIN (for himself, Mr. INHOFE, Mr. OBAMA, Mr. LIEBERMAN, Mr. BIDEN, Mr. REED, Ms. MIKULSKI, Ms. COLLINS, Mr. MENENDEZ, Mrs. DOLE, and Mr. INOUYE):

S. 2705. A bill to authorize programs to increase the number of nurses within the Armed Forces through assistance for service as nurse faculty or education as nurses, and for other purposes; to the Committee on Armed Services.

By Mr. DORGAN:

S. 2706. A bill to impose a limitation on lifetime aggregate limits imposed by health plans; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CARDIN (for himself, Mr. BIDEN, Mr. CARPER, Mr. CASEY, Ms. MIKULSKI, Mr. SPECTER, Mr. WARNER, and Mr. WEBB):

S. 2707. A bill to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network; to the Committee on Environment and Public Works.

By Mrs. BOXER:

S. 2708. A bill to amend the Public Health Service Act to attract and retain trained health care professionals and direct care workers dedicated to providing quality care to the growing population of older Americans; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SESSIONS:

S. 2709. A bill to increase the criminal penalties for illegally reentering the United States and for other purposes; read the first time.

By Mr. SESSIONS:

S. 2710. A bill to authorize the Department of Homeland Security to use an employer's

failure to timely resolve discrepancies with the Social Security Administration after receiving a ''no match'' notice as evidence that the employer violated section 274A of the Immigration and Nationality Act; read the first time.

By Mr. SESSIONS:

S. 2711. A bill to improve the enforcement of laws prohibiting the employment of unauthorized aliens and for other purposes; read the first time.

By Mr. DEMINT:

S. 2712. A bill to require the Secretary of Homeland Security to complete at least 700 miles of reinforced fencing along the Southwest border by December 31, 2010, and for other purposes; read the first time.

By Mr. VITTER:

S. 2713. A bill to prohibit appropriated funds from being used in contravention of section 642(a) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996; read the first time.

By Mr. VITTER:

S. 2714. A bill to close the loophole that allowed the 9/11 hijackers to obtain credit cards from United States banks that financed their terrorists activities, to ensure that illegal immigrants cannot obtain credit cards to evade United States immigration laws, and for other purposes; read the first time.

By Mr. INHOFE:

S. 2715. A bill to amend title 4, United States Code, to declare English as the national language of the Government of the United States, and for other purposes; read the first time.

By Mr. DOMENICI:

S. 2716. A bill to authorize the National Guard to provide support for the border control activities of the United States Customs and Border Protection of the Departments of Homeland Security, and for other purposes; read the first time.

By Mr. CHAMBLISS (for himself and Mr. ISAKSON):

S. 2717. A bill to provide for enhanced Federal enforcement of, and State and local assistance in the enforcement of, the immigration laws of the United States, and for other purposes; read the first time.

By Mr. BARRASSO (for himself, Mr. ENZI, and Mr. VITTER):

S. 2718. A bill to withhold 10 percent of the Federal funding apportioned for highway construction and maintenance from States that issue driver's licenses to individuals without verifying the legal status of such individuals; read the first time.

By Mrs. DOLE:

S. 2719. A bill to provide that Executive Order 13166 shall have no force or effect, and to prohibit the use of funds for certain purposes; read the first time.

By Mr. SPECTER:

S. 2720. A bill to withhold Federal financial assistance from each country that denies or unreasonably delays the acceptance of nationals of such country who have been ordered removed from the United States and to prohibit the issuance of visas to nationals of such country; read the first time.

By Mr. ALEXANDER:

S. 2721. A bill to amend the Immigration and Nationality Act to prescribe the binding oath or affirmation of renunciation and allegiance required to be naturalized as a citizen of the United States, to encourage and support the efforts of prospective citizens of the United States to become citizens, and for other purposes; read the first time.

By Mrs. DOLE:

S. 2722. A bill to prohibit aliens who are repeat drunk drivers from obtaining legal status or immigration benefits; read the first time.

By Mr. DORGAN (for himself, Ms. SNOWE, Mr. KERRY, Ms. COLLINS, Mr. DODD, Mr. OBAMA, Mr. HARKIN, Mrs. CLINTON, Ms. CANTWELL, Mr. BIDEN, Mr. REED, Mrs. FEINSTEIN, Mr. SANDERS, Mr. TESTER, and Mr. STEVENS):

S.J. Res. 28. A joint resolution disapproving the rule submitted by the Federal Communications Commission with respect to broadcast media ownership; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Ms. STABENOW (for herself, Mr. LEVIN, and Mr. VOINOVICH):

S. Res. 473. A resolution designating March 26, 2008, as ''National Support the Troops and Their Families Day'' and encouraging the people of the United States to participate in a moment of silence to reflect upon the service and sacrifice of members of the Armed Forces both at home and abroad, as well as the sacrifices of their families; considered and agreed to.

By Mr. FEINGOLD (for himself, Mr. KOHL, Mr. CHAMBLISS, Mr. DOMENICI, Mr. CASEY, Mr. KERRY, Mr. SANDERS, Mr. DURBIN, and Mr. DODD):

S. Res. 474. A resolution expressing the sense of the Senate that providing breakfast in schools through the National School Breakfast Program has a positive impact on the lives and classroom performance of low-income children; considered and agreed to.

ADDITIONAL COSPONSORS

S. 12

At the request of Mr. MCCONNELL, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 12, a bill to promote home ownership, manufacturing, and economic growth.

S. 22

At the request of Mr. WEBB, the names of the Senator from Florida (Mr. NELSON), the Senator from Oregon (Mr. SMITH), and the Senator from Washington (Mrs. MURRAY) were added as cosponsors 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. 329

At the request of Mr. CRAPO, the names of the Senator from South Carolina (Mr. GRAHAM) and the Senator from Indiana (Mr. BAYH) were added as cosponsors of S. 329, a bill to amend title XVIII of the Social Security Act to provide coverage for cardiac rehabilitation and pulmonary rehabilitation services.

S. 394

At the request of Mr. AKAKA, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. 394, a bill to amend the Humane Methods of Livestock Slaughter Act of 1958 to ensure the humane slaughter of nonambulatory livestock, and for other purposes.

S. 522

At the request of Mr. BAYH, the name of the Senator from Texas (Mrs. HUTCHISON) was added as a cosponsor of S. 522, a bill to safeguard the economic health of the United States and the health and safety of the United States citizens by improving the management, coordination, and effectiveness of domestic and international intellectual property rights enforcement, and for other purposes.

S. 594

At the request of Mrs. FEINSTEIN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 594, a bill to limit the use, sale, and transfer of cluster munitions.

S. 626

At the request of Mr. KENNEDY, the names of the Senator from Missouri (Mrs. MCCASKILL), the Senator from North Carolina (Mrs. DOLE), the Senator from New Mexico (Mr. DOMENICI), and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 626, a bill to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

S. 803

At the request of Mr. ROCKEFELLER, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 803, a bill to repeal a provision enacted to end Federal matching of State spending of child support incentive payments.

S. 805

At the request of Mr. DURBIN, the name of the Senator from Virginia (Mr. WEBB) was added as a cosponsor of S. 805, a bill to amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

S. 1161

At the request of Mr. BINGAMAN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1161, a bill to amend title XVIII of the Social Security Act to authorize the expansion of Medicare coverage of medical nutrition therapy services.

S. 1164

At the request of Mr. CARDIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1164, a bill to amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

S. 1310

At the request of Mr. SCHUMER, the name of the Senator from New York (Mrs. CLINTON) 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. 1390

At the request of Mr. NELSON of Florida, his name was added as a cosponsor of S. 1390, a bill to provide for the issuance of a ''forever stamp'' to honor the sacrifices of the brave men and women of the armed forces who have been awarded the Purple Heart.

S. 1430

At the request of Mr. BROWNBACK, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 1430, a bill to authorize State and local governments to direct divestiture from, and prevent investment in, companies with investments of $20,000,000 or more in Iran's energy sector, and for other purposes.

S. 1576

At the request of Mr. KENNEDY, the names of the Senator from Massachusetts (Mr. KERRY) and the Senator from Mississippi (Mr. WICKER) were added as cosponsors of S. 1576, a bill to amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority groups.

S. 1675

At the request of Ms. CANTWELL, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1675, a bill to implement the recommendations of the Federal Communications Commission report to the Congress regarding low-power FM service.

S. 1693

At the request of Mr. KENNEDY, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1693, a bill to enhance the adoption of a nationwide interoperable health information technology system and to improve the quality and reduce the costs of health care in the United States.

S. 1853

At the request of Mr. LAUTENBERG, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 1853, a bill to promote competition, to preserve the ability of local governments to provide broadband capability and services, and for other purposes.

S. 2004

At the request of Mrs. MURRAY, the name of the Senator from New Mexico (Mr. DOMENICI) was added as a cosponsor of S. 2004, a bill to amend title 38, United States Code, to establish epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

S. 2119

At the request of Mr. JOHNSON, the name of the Senator from Nevada (Mr. REID) 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. 2170

At the request of Mrs. HUTCHISON, the name of the Senator from Oregon (Mr. SMITH) was added as a cosponsor of S. 2170, a bill to amend the Internal Revenue Code of 1986 to modify the treatment of qualified restaurant property as 15-year property for purposes of the depreciation deduction.

S. 2243

At the request of Mr. SPECTER, the name of the Senator from Oregon (Mr. SMITH) was added as a cosponsor of S. 2243, a bill to strongly encourage the Government of Saudi Arabia to end its support for institutions that fund, train, incite, encourage, or in any other way aid and abet terrorism, to secure full Saudi cooperation in the investigation of terrorist incidents, to denounce Saudi sponsorship of extremist Wahhabi ideology, and for other purposes.

S. 2369

At the request of Mr. BAUCUS, the name of the Senator from Texas (Mrs. HUTCHISON) was added as a cosponsor of S. 2369, a bill to amend title 35, United States Code, to provide that certain tax planning inventions are not patentable, and for other purposes.

S. 2421

At the request of Mr. SCHUMER, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 2421, a bill to amend the Internal Revenue Code of 1986 to provide tax benefits to individuals who have been wrongfully incarcerated.

S. 2439

At the request of Mr. MENENDEZ, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 2439, a bill to require the National Incident Based Reporting System, the Uniform Crime Reporting Program, and the Law Enforcement National Data Exchange Program to list cruelty to animals as a separate offense category.

S. 2458

At the request of Ms. LANDRIEU, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 2458, a bill to promote and enhance the operation of local building code enforcement administration across the country by establishing a competitive Federal matching grant program.

S. 2460

At the request of Mr. BINGAMAN, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 2460, a bill to extend by one year the moratorium on implementation of a rule relating to the Federal-State financial partnership under Medicaid and the State Children's Health Insurance Program and on finalization of a rule regarding graduate medical education under Medicaid and to include a moratorium on the finalization of the outpatient Medicaid rule making similar changes.

S. 2598

At the request of Mr. DORGAN, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2598, a bill to increase the supply and lower the cost of petroleum by temporarily suspending the acquisition of petroleum for the Strategic Petroleum Reserve.

S. 2606

At the request of Mr. DODD, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 2606, a bill to reauthorize the United States Fire Administration, and for other purposes.

S. 2639

At the request of Mr. THUNE, his name was added as a cosponsor of S. 2639, a bill to amend title 38, United States Code, to provide for an assured adequate level of funding for veterans health care.

S. RES. 455

At the request of Mr. DURBIN, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. Res. 455, a resolution calling for peace in Darfur.

S. RES. 459

At the request of Mr. LUGAR, the name of the Senator from Florida (Mr. MARTINEZ) was added as a cosponsor of S. Res. 459, a resolution expressing the strong support of the Senate for the North Atlantic Treaty Organization to extend invitations for membership to Albania, Croatia, and Macedonia at the April 2008 Bucharest Summit, and for other purposes.

AMENDMENT NO. 4088

At the request of Ms. KLOBUCHAR, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of amendment No. 4088 intended to be proposed to S. 2663, a bill to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes.

AMENDMENT NO. 4093

At the request of Ms. MIKULSKI, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of amendment No. 4093 intended to be proposed to S. 2663, a bill to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes.

AMENDMENT NO. 4105

At the request of Ms. KLOBUCHAR, the names of the Senator from New York (Mr. SCHUMER) and the Senator from Illinois (Mr. OBAMA) were added as cosponsors of amendment No. 4105 proposed to S. 2663, a bill to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of

consumer product recall programs, and for other purposes.

At the request of Mr. DURBIN, his name was added as a cosponsor of amendment No. 4105 proposed to S. 2663, supra.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DOMENICI:

S. 2716. A bill to authorize the National Guard to provide support for the border control activities of the United States Customs and Border Protection of the Department of Homeland Security, and for other purposes; read the first time.

Mr. DOMENICI Mr. President, I rise today to introduce a bill that builds upon border security successes achieved as part of Operation Jump Start by continuing that effort and allowing Governors to use their respective State's National Guard units for border activities in support of U.S. Customs and Border Protection, CBP.

As a border State Senator, I know firsthand the need to secure our international borders because every day I hear from constituents who must deal with illegal entries into our country. We have a crisis on our borders, and the status quo is not acceptable.

I also know firsthand the improvements in border security we have made over the past few years. One of those successes has come in the form of Operation Jumpstart, which was an initiative begun in the summer of 2006 to allow National Guardsmen from across America to deploy to the southwest border in support of CBP. This program proved successful almost immediately. During the summer of 2006, Border Patrol agents apprehended more than 2,500 illegal immigrants in about 6 weeks with the support of National Guardsmen. Tens of thousands of pounds of illegal drugs were seized during the same time period.

The program is also beneficial to the National Guard. Deploying as part of Operation Jumpstart has allowed these men and women to gain valuable training in areas including construction, vehicle maintenance, technology support, aviation support, intelligence support, surveillance and reconnaissance support, and intelligence analysis.

Despite these successes, Operation Jumpstart is being phased out; there are fewer National Guardsmen on the border today than there were a year ago. I believe to phase out this mutually beneficial work between CBP and the National Guard is a mistake, and National Guardsmen should be able to continue helping to secure our border.

For that reason, I am introducing legislation that addresses this need in two ways. First, the bill calls for the continuation of Operation Jumpstart at its initial level of 6,000 guardsmen on the southwest border until we have control of that border. Second, the bill expands existing Federal law that allows Governors to utilize their State's guardsmen for drug interdiction and counterdrug activities to allow Governors to also utilize their State's guardsmen for border control activities, including constructing roads, fences, and vehicle barriers, conducting search and rescue missions, gathering intelligence, repairing infrastructure, and otherwise supporting CBP. The legislation provides that in order to utilize guardsmen for border activities, Governors must submit plans to the Secretary of Defense regarding the use of the Guard, and the plans must be approved by the Secretary of Defense in consultation with the Secretary of Homeland Security. Additionally, the Secretary of Defense would be required to submit an annual report to Congress regarding the activities carried out as part of this work under my bill.

Mr. President, I believe our National Guardsmen are an invaluable asset in securing our borders, and I believe guardsmen should be able to continue working on the border.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 473—DESIGNATING MARCH 26, 2008, AS ''NATIONAL SUPPORT THE TROOPS AND THEIR FAMILIES DAY'' AND ENCOURAGING THE PEOPLE OF THE UNITED STATES TO PARTICIPATE IN A MOMENT OF SILENCE TO REFLECT UPON THE SERVICE AND SACRIFICE OF MEMBERS OF THE ARMED FORCES BOTH AT HOME AND ABROAD, AS WELL AS THE SACRIFICES OF THEIR FAMILIES

Ms. STABENOW (for herself, Mr. LEVIN, and Mr. VOINOVICH) submitted the following resolution; which was considered and agreed to:

S. RES. 473

Whereas it was through the brave and noble efforts of the Nation's forefathers that the United States first gained freedom and became a sovereign country;

Whereas there are more than 1,500,000 active and reserve component members of the Armed Forces serving the Nation in support and defense of the values and freedom that all Americans cherish;

Whereas the members of the Armed Forces deserve the utmost respect and admiration of their fellow Americans for putting their lives in danger for the sake of the freedoms enjoyed by all Americans;

Whereas members of the Armed Forces are defending freedom and democracy around the globe and are playing a vital role in protecting the safety and security of Americans;

Whereas the families of our Nation's troops have made great sacrifices and deserve the support of all Americans;

Whereas all Americans should participate in a moment of silence to support the troops and their families; and

Whereas March 26th, 2008, is designated as ''National Support Our Troops and Their Families Day'': Now, therefore, be it

Resolved, That—

(1) the Senate designates March 26, 2008, as ''National Support the Troops and Their Families Day''; and

(2) it is the sense of the Senate that all Americans should participate in a moment of silence to reflect upon the service and sacrifice of members of the United States Armed Forces both at home and abroad, as well as their families.

SENATE RESOLUTION 474—EXPRESSING THE SENSE OF THE SENATE THAT PROVIDING BREAKFAST IN SCHOOLS THROUGH THE NATIONAL SCHOOL BREAKFAST PROGRAM HAS A POSITIVE IMPACT ON THE LIVES AND CLASSROOM PERFORMANCE OF LOW-INCOME CHILDREN

Mr. FEINGOLD (for himself, Mr. KOHL, Mr. CHAMBLISS, Mr. DOMENICI, Mr. CASEY, Mr. KERRY, Mr. SANDERS, Mr. DURBIN, and Mr. DODD) submitted the following resolution; which was considered and agreed to:

S. RES. 474

Whereas participants in the National School Breakfast Program established under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) include public, private, elementary, middle, and high schools, as well as schools in rural, suburban, and urban areas;

Whereas access to nutrition programs such as the National School Lunch Program and the National School Breakfast Program helps to create a stronger learning environment for children and improves children's concentration in the classroom;

Whereas missing breakfast and the resulting hunger has been shown to harm the ability of children to learn and hinders academic performance;

Whereas students who eat a complete breakfast have been shown to make fewer mistakes and to work faster in math exercises than those who eat a partial breakfast;

Whereas implementing or improving classroom breakfast programs has been shown to increase breakfast consumption among eligible students dramatically, doubling and in some cases tripling numbers of participants in school breakfast programs, as evidenced by research in Minnesota, New York, and Wisconsin;

Whereas providing breakfast in the classroom has been shown in several instances to improve attentiveness and academic performance, while reducing absences, tardiness, and disciplinary referrals;

Whereas studies suggest that eating breakfast closer to the time students arrive in the classroom and take tests improves the students' performance on standardized tests;

Whereas studies show that students who skip breakfast are more likely to have difficulty distinguishing among similar images, show increased errors, and have slower memory recall;

Whereas children who live in families that experience hunger are likely to have lower math scores, receive more special education services, and face an increased likelihood of repeating a grade;

Whereas making breakfast widely available in different venues or in a combination of venues, such as by providing breakfast in the classroom, in the hallways outside classrooms, or to students as they exit their school buses, has been shown to lessen the stigma of receiving free or reduced-price school breakfasts, which sometimes prevents eligible students from obtaining traditional breakfast in the cafeteria;

Whereas, in fiscal year 2006, 7,700,000 students in the United States consumed free or reduced-price school breakfasts provided under the National School Breakfast Program;

Whereas less than half of the low-income students who participate in the National School Lunch Program also participate in the National School Breakfast Program;

Whereas almost 17,000 schools that participate in the National School Lunch Program do not participate in the National School Breakfast Program;

Whereas studies suggest that children who eat breakfast take in more nutrients, such as calcium, fiber, protein, and vitamins A, E, D, and B-6;

Whereas studies show that children who participate in school breakfast programs eat more fruits, drink more milk, and consume less saturated fat than those who do not eat breakfast; and

Whereas children who do not eat breakfast, either in school or at home, are more likely to be overweight than children who eat a healthy breakfast on a daily basis: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the importance of the National School Breakfast Program established under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) and the positive impact of the Program on the lives of low-income children and families and on children's overall classroom performance;

(2) expresses strong support for States that have successfully implemented school breakfast programs in order to alleviate hunger and improve the test scores and grades of participating students;

(3) encourages all States to strengthen their school breakfast programs, provide incentives for the expansion of school breakfast programs, and promote improvements in the nutritional quality of breakfasts served; and

(4) recognizes the need to provide States with resources to improve the availability of adequate and nutritious breakfasts.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4108. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes.

SA 4109. Mr. CASEY (for himself, Mr. BROWN, and Ms. LANDRIEU) submitted an amendment intended to be proposed by him to the bill S. 2663, supra.

SA 4110. Mr. KERRY submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4111. Mr. KOHL (for himself, Mr. GRAHAM, and Mr. LEAHY) submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4112. Mrs. BOXER (for herself, Mr. COLEMAN, and Mr. MARTINEZ) submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4113. Mr. REID (for Mr. OBAMA (for himself and Mr. CARDIN)) submitted an amendment intended to be proposed by Mr. REID to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4114. Mr. REID (for Mr. OBAMA) submitted an amendment intended to be proposed by Mr. REID to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4115. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4116. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4117. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4118. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4119. Ms. LANDRIEU submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4120. Ms. LANDRIEU (for herself and Mrs. BOXER) submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4121. Mr. BUNNING (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4122. Mr. DORGAN proposed an amendment to the bill S. 2663, supra.

SA 4123. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4124. Mr. DEMINT proposed an amendment to the bill S. 2663, supra.

SA 4125. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4126. Mrs. BOXER (for herself, Mrs. FEINSTEIN, Mr. CARDIN, and Mr. LAUTENBERG) submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4127. Mrs. BOXER (for herself and Mr. KENNEDY) submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4128. Ms. KLOBUCHAR submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4129. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4130. Mr. NELSON of Florida (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4131. Mr. BROWN submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4132. Mr. BROWN (for himself and Mr. CASEY) submitted an amendment intended to be proposed by him to the bill S. 2663, supra; which was ordered to lie on the table.

SA 4133. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill S. 2663, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 4108. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; as follows:

On page 63, strike line 6 and all that follows through page 64, line 6, and insert the following:

in an amount not to exceed $15,000 for costs and expenses (including attorneys' and expert witness fees) reasonably incurred, as determined by the Secretary, by the complainant for, or in connection with, the bringing of the complaint upon which the order was issued.

''(C) If the Secretary finds that a complaint under paragraph (1) is frivolous or has been brought in bad faith, the Secretary may award to the prevailing employer a reasonable attorneys' fee, not exceeding $15,000, to be paid by the complainant.

''(4)(A) If the Secretary has not issued a final decision within 210 days after the filing of the complaint, or within 90 days after receiving a written determination, the complainant may bring an action at law or equity for review in the appropriate district court of the United States with jurisdiction, which shall have jurisdiction over such an action without regard to the amount in controversy, and which action shall, at the request of either party to such action, be tried by the court with a jury. The proceedings shall be governed by the same legal burdens of proof specified in paragraph (2)(B).

''(B) In an action brought under subparagraph (A), the court may grant injunctive relief and compensatory damages to the complainant. The court may also grant any other monetary relief to the complainant available at law or equity, not exceeding a total amount of $50,000, including consequential damages, reasonable attorneys and expert witness fees, court costs, and punitive damages.

''(C) If the court finds that an action brought under subparagraph (A) is frivolous or has been brought in bad faith, the court may award to the prevailing employer a reasonable attorneys' fee, not exceeding $15,000, to be paid by the complainant.

SA 4109. Mr. CASEY (for himself, Mr. BROWN, and Ms. LANDRIEU) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; as follows:

On page 103, after line 12, add the following:

SEC. 40. CONSUMER PRODUCT SAFETY STANDARDS USE OF FORMALDEHYDE IN TEXTILE AND APPAREL ARTICLES.

(a) STUDY ON USE OF FORMALDEHYDE IN MANUFACTURING OF TEXTILE AND APPAREL ARTICLES.—Not later than 2 years after the date of the enactment of this Act, the Consumer Product Safety Commission shall conduct a study on the use of formaldehyde in the manufacture of textile and apparel articles, or in any component of such articles, to identify any risks to consumers caused by the use of formaldehyde in the manufacturing of such articles, or components of such articles.

(b) CONSUMER PRODUCT SAFETY STANDARD.—Not later than 3 years after the date of the enactment of this Act, the Consumer Product Safety Commission shall prescribe a consumer product safety standard under section 7(a) of the Consumer Product Safety Act (15 U.S.C. 2056(a)) with respect to textile and apparel articles, and components of such articles, in which formaldehyde was used in the manufacture thereof.

(c) RULE TO ESTABLISH TESTING PROGRAM.—

(1) IN GENERAL.—Not later than 3 years after the date of the enactment of this Act, the Consumer Product Safety Commission

shall prescribe under section 14(b) of such Act (15 U.S.C. 2063(b)) a reasonable testing program for textile and apparel articles, and components of such articles, in which formaldehyde was used in the manufacture thereof.

(2) INDEPENDENT THIRD PARTY.—In prescribing the testing program under paragraph (1), the Consumer Product Safety Commission shall require, as a condition of receiving certification under subsection (a) of section 14 of such Act (15 U.S.C. 2063), that such articles or components are tested by an independent third party qualified to perform such testing program in accordance with the rules promulgated under subsection (d) of such section, as added by section 10(c) of this Act.

(d) PREEMPTION.—Nothing in this section or section 18(b)(1)(B) of the Federal Hazardous Substances Act (15 U.S.C. 1261 note) shall preclude or deny any right of any State or political subdivision thereof to adopt or enforce any provision of State or local law that—

(1) protects consumers from risks of illness or injury caused by the use of hazardous substances in the manufacture of textile and apparel articles, or components of such articles; and

(2) provides a greater degree of such protection than that provided under this section.

(e) SENSE OF THE CONGRESS.—Congress finds that:

(1) Formaldehyde has been a known health risk since the 1960s;

(2) As international trade in textiles has grown a number of countries have recently recalled a number of textile products for excessive levels of formaldehyde; and

(3) The Federal Emergency Management Agency and the Centers for Disease Control released formaldehyde testing results from trailers in Louisiana and Mississippi on February 14, 2008:

(A) Results of these tests showed levels of toxic formaldehyde that were on average five times as high as normal;

(B) Formaldehyde in textiles is a known contributor to increased indoor air concentrations of formaldehyde; and

(C) The Centers for Disease Control has recommended residents of the 2005 hurricanes living in Federal Emergency Management Agency trailers immediately move out due to health concerns.

SA 4110. Mr. KERRY submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, add the following:

SEC. 40. GOVERNMENT ACCOUNTABILITY OFFICE STUDY ON CIVIL PENALTIES.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Comptroller General of the United States shall initiate a study to assess the amount of civil penalties imposed and authorized to be imposed pursuant to the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and other Federal regulatory laws.

(b) FEDERAL REGULATORY LAWS DEFINED.—In this section, the term ''Federal regulatory laws'' means Federal laws designed to protect the safety of the public, including the Consumer Product Safety Act (15 U.S.C. 2051 et seq.), chapter 301 of title 49, United States Code (relating to motor vehicle safety), the Federal Food, Drug and Cosmetic Act (21 U.S.C. 301 et seq.), the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.), and laws relating to environmental protection.

(c) CONTENTS.—The study required under subsection (a) shall—

(1) compare and assess—

(A) the maximum amount of civil penalties that may be imposed pursuant to the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and other Federal regulatory laws;

(B) the actual amount of penalties imposed by Federal agencies pursuant to the Consumer Product Safety Act and other Federal regulatory laws; and

(C) the costs to manufacturers and other persons of complying with the Consumer Product Safety Act, other Federal regulatory laws, and regulations promulgated pursuant to such Act and laws, including costs associated with recalls of products; and

(2) include recommendations regarding the amount of civil penalties appropriate to further the purposes of the Consumer Product Safety Act and other Federal regulatory laws, considering—

(A) the deterrent effect of civil penalties; and

(B) the actual and potential burdens of civil penalties on large and small businesses.

(d) SUBMISSION TO CONGRESS.—The Comptroller General of the United States shall submit the study required under subsection (a) to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Energy and Commerce of the House of Representatives not later than 1 year after the date of the enactment of this Act.

SA 4111. Mr. KOHL (for himself, Mr. GRAHAM, and Mr. LEAHY) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At the end of the bill, add the following:

SEC. 40. SUNSHINE IN LITIGATION.

(a) SHORT TITLE.—This section may be cited as the ''Sunshine in Litigation Act of 2008''.

(b) RESTRICTIONS ON PROTECTIVE ORDERS AND SEALING OF CASES AND SETTLEMENTS.—

(1) IN GENERAL.—Chapter 111 of title 28, United States Code, is amended by adding at the end the following:

''§ 1660. Restrictions on protective orders and sealing of cases and settlements

''(a)(1) A court shall not enter an order under rule 26(c) of the Federal Rules of Civil Procedure restricting the disclosure of information obtained through discovery, an order approving a settlement agreement that would restrict the disclosure of such information, or an order restricting access to court records in a civil case unless the court has made findings of fact that—

''(A) such order would not restrict the disclosure of information which is relevant to the protection of public health or safety; or

''(B)(i) the public interest in the disclosure of potential health or safety hazards is outweighed by a specific and substantial interest in maintaining the confidentiality of the information or records in question; and

''(ii) the requested protective order is no broader than necessary to protect the privacy interest asserted.

''(2) No order entered in accordance with paragraph (1), other than an order approving a settlement agreement, shall continue in effect after the entry of final judgment, unless at the time of, or after, such entry the court makes a separate finding of fact that the requirements of paragraph (1) have been met.

''(3) The party who is the proponent for the entry of an order, as provided under this section, shall have the burden of proof in obtaining such an order.

''(4) This section shall apply even if an order under paragraph (1) is requested—

''(A) by motion pursuant to rule 26(c) of the Federal Rules of Civil Procedure; or

''(B) by application pursuant to the stipulation of the parties.

''(5)(A) The provisions of this section shall not constitute grounds for the withholding of information in discovery that is otherwise discoverable under rule 26 of the Federal Rules of Civil Procedure.

''(B) No party shall request, as a condition for the production of discovery, that another party stipulate to an order that would violate this section.

''(b)(1) A court shall not approve or enforce any provision of an agreement between or among parties to a civil action, or approve or enforce an order subject to subsection (a)(1), that prohibits or otherwise restricts a party from disclosing any information relevant to such civil action to any Federal or State agency with authority to enforce laws regulating an activity relating to such information.

''(2) Any such information disclosed to a Federal or State agency shall be confidential to the extent provided by law.

''(c)(1) Subject to paragraph (2), a court shall not enforce any provision of a settlement agreement described under subsection (a)(1) between or among parties that prohibits 1 or more parties from—

''(A) disclosing that a settlement was reached or the terms of such settlement, other than the amount of money paid; or

''(B) discussing a case, or evidence produced in the case, that involves matters related to public health or safety.

''(2) Paragraph (1) does not apply if the court has made findings of fact that the public interest in the disclosure of potential health or safety hazards is outweighed by a specific and substantial interest in maintaining the confidentiality of the information.

''(d) When weighing the interest in maintaining confidentiality under this section, there shall be a rebuttable presumption that the interest in protecting personally identifiable information relating to financial, health or other similar information of an individual outweighs the public interest in disclosure.

''(e) Nothing in this section shall be construed to permit, require, or authorize the disclosure of classified information (as defined under section 1 of the Classified Information Procedures Act (18 U.S.C. App.)).''.

(2) TECHNICAL AND CONFORMING AMENDMENT.—The table of sections for chapter 111 of title 28, United States Code, is amended by adding after the item relating to section 1659 the following:

''1660. Restrictions on protective orders and sealing of cases and settlements.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall—

(1) take effect 30 days after the date of enactment of this Act; and

(2) apply only to orders entered in civil actions or agreements entered into on or after such date.

SA 4112. Mrs. BOXER (for herself, Mr. COLEMAN, and Mr. MARTINEZ) submitted an amendment intended to be

proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

On page 32, line 2, insert ''that provides a direct means of purchase'' before ''posted by a manufacturer''.

SA 4113. Mr. REID (for Mr. OBAMA (for himself and Mr. CARDIN)) submitted an amendment intended to be proposed by Mr. REID to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, insert the following:

SEC. 40. REQUIREMENTS FOR RECALL NOTICES.

(a) IN GENERAL.—Section 15 (15 U.S.C. 2064) is amended by adding at the end the following:

''(i) REQUIREMENTS FOR RECALL NOTICES.—

''(1) IN GENERAL.—If the Commission determines that a product distributed in commerce presents a substantial product hazard and that action under subsection (d) is in the public interest, the Commission may order the manufacturer or any distributor or retailer of the product to distribute notice of the action to the public. The notice shall include the following:

''(A) A description of the product, including—

''(i) the model number or stock keeping unit (SKU) number of the product;

''(ii) the names by which the product is commonly known; and

''(iii) a photograph of the product.

''(B) A description of the action being taken with respect to the product.

''(C) The number of units of the product with respect to which the action is being taken.

''(D) A description of the substantial product hazard and the reasons for the action.

''(E) An identification of the manufacturers, importers, distributers, and retailers of the product.

''(F) The locations where, and Internet websites from which, the product was sold.

''(G) The name and location of the factory at which the product was produced.

''(H) The dates between which the product was manufactured and sold.

''(I) The number and a description of any injuries or deaths associated with the product, the ages of any individuals injured or killed, and the dates on which the Commission received information about such injuries or deaths.

''(J) A description of—

''(i) any remedy available to a consumer;

''(ii) any action a consumer must take to obtain a remedy; and

''(iii) any information a consumer needs to take to obtain a remedy or information about a remedy, such as mailing addresses, telephone numbers, fax numbers, and email addresses.

''(K) Any other information the Commission determines necessary.

''(2) NOTICES IN LANGUAGES OTHER THAN ENGLISH.—The Commission may require a notice described in paragraph (1) to be distributed in a language other than English if the Commission determines that doing so is necessary to adequately protect the public.''.

(b) PUBLICATION OF INFORMATION ON RECALLED PRODUCTS.—Beginning not later than 1 year after the date of the enactment of this Act, the Consumer Product Safety Commission shall make the following information available to the public as the information becomes available to the Commission:

(1) Progress reports and incident updates with respect to action plans implemented under section 15(d) of the Consumer Product Safety Act (15 U.S.C. 2064(d)).

(2) Statistics with respect to injuries and deaths associated with products that the Commission determines present a substantial product hazard under section 15(c) of the Consumer Product Safety Act (15 U.S.C. 2064(c)).

(3) The number and type of communication from consumers to the Commission with respect to each product with respect to which the Commission takes action under section 15(d) of the Consumer Product Safety Act (15 U.S.C. 2064(d)).

SA 4114. Mr. REID (for Mr. OBAMA) submitted an amendment intended to be proposed by Mr. REID to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, add the following:

SEC. 40. STUDY AND REPORT ON EFFECTIVENESS OF AUTHORITIES RELATING TO SAFETY OF IMPORTED CONSUMER PRODUCTS.

Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) conduct a study of the authorities and provisions of the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) to assess the effectiveness of such authorities and provisions in preventing unsafe consumer products from entering the customs territory of the United States;

(2) develop a plan to improve the effectiveness of the Consumer Product Safety Commission in preventing unsafe consumer products from entering such customs territory; and

(3) submit to Congress a report on the findings of the Comptroller General with respect to paragraphs (1) through (3), including legislative recommendations related to—

(A) inspection of foreign manufacturing plants by the Consumer Product Safety Commission; and

(B) requiring foreign manufacturers to consent to the jurisdiction of United States courts with respect to enforcement actions by the Consumer Product Safety Commission.

SA 4115 Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At page 61, lines 11 and 23, insert the word ''substantial'' before ''contributing factor''.

At page 61, line 17, and at page 62, line 2, strike ''clear and convincing evidence'' and insert ''a preponderance of the evidence''.

SA 4116. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At page 58, insert between lines 7 and 8 the following:

''(h) If private counsel is retained to assist in any civil action under subsection (a), the State may not demand or receive discovery of information that is protected by the attorney-client privilege, unless a private party would be able to obtain discovery of the same information in a comparable private civil action.''

SA 4117. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At page 64, line 6, and at page 65, line 17, insert after the period the following:

''If the court finds that no genuine issue of fact or law exists with regard to a claim asserted pursuant to this paragraph that would allow a reasonable juror to find in favor of the party presenting the claim, the court shall award to the prevailing party 30 percent of the reasonable attorney's fees that were incurred by the prevailing party in connection with that claim.''

SA 4118. Mr. KYL submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At page 58, line 7, insert before the quotation mark the following:

''If private counsel is retained in any civil action under subsection (a), the court shall review the fees proposed to be paid to the private counsel and shall limit those fees to an amount that is reasonable in light of the hours of work actually performed by the private counsel and the risk of nonpayment of fees assumed by that counsel when he agreed to represent the party. The court may, as appropriate, retain the services of an independent accounting firm to assist the court in conducting a review under this subsection.''

SA 4119. Ms. LANDRIEU submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission

to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 92, between lines 9 and 10, insert the following:

(c) USE OF ALTERNATIVE RECALL NOTIFICATION TECHNOLOGY.—

(1) IN GENERAL.—If new recall notification technology becomes available and the Consumer Product Safety Commission determines that such new recall notification technology is at least as effective as the use of consumer registration forms, then the Commission shall inform the public of its findings, report to Congress, and shall allow manufacturers that utilize such new recall technology as an alternative means of fulfilling the requirements of subsection (c). The Commission shall make a determination as to the effectiveness of such new recall notification technology after a minimum of 6 months, but no more than 1 year of testing or empirical study or a combination thereof and shall issue its determination no later than 1 year after conclusion of such testing or empirical study.

(2) REGULATIONS.—The Commission shall prescribe regulations to carry out this subsection.

SA 4120. Ms. LANDRIEU (for herself and Mrs. BOXER) submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 92, between lines 9 and 10, insert the following:

(c) USE OF ALTERNATIVE RECALL NOTIFICATION TECHNOLOGY.—

(1) IN GENERAL.—If the Commission determines that a recall notification technology can be used by a manufacturer of durable infant or toddler products and such technology is as effective or more effective in facilitating recalls of durable infant or toddler products as the registration forms required by subsection (a)—

(A) the Commission shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on such determination; and

(B) a manufacturer of durable infant or toddler products that uses such technology in lieu of such registration forms to facilitate recalls of durable infant or toddler products shall be considered in compliance with the regulations promulgated under such subsection with respect to subparagraphs (A) and (B) of paragraph (1) of such subsection.

(2) STUDY AND REPORT.—Not later than 1 year after the date of the enactment of this Act and periodically thereafter as the Commission considers appropriate, the Commission shall—

(A) for a period of not less than 6 months and not more than 1 year—

(i) conduct a review of recall notification technology; and

(ii) assess, through testing and empirical study, the effectiveness of such technology in facilitating recalls of durable infant or toddler products; and

(B) submit to the committees described in paragraph (1)(A) a report on the review and assessment required by subparagraph (A).

(3) REGULATIONS.—The Commission shall prescribe regulations to carry out this subsection.

SA 4121. Mr. BUNNING (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE ____—EXCHANGE RATES

SEC. ____01. SHORT TITLE.

This title may be cited as the ''China Currency Manipulation Act of 2008''.

SEC. ____02. FINDINGS.

Congress makes the following findings:

(1) The People's Republic of China has a material global current account surplus.

(2) The People's Republic of China has, since 2000, accumulated a current account surplus with the United States of approximately $1,200,000,000,000, twice the size of the current account surplus of any other United States trade partner.

(3) The People's Republic of China has engaged in protracted large-scale intervention in currency markets, thereby subsidizing Chinese-made products and erecting a formidable nontariff barrier to trade to United States exports to the People's Republic of China, in contravention of the spirit and intent of the General Agreement on Tariffs and Trade and the Articles of Agreement of the International Monetary Fund.

SEC. ____03. ACTION TO ACHIEVE FAIR CURRENCY.

(a) DETERMINATION.—Notwithstanding any other provision of law, the Secretary of the Treasury shall make an affirmative determination that the People's Republic of China is manipulating its currency within the meaning of section 3004(b) of the Exchange Rates and International Economic Policies Coordination Act of 1988 (22 U.S.C. 5304(b)) and take the action described in subsections (b), (c), and (d).

(b) ACTION.—

(1) IN GENERAL.—The Secretary of the Treasury shall, not later than 30 days after the date of the enactment of this Act, establish a plan of action to remedy currency manipulation by the People's Republic of China, and submit a report regarding that plan, to the Committee on Banking, Housing, and Urban Affairs and the Committee on Finance of the Senate and the Committee on Financial Services and the Committee on Ways and Means of the House of Representatives.

(2) BENCHMARKS.—The report described in paragraph (1) shall include specific benchmarks and timeframes for correcting the currency manipulation.

(c) INITIAL NEGOTIATIONS.—The Secretary shall initiate, on an expedited basis, bilateral negotiations with the People's Republic of China for the purpose of ensuring that the country regularly and promptly adjusts the rate of exchange between its currency and the United States dollar to permit effective balance of payment adjustments and to eliminate the unfair competitive advantage.

(d) COORDINATION WITH THE INTERNATIONAL MONETARY FUND.—The Secretary of the Treasury shall, not later than 30 days after the date of the enactment of this Act, instruct the Executive Director to the International Monetary Fund to use the voice and vote of the United States, including requesting consultations under Article IV of the Articles of Agreement of the International Monetary Fund, for the purpose of ensuring the People's Republic of China regularly and promptly adjusts the rate of exchange between its currency and the United States dollar to permit effective balance of payments adjustments and to eliminate the unfair competitive advantage in trade.

SA 4122. Mr. DORGAN proposed an amendment to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; as follows:

On page 25, beginning with line 21, strike through line 13 on page 29 and insert the following:

''(3) THIRD PARTY LABORATORY.—

''(A) IN GENERAL.—The term 'third party laboratory' means a testing entity that—

''(i) is designated by the Commission, or by an independent standard-setting organization to which the Commission qualifies as capable of making such a designation, as a testing laboratory that is competent to test products for compliance with applicable safety standards under this Act and other Acts enforced by the Commission; and

''(ii) is a non-governmental entity that is not owned, managed, or controlled by the manufacturer or private labeler.

''(B) TESTING AND CERTIFICATION OF ART MATERIALS AND PRODUCTS.—A certifying organization (as defined in appendix A to section 1500.14(b)(8) of title 16, Code of Federal Regulations) meets the requirements of subparagraph (A)(ii) with respect to the certification of art material and art products required under this section or by regulations issued under the Federal Hazardous Substances Act.

''(C) PROVISIONAL CERTIFICATION.—

''(i) IN GENERAL.—Upon application made to the Commission less than 1 year after the date of enactment of the CPSC Reform Act, the Commission may provide provisional certification of a laboratory described in subparagraph (A) of this paragraph upon a showing that the laboratory—

''(I) is certified under laboratory testing certification procedures established by an independent standard-setting organization; or

''(II) provides consumer safety protection that is equal to or greater than that which would be provided by use of an independent third party laboratory.

''(ii) DEADLINE.—The Commission shall grant or deny any such application within 45 days after receiving the completed application.

''(iii) EXPIRATION.—Any such certification shall expire 90 days after the date on which the Commission publishes final rules under subsections (a)(2) and (d).

''(iv) ANTI-GAP PROVISION.—Within 45 days after receiving a complete application for certification under the final rule prescribed under subsections (a)(2) and (d) of this section from a laboratory provisionally certified under this subparagraph, the Commission shall grant or deny the application if the application is received by the Commission no later than 45 days after the date on which the Commission publishes such final rule.

''(D) DECERTIFICATION.—The Commission, or an independent standard-setting organization to which the Commission has delegated such authority, may decertify a third party laboratory if it finds, after notice and investigation, that a manufacturer or private labeler has exerted undue influence on the laboratory.''.

SA 4123. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 65, between lines 17 and 18, insert the following:

''(8) Notwithstanding paragraphs (1) through (7), a Federal employee shall be limited to the remedies available under chapters 12 and 23 of title 5, United States Code, for any violation of this section.

SA 4124. Mr. DEMINT proposed an amendment to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; as follows:

Beginning on page 85, strike line 22 and all that follows through page 86, line 8.

SA 4125. Mr. CORBIN submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. PUBLICLY AVAILABLE DATABASE OF TRIAL LAWYERS WINDFALL PROFITS.

Section 6 (15 U.S.C. 2055) is amended by adding at the end the following new subsections:

''(f) PUBLICLY AVAILABLE DATABASE OF TRIAL LAWYERS WINDFALL PROFITS.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the CPSC Reform Act, the Commission shall establish and maintain a publicly available searchable database accessible on the Commission's web site that includes information about all civil actions filed after the date of the enactment of this Act with respect to consumer products. The database shall include, with respect to each such civil action—

''(A) the identity of each law firm or attorney representing the parties to such action;

''(B) information on lawyer's fees, rates, and the retainer received by the Commission from—

''(i) lawyers, union members, teamsters, and lobbyists; and

''(ii) Federal, State, and local government agencies; and

''(C) the amount of any damages, fees, or other compensation awarded, including a breakdown of the disbursement of such damages, fees, or other compensation to the parties to the action and each law firm or attorney representing such parties.

''(2) ORGANIZATION OF DATABASE.—The Commission shall categorize the information available on the database by date, civil action, representing law firm or attorney, and any other category the Commission determines to be in the public interest.

''(3) TIMING.—The Commission shall include in the database the information referred to in paragraph (1) not later than 15 days after such information becomes available to the Commission.

''(4) APPLICATION WITH CONSUMER PRODUCT SAFETY DATABASE.—If a civil action reported in the database pertains to information reported in the database maintained under subsection (b)(9), the results of the action shall be included together with such report on such database.

''(g) FUNDING FOR DATABASES.—The databases established and maintained under subsections (b) and (f) shall be funded solely through amounts deposited into the CPSC Database Maintenance Fund established under section ___ of the CPSC Reform Act.''.

SEC. ___. CPSC DATABASE MAINTENANCE FUND.

(a) ESTABLISHMENT AND ADMINISTRATION.—The Secretary of the Treasury shall establish a special account in the Treasury of the United States to be known as the CPSC Database Maintenance Fund (in this section referred to as the ''Fund''). The Fund shall be administered by the Consumer Product Safety Commission.

(b) USE OF FUND.—The Commission shall use the assets of the Fund only for the purpose of establishing and maintaining the consumer product safety database and the civil action fees and awards database under subsections (b) and (f), respectively, of section 6 of the Consumer Product Safety Act (15 U.S.C. 2055), as added by section 7(14) and section ___, respectively, of this Act.

(c) DEPOSITS.—There shall be deposited into the Fund 1 percent of all costs and fees awarded to attorneys generals with respect to civil actions under section 26A(g) of the Consumer Product Safety Act, as added by section 20(a) of this Act.

(d) AVAILABILITY.—Amounts deposited under subsection (c) shall constitute the assets of the Fund and remain available until expended.

SA 4126. Mrs. BOXER (for herself, Mrs. FEINSTEIN, Mr. CARDIN, and Mr. LAUTENBERG) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, add the following:

SEC. 40. PERCHLORATE MONITORING AND RIGHT-TO-KNOW.

(a) FINDINGS AND PURPOSE.—

(1) FINDINGS.—Congress finds that—

(A) perchlorate—

(i) is a chemical used as the primary ingredient of solid rocket propellant; and

(ii) is also used in fireworks, road flares, and other applications;

(B) waste from the manufacture and improper disposal of chemicals containing perchlorate is increasingly being discovered in soil and water;

(C) according to the Government Accountability Office, perchlorate contamination has been detected in water and soil at almost 400 sites in the United States, with concentration levels ranging from 4 parts per billion to millions of parts per billion;

(D) the Government Accountability Office has determined that the Environmental Protection Agency does not centrally track or monitor perchlorate detections or the status of perchlorate cleanup, so a greater number of contaminated sites may already exist;

(E) according to the Government Accountability Office, limited Environmental Protection Agency data show that perchlorate has been found in 35 States and the District of Columbia and is known to have contaminated 153 public water systems in 26 States;

(F) those data are likely underestimates of total drinking water exposure, as illustrated by the finding of the California Department of Health Services that perchlorate contamination sites have affected approximately 276 drinking water sources and 77 drinking water systems in the State of California alone;

(G) Food and Drug Administration scientists and other scientific researchers have detected perchlorate in the United States food supply, including in lettuce, milk, cucumbers, tomatoes, carrots, cantaloupe, wheat, and spinach, and in human breast milk;

(H)(i) perchlorate can harm human health, especially in pregnant women and children, by interfering with uptake of iodide by the thyroid gland, which is necessary to produce important hormones that help control human health and development;

(ii) in adults, the thyroid helps to regulate metabolism;

(iii) in children, the thyroid helps to ensure proper mental and physical development; and

(iv) impairment of thyroid function in expectant mothers or infants may result in effects including delayed development and decreased learning capability;

(I)(i) in October 2006, researchers from the Centers for Disease Control and Prevention published the largest, most comprehensive study to date on the effects of low levels of perchlorate exposure in women, finding that—

(I) significant changes existed in thyroid hormones in women with low iodine levels who were exposed to perchlorate; and

(II) even low-level perchlorate exposure may affect the production of hormones by the thyroid in iodine-deficient women; and

(ii) in the United States, about 36 percent of women have iodine levels equivalent to or below the levels of the women in the study described in clause (i);

(J) the Environmental Protection Agency has not established a health advisory or national primary drinking water regulation for perchlorate, but instead established a ''Drinking Water Equivalent Level'' of 24.5 parts per billion for perchlorate, which—

(i) does not take into consideration all routes of exposure to perchlorate;

(ii) has been criticized by experts as failing to sufficiently consider the body weight, unique exposure, and vulnerabilities of certain pregnant women and fetuses, infants, and children; and

(iii) is based primarily on a small study and does not take into account new, larger studies of the Centers for Disease Control and Prevention or other data indicating potential effects at lower perchlorate levels than previously found;

(K) on August 22, 2005 (70 Fed. Reg. 49094), the Administrator proposed to extend the requirement that perchlorate be monitored in drinking water under the final rule entitled ''Unregulated Contaminant Monitoring Regulation (UCMR) for Public Water Systems Revisions'' promulgated pursuant to section

1445(a)(2) of the Safe Drinking Water Act (42 U.S.C. 300j–4(a)(2)); and

(L) on December 20, 2006, the Administrator signed a final rule removing perchlorate from the list of contaminants for which monitoring is required under the final rule entitled ''Unregulated Contaminant Monitoring Regulation (UCMR) for Public Water Systems Revisions'' (72 Fed. Reg. 368 (January 4, 2007)).

(2) PURPOSE.—The purpose of this section is to require the Administrator of the Environmental Protection Agency—

(A) to establish, not later than 90 days after the date of enactment of this Act, a health advisory that—

(i) is fully protective of, and considers, the body weight and exposure patterns of pregnant women, fetuses, newborns, and children;

(ii) provides an adequate margin of safety; and

(iii) takes into account all routes of exposure to perchlorate;

(B) to promulgate, not later than 120 days after the date of enactment of this Act, a final regulation requiring monitoring for perchlorate in drinking water; and

(C) to ensure the right of the public to know about perchlorate in drinking water by requiring that consumer confidence reports disclose the presence and potential health effects of perchlorate in drinking water.

(b) MONITORING AND HEALTH ADVISORY FOR PERCHLORATE.—Section 1412(b)(12) of the Safe Drinking Water Act (42 U.S.C. 300g–1(b)(12)) is amended by adding at the end the following:

''(C) PERCHLORATE.—

''(i) HEALTH ADVISORY.—Not later than 90 days after the date of enactment of this subparagraph, the Administrator shall publish a health advisory for perchlorate that fully protects, with an adequate margin of safety, the health of vulnerable persons (including pregnant women, fetuses, newborns, and children), considering body weight and exposure patterns and all routes of exposure.

''(ii) MONITORING REGULATIONS.—

''(I) IN GENERAL.—The Administrator shall propose (not later than 60 days after the date of enactment of this subparagraph) and promulgate (not later than 120 days after the date of enactment of this subparagraph) a final regulation requiring—

''(aa) each public water system serving more than 10,000 individuals to monitor for perchlorate beginning not later than October 31, 2008; and

''(bb) the collection of a representative sample of public water systems serving 10,000 individuals or fewer to monitor for perchlorate in accordance with section 1445(a)(2).

''(II) DURATION.—The regulation shall be in effect unless and until monitoring for perchlorate is required under a national primary drinking water regulation for perchlorate.

''(iii) CONSUMER CONFIDENCE REPORTS.—Each consumer confidence report issued under section 1414(c)(4) shall disclose the presence of any perchlorate in drinking water, and the potential health risks of exposure to perchlorate in drinking water, consistent with guidance issued by the Administrator.''.

SA 4127. Mrs. BOXER (for herself and Mr. KENNEDY) submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, add the following:

SEC. 40. BAN ON MICROWAVE POPCORN THAT CONTAINS INTENTIONALLY-ADDED DIACETYL.

Notwithstanding any other provision of law, effective January 1, 2009, microwave popcorn that contains intentionally-added diacetyl shall be treated as banned under such Act (15 U.S.C. 1261 et seq.) as if such microwave popcorn were described by section 2(q)(1) of such Act (15 U.S.C. 1261(q)(1)), and the prohibitions contained in section 4 of such Act (15 U.S.C. 1263) shall apply to such microwave popcorn.

SA 4128. Ms. KLOBUCHAR submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall program, and for other purposes; which was ordered to lie on the table; as follows:

On page 68, strike lines 4 through 16, and insert the following:

(1) INACCESSIBLE COMPONENTS.—

(A) IN GENERAL.—Subsection (a) does not apply to a component of a children's product that is not accessible to a child because it is not physically exposed by reason of a sealed covering or casing and will not become physically exposed through normal and reasonably foreseeable use and abuse of the product.

(B) INACCESSIBILITY PROCEEDING.—Within 2 years after the date of enactment of this Act, the Commission shall promulgate a rule providing guidance with respect to what product components, or classes of components, will be considered to be inaccessible for purposes of subparagraph (A).

(C) APPLICATION PENDING CPSC GUIDANCE.—Until the Commission promulgates a rule pursuant to subparagraph (B), the determination of whether a product component is inaccessible to a child shall be made in accordance with the requirements of subparagraph (A) for considering a component to be inaccessible to a child.

(D) CERTAIN BARRIERS DISQUALIFIED.—For purposes of this paragraph, paint, coatings, or electroplating may not be considered to be a barrier that would render lead in the substrate inaccessible to a child through normal and reasonably foreseeable use and abuse of the product.

SA 4129. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

Section 17(15 U.S.C. 2066) is amended by adding at the end thereof the following:

''(i) The Commission may—

''(A) designate as a repeat offender, after notice and opportunity for a hearing, any country found by the Commission to have contributed on multiple occasions in the preceding twelve months to the importation of a consumer product in violation of subsection (a) (disregarding de minimus violations thereof) by the intentional, knowing, or reckless failure of its national or local government officials to enforce its own health or safety laws, regulations, or mandatory standards; and

''(B) refer any such country to United States Customs and Border Protection with a recommendation that all or any subset specified by the Commission of that country's consumer product imports be temporarily denied entry for a period of up to six months to allow U.S. inspections and corrective action by the designated country to be undertaken.

''(2) The United States Customs and Border Protection shall for the specified period deny entry to the specified consumer product imports of any country referred to it under paragraph (1)(B).

''(3) The Commission may renew any referral under paragraph (1)(B), and any renewal of any referral made under this paragraph, if it determines, after notice and opportunity for hearing, that the designated country has yet to take appropriate corrective action to enforce its own health or safety laws, regulations, or mandatory standards.

''(4) To ensure compliance with international trade obligations, the Commission shall not make a referral under paragraph (1)(B) or a renewal of a referral under paragraph (3) with respect to a country whose products the United States has agreed to extend national treatment if it finds that the United States, by the intentional, knowing, or reckless failure of its national or local government officials to enforce its own health or safety laws, regulations, or mandatory standards, has on multiple occasions in the preceding twelve months contributed to the sale, offer for sale, manufacture for sale or distribution in commerce of a consumer product that, had it been imported, would have been refused admission under subsection (a) (disregarding de minimus violations thereof).''

SA 4130. Mr. NELSON of Florida (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 87, strike line 15 and insert the following:

SEC. 34. CONSUMER PRODUCT REGISTRATION FORMS AND STANDARDS FOR DURABLE INFANT OR TODDLER PRODUCTS.

(a) SHORT TITLE.—This section may be cited as the ''Danny Keysar Child Product Safety Notification Act''.

(b) SAFETY STANDARDS.—

(1) IN GENERAL.—The Commission shall—

(A) in consultation with representatives of consumer groups, juvenile product manufacturers, and independent child product engineers and experts, examine and assess the effectiveness of any voluntary consumer product safety standards for durable infant or toddler product; and

(B) in accordance with section 553 of title 5, United States Code, promulgate consumer product safety rules that—

(i) are substantially the same as such voluntary standards; or

(ii) are more stringent than such voluntary standards, if the Commission determines

that more stringent standards would further reduce the risk of injury associated with such products.

(2) TIMETABLE FOR RULEMAKING.—Not later than 1 year after the date of the enactment of this Act, the Commission shall commence the rulemaking required under paragraph (1) and shall promulgate rules for no fewer than 2 categories of durable infant or toddler products every 6 months thereafter, beginning with the product categories that the Commission determines to be of highest priority, until the Commission has promulgated standards for all such product categories. Thereafter, the Commission shall periodically review and revise the rules set forth under this subsection to ensure that such rules provide the highest level of safety for such products that is feasible.

SA 4131. Mr. BROWN submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 70, strike lines 2 through 12 and insert the following:

(a) ESTABLISHMENT OF UNITS-OF-MASS-PER-AREA STANDARD.—The Consumer Product Safety Commission, in cooperation with the National Academy of Sciences and the National Institute of Standards and Technology, shall study the feasibility of establishing a measurement standard based on a units-of-mass-per-area standard (similar to existing measurement standards used by the Department of Housing and Urban Development and the Environmental Protection Agency to measure for metals in household paint and soil, respectively) that is statistically comparable to the parts-per-million measurement standard currently used in laboratory analysis.

(b) REPORT ON COORDINATION WITH ENVIRONMENTAL PROTECTION AGENCY ON SAFETY STANDARDS AND ENFORCEMENT.—The Consumer Product Safety Commission, in cooperation with the Environmental Protection Agency, shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Energy and Commerce of the House of Representatives a report—

(1) comparing the safety standards employed by the Commission with respect to lead in children's products and the environmental standards employed by the Environmental Protection Agency with respect to lead under the Toxic Substances Control Act (15 U.S.C. 2601 et seq.); and

(2) making recommendations for—

(A) modifying such standards to make them more consistent and to facilitate interagency coordination; and

(B) coordinating enforcement actions of the Commission and the Environmental Protection Agency with respect to children's products containing lead, including toy jewelry items.

SA 4132. Mr. BROWN (for himself and Mr. CASEY) submitted an amendment intended to be proposed by him to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 103, after line 12, add the following:

SEC. 40. TEMPORARY REFUSAL OF ADMISSION INTO CUSTOMS TERRITORY OF THE UNITED STATES OF CONSUMER PRODUCTS MANUFACTURED BY COMPANIES THAT HAVE VIOLATED CONSUMER PRODUCT SAFETY RULES.

(a) IN GENERAL.—Section 17 (15 U.S.C. 2066), as amended by section 38(e) of this Act, is amended by adding at the end the following:

''(j) TEMPORARY REFUSAL OF ADMISSION.—

''(1) IN GENERAL.—A consumer product offered for importation into the customs territory of the United States (as defined in general note 2 of the Harmonized Tariff Schedule of the United States) may be refused admission into such customs territory until the Commission makes a determination of admissibility under paragraph (2)(A) with respect to such product if—

''(A) such product is manufactured by a manufacturer that has, in the previous 18 months—

''(i) violated a consumer product safety rule; or

''(ii) manufactured a product that has been the subject of an order under section 15(d); or

''(B) is offered for importation into such customs territory by a manufacturer, distributor, shipper, or retailer that has, in the previous 18 months—

''(i) offered for importation into such customs territory a product that was refused under subsection (a) with respect to any of paragraphs (1) through (4); or

''(ii) imported into such customs territory a product that has been the subject of an order under section 15(d).

''(2) DETERMINATION OF ADMISSIBILITY.—

''(A) IN GENERAL.—The Commission makes a determination of admissibility under this subparagraph with respect to a consumer product that has been refused under paragraph (1) if the Commission finds that the consumer product is in compliance with all applicable consumer product safety rules.

''(B) REQUEST FOR DETERMINATION OF ADMISSIBILITY.—

''(i) IN GENERAL.—An interested party may submit a request to the Commission for a determination of admissibility under subparagraph (A) with respect to a consumer product that has been refused under paragraph (1).

''(ii) SUPPORTING EVIDENCE.—A request submitted under clause (i) shall be accompanied by evidence that the consumer product is in compliance with all applicable consumer product safety rules.

''(iii) ACTIONS.—Not later than 90 days after submission of a request under clause (i) with respect to a consumer product, the Commission shall take action on such request. Such action may include—

''(I) making a determination of admissibility under subparagraph (A) with respect to such consumer product; or

''(II) requesting information from the manufacturer, distributor, shipper, or retailer of such consumer product.

''(iv) FAILURE TO ACT.—If the Commission does not take action on a request under clause (iii) with respect to a consumer product on or before the date that is 90 days after the date of the submission of such request under clause (i), a determination of admissibility under subparagraph (A) with respect to such consumer product shall be deemed to have been made by the Commission on the 91st day after the date of such submission.

''(3) COMPLIANCE WITH TRADE AGREEMENTS.—The Commission shall ensure that a refusal to admit into the customs territory of the United States a consumer product under this subsection is done in a manner consistent with bilateral, regional, and multilateral trade agreements and the rights and obligations of the United States.''.

(b) RULEMAKING.—

(1) NOTICE.—Not later than 90 days after the date of the enactment of this Act, the Consumer Product Safety Commission shall issue a notice of proposed rulemaking with respect to the regulations required by paragraph (2).

(2) REGULATIONS.—Not later than 120 days after the date of the publication of notice under paragraph (1), the Consumer Product Safety Commission shall prescribe regulations to carry out the provisions of the amendment made by subsection (a).

(c) CONSULTATION WITH SECRETARY OF HOMELAND SECURITY.—The Consumer Product Safety Commission shall consult with the Secretary of Homeland Security in carrying out the provisions of this section and the amendment made by subsection (a).

SA 4133. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 49, strike lines 8 through 15 and insert the following:

establish additional criteria for the imposition of civil penalties under section 20 of the Consumer Product Safety Act (15 U.S.C. 2069) and any other Act enforced by the Commission, including factors to be considered in establishing the amount of such penalties, such as repeat violations, the precedential value of prior adjudicated penalties, the factors described in section 20(b) of the Consumer Product Safety Act (15 U.S.C. 2069(b)), and other circumstances (including how to mitigate undue adverse economic impacts on small businesses, consistent with principles and processes required under chapter 6 of title 5, United States Code).

NOTICE OF HEARING

SUBCOMMITTEE ON ENERGY

Mr. DORGAN. Mr. President, I would like to announce for the information of the Senate and the public that an oversight hearing has been scheduled before the Subcommittee on Energy of the Senate Committee on Energy and Natural Resources.

The hearing will be held on Wednesday, March 26, 2008, at 10:30 a.m., in the Missouri Room at Bismarck State College located at 1500 Edwards Avenue, Bismarck, ND 58501.

The purpose of the hearing is to receive testimony on the challenges associated with rapid deployment of large-scale carbon capture and storage technologies.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510–6150, or

by e-mail to Rosemarie_Calabro@energy.senate.gov

For further information, please contact Allyson Anderson at (202) 224–7143 or Rosemarie Calabro at (202) 224–5039.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, March 5, 2008, at 9:30 a.m., in open session, In order to receive testimony on the Department of the Air Force in review of the Defense authorization request for fiscal year 2009 and the Future Years Defense Program.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate in order to conduct a business meeting on Wednesday, March 5, 2008, at 11:15 a.m., in room SD366 of the Dirksen Senate Office Building. At this mark-up, the Committee will consider the nomination of J. Gregory Copeland to be General Counsel of the Department of Energy.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate in order to conduct a hearing on Wednesday, March 5, 2008, at 3 p.m., In room SD366 of the Dirksen Senate Office Building. At this hearing, the Committee will hear testimony regarding the Impacts of the capability of the United States to maintain a domestic enrichment capability as a result of the recently initialed amendment between the United States and the Russian Federation of the Agreement Suspending the Antidumping Investigation on Uranium from the Russian Federation.

PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, March 5, 2008, at 9:30 a.m in order to hold a hearing on strengthening national security through smart power.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet in executive session during the session of the Senate on Wednesday, March 5, 2008 at 9:30 a.m. in SD–430.

Agenda

S. 1810, Prenatally and Postnatally Diagnosed Conditions Awareness Act; S. 999, Stroke Treatment and Ongoing Prevention Act of 2007; S. 1760, Healthy Start Reauthorization Act of 2007; H.R. 20, Melanie Blocker-Stokes Postpartum Depression Research and Care Act; and S. 1042, Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2007.

National Board for Education Sciences, Jonathan Baron, Frank Handy, Sally Shaywitz; National Foundation on the Arts and Humanities, Jamsheed Choksy, Gary Glenn, David Hertz, Marvin Scott, Carol Swain; National Museum and Library Science Board, Julia Bland, Jan Cellucci, William Hagenah, Mark Herring; Truman Scholarship Foundation, Javaid Anwar; Assistant Secretary of Labor ODEP, Neil Romano.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet, during the session of the Senate, in order to conduct a hearing entitled ''The Climbing Costs of Heating Homes: Why LIHEAP is Essential'' on Wednesday, March 5, 2008. The hearing will commence at 10:30 a.m. in room 430 of the Dirksen Senate Office Building.

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on Wednesday, March 5, 2008, at 9:30 a.m. in order to conduct a hearing entitled ''Census in Peril: Getting the 2010 Decennial Back on Track.''

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

COMMITTEE ON THE JUDICIARY

Mr. MENENDEZ. 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 entitled ''Oversight of the Federal Bureau of Investigation'' on Wednesday, March 5, 2008 at 10 a.m. in room SD-106 of the Dirksen Senate Office Building.

Witness list

The Honorable Robert S. Mueller, III, Director, Federal Bureau of Investigation, United States Department of Justice, Washington, DC.

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

PERSONNEL SUBCOMMITTEE

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Personnel Subcommittee of the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, March 5, 2008, at 2:30 p.m., in open session in order to receive testimony on the findings and recommendations of the Department of Defense Task Force on Mental Health, the Army's Mental Health Advisory Team reports, and Department of Defense and service-wide improvements in mental health resources, including suicide prevention, for servicemembers and their families.

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

SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT, GOVERNMENT INFORMATION, FEDERAL SERVICES, AND INTERNATIONAL SECURITY

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs' Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security be authorized to meet during the session of the Senate on Wednesday, March 5, 2008, at 2:30 p.m. in order to conduct a hearing entitled, ''The State of the U.S. Postal Service One Year After Reform''.

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

SPECIAL COMMITTEE ON AGING

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet tomorrow, Wednesday, March 5, 2008 from 10:30 a.m.–12:30 p.m. in Dirksen 562 for the purpose of conducting a hearing.

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

PRIVILEGES OF THE FLOOR

Mr. ENZI. Mr. President, I ask unanimous consent that a fellow from my office, Gemma Weiblinger, be granted the privileges of the floor for this speech and the budget presentation next week.

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

Mr. PRYOR. Mr. President, I ask unanimous consent that Bruce Fergusson, a fellow in the office of Senator BAUCUS, be granted the privilege of the floor during consideration of the Consumer Product Safety Commission bill.

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

INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007

On Tuesday, February 26, 2008, the Senate passed S. 1200, as amended, as follows:

(The original text of S. 1200 was inadvertently printed.)

S. 1200

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

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.
Sec. 104. Modification of term.
Sec. 105. GAO study and report on payments for contract health services.
Sec. 106. GAO study of membership criteria for federally recognized Indian tribes.
Sec. 107. GAO study of tribal justice systems.

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 SCHIP 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.
Sec. 213. Moratorium on implementation of changes to case management and targeted case management payment requirements under Medicaid.
Sec. 214. Increased civil money penalties and criminal fines for Medicare fraud and abuse.
Sec. 215. Increased sentences for felonies involving Medicare fraud and abuse.

TITLE III—MISCELLANEOUS

Sec. 301. Resolution of apology to Native Peoples of United States.

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 a 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. Testimony by service employees in cases of rape and sexual assault.
''Sec. 716. Behavioral health research.
''Sec. 717. Definitions.
''Sec. 718. Authorization of appropriations.

''TITLE VIII—MISCELLANEOUS

''Sec. 801. Reports.
''Sec. 802. Regulations.
''Sec. 803. Plan of implementation.
''Sec. 804. Availability of funds.
''Sec. 805. Limitation relating to abortion.
''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. Sense of Congress regarding law enforcement and methamphetamine issues in Indian Country.
''Sec. 816. Tribal Health Program option for cost sharing.
''Sec. 817. Testing for sexually transmitted diseases in cases of sexual violence.
''Sec. 818. Study on tobacco-related disease and disproportionate health effects on tribal populations.
''Sec. 819. Appropriations; availability.
''Sec. 820. GAO report on coordination of services.
''Sec. 821. 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. 254l), 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. 254l(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. 2541–1(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 health care facilities, and such renovation or expansion needs of any health care facility, as the Service 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, and staff quarters, 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); and

''(IV) the 10 top-priority staff quarters developments 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 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 section 102 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f) or sections 504 and 505 of that Act (25 U.S.C. 458aaa–3, 458aaa–4).

''(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.

''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) DISCRETIONARY AUTHORITY; COVERED ACTIVITIES.—The Secretary, acting through the Service, may utilize the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47), 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 safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to rules and regulations promulgated by the Secretary, that the project or function to be contracted for will not be satisfactory or that the 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) PAY RATES.—For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with sections 3141 through 3144, 3146, and 3147 of title 40, United States Code.

''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; and

''(4) 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, including programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real-time or time-delayed communication between individual Indians and the benefit program, 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;

''(4) a self-insured plan; or

''(5) a high deductible or health savings account 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) ALLOCATION 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 victims of sexual abuse who are Indian children or children in 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. TESTIMONY BY SERVICE EMPLOYEES IN CASES OF RAPE AND SEXUAL ASSAULT.

''(a) APPROVAL BY DIRECTOR.—

''(1) IN GENERAL.—The Director shall approve or disapprove, in writing, any request or subpoena for a sexual assault nurse examiner employed by the Service to provide testimony in a deposition, trial, or other similar proceeding regarding information obtained in carrying out the official duties of the nurse examiner.

''(2) REQUIREMENT.—The Director shall approve a request or subpoena under paragraph (1) if the request or subpoena does not violate the policy of the Department to maintain strict impartiality with respect to private causes of action.

''(3) TREATMENT.—If the Director fails to approve or disapprove a request or subpoena by the date that is 30 days after the date of receipt of the request or subpoena, the request or subpoena shall be considered to be approved for purposes of this subsection.

''(b) POLICIES AND PROTOCOL.—The Director, in coordination with the Director of the Office on Violence Against Women of the Department of Justice, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall develop standardized sexual assault policies and protocol for the facilities of the Service.

''SEC. 716. 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. 717. 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. 718. 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. 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.

''(c) 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.

''(d) FIREARM PROGRAMS.—None of the funds made available to carry out this Act may be used to carry out any antifirearm program, gun buy-back program, or program to discourage or stigmatize the private ownership of firearms for collecting, hunting, or self-defense purposes.

''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. SENSE OF CONGRESS REGARDING LAW ENFORCEMENT AND METHAMPHETAMINE ISSUES IN INDIAN COUNTRY.

''It is the sense of Congress that Congress encourages State, local, and Indian tribal law enforcement agencies to enter into memoranda of agreement between and among those agencies for purposes of streamlining law enforcement activities and maximizing the use of limited resources—

''(1) to improve law enforcement services provided to Indian tribal communities; and

''(2) to increase the effectiveness of measures to address problems relating to methamphetamine use in Indian Country (as defined in section 1151 of title 18, United States Code).

''SEC. 816. TRIBAL HEALTH PROGRAM OPTION FOR COST SHARING.

''(a) IN GENERAL.—Nothing in this Act limits the ability of a Tribal Health Program operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq.) to charge an Indian for services provided by the Tribal Health Program.

''(b) SERVICE.—Nothing in this Act authorizes the Service—

''(1) to charge an Indian for services; or

''(2) to require any Tribal Health Program to charge an Indian for services.

''SEC. 817. TESTING FOR SEXUALLY TRANSMITTED DISEASES IN CASES OF SEXUAL VIOLENCE.

''The Attorney General shall ensure that, with respect to any Federal criminal action involving a sexual assault, rape, or other incident of sexual violence against an Indian—

''(1)(A) at the request of the victim, a defendant is tested for the human immunodeficiency virus (HIV) and such other sexually transmitted diseases as are requested by the victim not later than 48 hours after the date on which the applicable information or indictment is presented;

''(B) a notification of the test results is provided to the victim or the parent or guardian of the victim and the defendant as soon as practicable after the results are generated; and

''(C) such follow-up tests for HIV and other sexually transmitted diseases are provided as

are medically appropriate, with the test results made available in accordance with subparagraph (B); and

''(2) pursuant to section 714(a), HIV and other sexually transmitted disease testing, treatment, and counseling is provided for victims of sexual abuse.

''SEC. 818. STUDY ON TOBACCO-RELATED DISEASE AND DISPROPORTIONATE HEALTH EFFECTS ON TRIBAL POPULATIONS.

''Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with appropriate Federal departments and agencies and acting through the epidemiology centers established under section 209, shall solicit from independent organizations bids to conduct, and shall submit to Congress no later than 5 years after enactment a report describing the results of, a study to determine possible causes for the high prevalence of tobacco use among Indians.

''SEC. 819. 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. 820. 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).

''SEC. 821. 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''.

SEC. 104. MODIFICATION OF TERM.

(a) IN GENERAL.—Except as provided in subsection (b), the Indian Health Care Improvement Act (as amended by section 101) and each provision of the Social Security Act amended by title II are amended (as applicable)—

(1) by striking ''Urban Indian Organizations'' each place it appears and inserting ''urban Indian organizations'';

(2) by striking ''Urban Indian Organization'' each place it appears and inserting ''urban Indian organization'';

(3) by striking ''Urban Indians'' each place it appears and inserting ''urban Indians'';

(4) by striking ''Urban Indian'' each place it appears and inserting ''urban Indian'';

(5) by striking ''Urban Centers'' each place it appears and inserting ''urban centers''; and

(6) by striking ''Urban Center'' each place it appears and inserting ''urban center''.

(b) EXCEPTION.—The amendments made by subsection (a) shall not apply with respect to—

(1) the matter preceding paragraph (1) of section 510 of the Indian Health Care Improvement Act (as amended by section 101); and

(2) ''Urban Indian'' the first place it appears in section 513(a) of the Indian Health Care Improvement Act (as amended by section 101).

(c) MODIFICATION OF DEFINITION.—Section 4 of the Indian Health Care Improvement Act (as amended by section 101) is amended by striking paragraph (27) and inserting the following:

''(27) The term 'urban Indian' means any individual who resides in an urban center and who meets 1 or more of the 4 criteria in subparagraphs (A) through (D) of paragraph (12).''.

SEC. 105. GAO STUDY AND REPORT ON PAYMENTS FOR CONTRACT HEALTH SERVICES.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on the utilization of health care furnished by health care providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or a Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act).

(2) ANALYSIS.—The study conducted under paragraph (1) shall include an analysis of—

(A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for such health care through other public programs and in the private sector;

(B) barriers to accessing care under such contract health services program, including, but not limited to, barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under such program;

(C) the adequacy of existing Federal funding for health care under such contract health services program; and

(D) any other items determined appropriate by the Comptroller General.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under subsection (a), together with recommendations regarding—

(1) the appropriate level of Federal funding that should be established for health care under the contract health services program described in subsection (a)(1); and

(2) how to most efficiently utilize such funding.

(c) CONSULTATION.—In conducting the study under subsection (a) and preparing the report under subsection (b), the Comptroller General shall consult with the Indian Health Service, Indian Tribes, and Tribal Organizations.

SEC. 106. GAO STUDY OF MEMBERSHIP CRITERIA FOR FEDERALLY RECOGNIZED INDIAN TRIBES.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study of membership criteria for federally recognized Indian tribes, including—

(1) the number of federally recognized Indian tribes in existence on the date on which the study is conducted;

(2) the number of those Indian tribes that use blood quantum as a criterion for membership in the Indian tribe and the importance assigned to that criterion;

(3) the percentage of members of federally recognized Indian tribes that possesses degrees of Indian blood of—

(A) ¼;

(B) ⅛; and

(C) 1/16; and

(4) the variance in wait times and rationing of health care services within the Service between federally recognized Indian Tribes that use blood quantum as a criterion for membership and those Indian Tribes that do not use blood quantum as such a criterion.

SEC. 107. GAO STUDY OF TRIBAL JUSTICE SYSTEMS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct, and submit to Congress a report describing the results of, a study of the tribal justice systems of Indian tribes located in the States of North Dakota and South Dakota.

(b) INCLUSIONS.—The study under subsection (a) shall include, with respect to the tribal system of each Indian tribe described in subsection (a) and the tribal justice system as a whole—

(1)(A) a description of how the tribal justice systems function, or are supposed to function; and

(B) a description of the components of the tribal justice systems, such as tribal trial courts, courts of appeal, applicable tribal law, judges, qualifications of judges, the selection and removal of judges, turnover of judges, the creation of precedent, the recording of precedent, the jurisdictional authority of the tribal court system, and the separation of powers between the tribal court system, the tribal council, and the head of the tribal government;

(2) a review of the origins of the tribal justice systems, such as the development of the systems pursuant to the Act of June 18, 1934 (25 U.S.C. 461 et seq.) (commonly known as the ''Indian Reorganization Act''), which promoted tribal constitutions and addressed the tribal court system;

(3) an analysis of the weaknesses of the tribal justice systems, including the adequacy of law enforcement personnel and detention facilities, in particular in relation to crime rates; and

(4) an analysis of the measures that tribal officials suggest could be carried out to improve the tribal justice systems, including an analysis of how Federal law could improve and stabilize the tribal court system.

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.—Section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

(1) by redesignating clause (v) as clause (vii); and

(2) by inserting after clause (iv), the following new clauses:

''(v) Except as provided in clause (vi), 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).

''(vi)(I) 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 documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of United States citizenship or nationality under the regulations adopted pursuant to subclause (II).

''(II) Not later than 90 days after the date of enactment of this subclause, the Secretary, in consultation with the tribes referred to in subclause (I), shall promulgate interim final regulations specifying the forms of documentation (including tribal documentation, if appropriate) deemed to be satisfactory evidence of the United States citizenship or nationality of a member of any such Indian tribe for purposes of satisfying the requirements of this subsection.

''(III) During the period that begins on the date of enactment of this clause and ends on the effective date of the interim final regulations promulgated under subclause (II), a document issued by a federally recognized Indian tribe referred to in subclause (I) evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood) accompanied by a signed attestation that the individual is a citizen of the United States and a certification by the appropriate officer or agent of the Indian tribe that the membership or other records maintained by the Indian tribe indicate that the individual was born in the United States is deemed to be a document described in this subparagraph for purposes of satisfying the requirements of this subsection.''.

(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.''.

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 INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY OR THROUGH INDIAN HEALTH PROGRAMS.—

''(A) NO ENROLLMENT FEES, PREMIUMS, OR COPAYMENTS.—

''(i) 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, a Tribal Organization, or an urban Indian organization, or by a health care provider through referral under the contract health service for which payment may be made under this title.

''(ii) EXCEPTION.—Clause (i) shall not apply to an individual only eligible for the programs or services under sections 102 and 103 or title V of the Indian Health Care Improvement Act.

''(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 SCHIP 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''.

SEC. 213. MORATORIUM ON IMPLEMENTATION OF CHANGES TO CASE MANAGEMENT AND TARGETED CASE MANAGEMENT PAYMENT REQUIREMENTS UNDER MEDICAID.

(a) MORATORIUM.—

(1) DELAYED IMPLEMENTATION OF DECEMBER 4, 2007, INTERIM FINAL RULE.—The interim final rule published on December 4, 2007, at pages 68,077 through 68,093 of volume 72 of the Federal Register (relating to parts 431, 440, and 441 of title 42 of the Code of Federal Regulations) shall not take effect before April 1, 2009.

(2) CONTINUATION OF 2007 PAYMENT POLICIES AND PRACTICES.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to April 1, 2009, take any action (through promulgation of regulation, issuance of regulatory guidance, use of Federal payment audit procedures, or other administrative action, policy or practice, including a Medical Assistance Manual transmittal or issuance of a letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for case management and targeted case management services if such action is more restrictive than the administrative action, policy, or practice that applies to coverage of, or payment for, such services under title XIX of the Social Security Act on December 3, 2007. Any such action taken by the Secretary of Health and Human Services during the period that begins on December 4, 2007, and ends on March 31, 2009, that is based in whole or in part on the interim final rule described in subsection (a) is null and void.

(b) INCLUSION OF MEDICARE PROVIDERS AND SUPPLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRATIVE OFFSET PROGRAM.—

(1) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

''(d) INCLUSION OF MEDICARE PROVIDER AND SUPPLIER PAYMENTS IN FEDERAL PAYMENT LEVY PROGRAM.—

''(1) IN GENERAL.—The Centers for Medicare & Medicaid Services shall take all necessary steps to participate in the Federal Payment Levy Program under section 6331(h) of the Internal Revenue Code of 1986 as soon as possible and shall ensure that—

''(A) at least 50 percent of all payments under parts A and B are processed through such program beginning within 1 year after the date of the enactment of this section;

''(B) at least 75 percent of all payments under parts A and B are processed through such program beginning within 2 years after such date; and

''(C) all payments under parts A and B are processed through such program beginning not later than September 30, 2011.

''(2) ASSISTANCE.—The Financial Management Service and the Internal Revenue Service shall provide assistance to the Centers for Medicare & Medicaid Services to ensure that all payments described in paragraph (1) are included in the Federal Payment Levy Program by the deadlines specified in that subsection.''.

(2) APPLICATION OF ADMINISTRATIVE OFFSET PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER PAYMENTS.—Section 3716 of title 31, United States Code, is amended—

(A) by inserting ''the Department of Health and Human Services,'' after ''United States Postal Service,'' in subsection (c)(1)(A); and

(B) by adding at the end of subsection (c)(3) the following new subparagraph:

''(D) This section shall apply to payments made after the date which is 90 days after the enactment of this subparagraph (or such earlier date as designated by the Secretary of Health and Human Services) with respect to claims or debts, and to amounts payable, under title XVIII of the Social Security Act.''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

SEC. 214. INCREASED CIVIL MONEY PENALTIES AND CRIMINAL FINES FOR MEDICARE FRAUD AND ABUSE.

(a) INCREASED CIVIL MONEY PENALTIES.—Section 1128A of the Social Security Act (42 U.S.C. 1320a–7a) is amended—

(1) in subsection (a), in the flush matter following paragraph (7)—

(A) by striking ''$10,000'' each place it appears and inserting ''$20,000'';

(B) by striking ''$15,000'' and inserting ''$30,000''; and

(C) by striking ''$50,000'' and inserting ''$100,000''; and

(2) in subsection (b)—

(A) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$2,000'' and inserting ''$4,000'';

(B) in paragraph (2), by striking ''$2,000'' and inserting ''$4,000''; and

(C) in paragraph (3)(A)(i), by striking ''$5,000'' and inserting ''$10,000''.

(b) INCREASED CRIMINAL FINES.—Section 1128B of the Social Security Act (42 U.S.C. 1320a–7b) is amended—

(1) in subsection (a), in the flush matter following paragraph (6)—

(A) by striking ''$25,000'' and inserting ''$100,000''; and

(B) by striking ''$10,000'' and inserting ''$20,000'';

(2) in subsection (b)—

(A) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(B) in paragraph (2), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000'';

(3) in subsection (c), by striking ''$25,000'' and inserting ''$100,000'';

(4) in subsection (d), in the second flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(5) in subsection (e), by striking ''$2,000'' and inserting ''$4,000''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to civil money penalties and fines imposed for actions taken on or after the date of enactment of this Act.

SEC. 215. INCREASED SENTENCES FOR FELONIES INVOLVING MEDICARE FRAUD AND ABUSE.

(a) FALSE STATEMENTS AND REPRESENTATIONS.—Section 1128B(a) of the Social Security Act (42 U.S.C. 1320a–7b(a)) is amended, in clause (i) of the flush matter following paragraph (6), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(b) ANTI-KICKBACK.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a–7b(b)) is amended—

(1) in paragraph (1), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''; and

(2) in paragraph (2), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(c) FALSE STATEMENT OR REPRESENTATION WITH RESPECT TO CONDITIONS OR OPERATIONS OF FACILITIES.—Section 1128B(c) of the Social Security Act (42 U.S.C. 1320a–7b(c)) is amended by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(d) EXCESS CHARGES.—Section 1128B(d) of the Social Security Act (42 U.S.C. 1320a–7b(d)) is amended, in the second flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to criminal penalties imposed for actions taken on or after the date of enactment of this Act.

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 in which unfortunately, both took innocent lives, including those of women and children;

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

(11) 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'');

(12) 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;

(13) 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;

(14) 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;

(15) 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;

(16) 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;

(17) 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;

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

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

(20) 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; 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.

CALLING FOR PEACE IN DARFUR

Mr. PRYOR. I ask unanimous consent that the Committee on Foreign Relations be discharged from further consideration of S. Res. 455 and the Senate proceed to its immediate consideration.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 455) calling for peace in Darfur.

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

Mr. PRYOR. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table with no intervening action or debate, and that any statements relating to this measure be printed in the RECORD.

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

The resolution (S. Res. 455) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 455

Whereas, during the past 4 years in Darfur, hundreds of thousands of innocent victims have been murdered, tortured, and raped, with more than 2,000,000 people driven from their homes;

Whereas some but not all of the parties to the conflict in Darfur participated in the first round of a United Nations-African Union peace process launched in October 2007 in Sirte, Libya;

Whereas the Comprehensive Peace Agreement (CPA) reached between the Government of Sudan and the Sudanese People's Liberation Movement (SPLM) in January 2005 has not been fully or evenly implemented;

Whereas the Government of Sudan has continued to obstruct the deployment of a joint United Nations-African Union peacekeeping force to Darfur that would include non-African elements;

Whereas elements of armed rebel movements in Darfur, including the Justice and Equality Movement (JEM), have made violent threats against the deploying peacekeeping force;

Whereas 13 former world leaders and current activists, including former president Jimmy Carter, former United Nations Secretary-General Kofi Annan, Bangladeshi microfinance champion Muhammed Yunus, and Archbishop Desmond Tutu, have called for the immediate deployment of the peacekeeping force; and

Whereas, while these and other issues remain pending, it is the people of Darfur, including those living in refugee camps, who suffer the continuing consequences: Now, therefore, be it

Resolved, That the Senate—

(1) calls upon the Government of Sudan and other signatories and non-signatories to the May 5, 2006, Darfur Peace Agreement to declare and respect an immediate cessation of hostilities, cease distributing arms to internally displaced persons, and enable humanitarian organizations to have full unfettered access to populations in need;

(2) calls upon the Government of Sudan to facilitate the immediate and unfettered deployment of the United Nations-African Union peacekeeping force, including any and all non-African peacekeepers;

(3) urges all invited individuals and movements to attend the next round of peace negotiations and not set preconditions for such participation;

(4) calls upon the diverse rebel movements to set aside their differences and work together in order to better represent the people of Darfur and end their continued suffering;

(5) encourages the participation in future talks of traditional Arab and African leaders from Darfur, women's groups, local nongovernmental organizations, and leaders from internally displaced persons (IDP) camps;

(6) condemns any intimidation or threats against camp or civil society leaders to discourage them from attending the peace talks, whether by the Government of Sudan or rebel leaders;

(7) condemns any action by any party, government or rebel, that undermines or delays the peace process in Darfur; and

(8) calls upon all parties to the Comprehensive Peace Agreement (CPA) to support and respect all terms of the agreement.

HONORING THE NAACP ON ITS 99TH ANNIVERSARY

Mr. PRYOR. I ask unanimous consent that the Judiciary Committee be discharged from further consideration of H. Con. Res. 289, and the Senate 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 (H. Con. Res. 289) honoring and praising the National Association for the Advancement of Colored People on the occasion of its 99th anniversary.

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

Mr. PRYOR. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table with no intervening action or debate, and any statements relating to the resolution be printed in the RECORD.

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

The concurrent resolution (H. Con. Res. 289) was agreed to.

The preamble was agreed to.

NATIONAL ASBESTOS AWARENESS WEEK

Mr. PRYOR. I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Res. 462, and the Senate proceed to its immediate consideration.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 462) designating the week of April 2008 as ''National Asbestos Awareness Week.''

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

Mr. PRYOR. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table with no intervening action or debate, and any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 462) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 462

Whereas dangerous asbestos fibers are invisible and cannot be smelled or tasted;

Whereas the inhalation of airborne asbestos fibers can cause significant damage;

Whereas these fibers can cause mesothelioma, asbestosis, and other health problems;

Whereas asbestos-related diseases can take 10 to 50 years to present themselves;

Whereas the expected survival time for those diagnosed with mesothelioma is between 6 and 24 months;

Whereas generally little is known about late stage treatment and there is no cure for asbestos-related diseases;

Whereas early detection of asbestos-related diseases may give some patients increased treatment options and might improve their prognosis;

Whereas the United States has substantially reduced its consumption of asbestos yet continues to consume almost 2,000 metric tons of the fibrous mineral for use in certain products throughout the Nation;

Whereas asbestos-related diseases have killed thousands of people in the United States;

Whereas asbestos exposures continue and safety and prevention will reduce and has reduced significantly asbestos exposure and asbestos-related diseases;

Whereas asbestos has been a cause of occupational cancer;

Whereas thousands of workers in the United States face significant asbestos exposure;

Whereas thousands of people in the United States die from asbestos-related diseases every year;

Whereas a significant percentage of all asbestos-related disease victims were exposed to asbestos on naval ships and in shipyards;

Whereas asbestos was used in the construction of a significant number of office buildings and public facilities built before 1975;

Whereas people in the small community of Libby, Montana have asbestos-related diseases at a significantly higher rate than the national average and suffer from mesothelioma at a significantly higher rate than the national average; and

Whereas the establishment of a ''National Asbestos Awareness Week'' would raise public awareness about the prevalence of asbestos-related diseases and the dangers of asbestos exposure: Now, therefore, be it

Resolved, That the Senate—

(1) designates the first week of April 2008 as ''National Asbestos Awareness Week'';

(2) urges the Surgeon General, as a public health issue, to warn and educate people that asbestos exposure may be hazardous to their health; and

(3) respectfully requests the Secretary of the Senate to transmit a copy of this resolution to the Surgeon General.

NATIONAL SUPPORT THE TROOPS AND THEIR FAMILIES DAY

Mr. PRYOR. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 473, submitted earlier today by Senator STABENOW.

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

The legislative clerk read as follows:

A resolution (S. Res. 473) designating March 26, 2008, as ''National Support the Troops and Their Families Day'' and encouraging the people of the United States to participate in a moment of silence to reflect upon the service and sacrifice of members of the Armed Forces both at home and abroad, as well as the sacrifices of their families.

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

Mr. PRYOR. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table, with no intervening action or debate; and any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 473) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 473

Whereas it was through the brave and noble efforts of the Nation's forefathers that the United States first gained freedom and became a sovereign country;

Whereas there are more than 1,500,000 active and reserve component members of the Armed Forces serving the Nation in support and defense of the values and freedom that all Americans cherish;

Whereas the members of the Armed Forces deserve the utmost respect and admiration of their fellow Americans for putting their lives in danger for the sake of the freedoms enjoyed by all Americans;

Whereas members of the Armed Forces are defending freedom and democracy around the globe and are playing a vital role in protecting the safety and security of Americans;

Whereas the families of our Nation's troops have made great sacrifices and deserve the support of all Americans;

Whereas all Americans should participate in a moment of silence to support the troops and their families; and

Whereas March 26th, 2008, is designated as ''National Support Our Troops and Their Families Day'': Now, therefore, be it

Resolved, That—

(1) the Senate designates March 26, 2008, as ''National Support the Troops and Their Families Day''; and

(2) it is the sense of the Senate that all Americans should participate in a moment of silence to reflect upon the service and sacrifice of members of the United States Armed Forces both at home and abroad, as well as their families.

NATIONAL SCHOOL BREAKFAST PROGRAM

Mr. PRYOR. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 474, submitted earlier today by Senator FEINGOLD.

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

The legislative clerk read as follows:

A resolution (S. Res. 474) expressing the sense of the Senate that providing breakfast in schools through the National School Breakfast Program has a positive impact on the lives and classroom performance of low-income children.

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

Mr. CASEY. Madam President, I rise today in support of a Senate resolution that expresses the Senate's esteem for and commitment to the National School Breakfast Program. I am pleased to be joining Senator FEINGOLD in both recognizing the good that this program accomplishes for low-income children and encouraging more States to participate.

The United States is experiencing a hunger crisis. In 2006 alone, the U.S. Department of Agriculture, USDA, reported that 35.5 million Americans did not have the money or resources needed to provide food for themselves or their families, and this number is sadly on the rise. Between 2005 and 2006, the number of hungry people in the United States increased by over 400,000. As we continue through hard economic times, we can only assume the number of hungry people in America will continue to increase.

Hunger is not just a problem that plagues adults. Of the 35.5 million people who go hungry each year in America, 12.6 million of them are children. This means that 17.2 percent of all children are unsure where their next meal will come from—which poses a real problem. Hunger hinders growth and development and negatively affects

health, leading to increased illness, fatigue, and even hospitalizations. Studies have also shown that hunger impairs cognitive function; hungry children are more likely to perform poorly on tests and repeat grades.

Recognizing the relationship between good nutrition and the ability to learn and be healthy, Congress established a pilot National School Breakfast Program in 1966. Because of its success in raising the nutrition level of needy children, Congress permanently authorized the program in 1975. Since its inception, the School Breakfast Program has experienced tremendous growth. According to the USDA, the number of participating students has increased from 0.5 million children in 1970 to 9.7 million in 2006. This means that each day, more and more children receive a breakfast that provides them with one-fourth of the recommended dietary allowance for protein, calcium, iron, Vitamin A, Vitamin C, and calories. And because of improvements in implementation, including initiatives that provide breakfasts both in classrooms, in hallways, and as students exit buses, the number of students participating in the programs has doubled and in some cases tripled. Yet the number of students participating in the Breakfast Program is still much less than half of the number participating in the National Lunch Program. It is vitally important that we keep up the National Breakfast Program's momentum and provide the States with the tools they need to encourage as many needy children to take part as can.

Appreciating the importance of the program, Pennsylvania has helped increase the number of schools that take advantage of this important program. Each year, Pennsylvania invests nearly $35.5 million in school breakfast and lunch, paying school districts 10 cents for each breakfast served and 10 cents for each lunch served. To increase the number of students receiving both breakfast and lunch, Pennsylvania pays an additional 2 cents per lunch if breakfast is offered in the school and an additional 4 cents per lunch if the school serves breakfast to at least 20 percent of enrolled students. As with national participation, Pennsylvania's participation is on the rise; over 100 more schools participated in the program between 2005 and 2006 than the previous year. Through this resolution, we hope to encourage States, like Pennsylvania, to continue to work toward our common goal of reducing child hunger.

This Senate resolution recognizes the positive impact the National School Breakfast Program has on needy children. The program not only gives students a balanced breakfast, it provides a solid foundation on which they can start their day. Eating breakfast alone increases student attentiveness and improves overall performance and wellness. The National School Breakfast Program is making great inroads into child hunger. This resolution recognizes the efforts of the States in implementing the program and encourages them to expand their efforts.

Mr. PRYOR. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 474) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 474

Whereas participants in the National School Breakfast Program established under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) include public, private, elementary, middle, and high schools, as well as schools in rural, suburban, and urban areas;

Whereas access to nutrition programs such as the National School Lunch Program and the National School Breakfast Program helps to create a stronger learning environment for children and improves children's concentration in the classroom;

Whereas missing breakfast and the resulting hunger has been shown to harm the ability of children to learn and hinders academic performance;

Whereas students who eat a complete breakfast have been shown to make fewer mistakes and to work faster in math exercises than those who eat a partial breakfast;

Whereas implementing or improving classroom breakfast programs has been shown to increase breakfast consumption among eligible students dramatically, doubling and in some cases tripling numbers of participants in school breakfast programs, as evidenced by research in Minnesota, New York, and Wisconsin;

Whereas providing breakfast in the classroom has been shown in several instances to improve attentiveness and academic performance, while reducing absences, tardiness, and disciplinary referrals;

Whereas studies suggest that eating breakfast closer to the time students arrive in the classroom and take tests improves the students' performance on standardized tests;

Whereas studies show that students who skip breakfast are more likely to have difficulty distinguishing among similar images, show increased errors, and have slower memory recall;

Whereas children who live in families that experience hunger are likely to have lower math scores, receive more special education services, and face an increased likelihood of repeating a grade;

Whereas making breakfast widely available in different venues or in a combination of venues, such as by providing breakfast in the classroom, in the hallways outside classrooms, or to students as they exit their school buses, has been shown to lessen the stigma of receiving free or reduced-price school breakfasts, which sometimes prevents eligible students from obtaining traditional breakfast in the cafeteria;

Whereas, in fiscal year 2006, 7,700,000 students in the United States consumed free or reduced-price school breakfasts provided under the National School Breakfast Program;

Whereas less than half of the low-income students who participate in the National School Lunch Program also participate in the National School Breakfast Program;

Whereas almost 17,000 schools that participate in the National School Lunch Program do not participate in the National School Breakfast Program;

Whereas studies suggest that children who eat breakfast take in more nutrients, such as calcium, fiber, protein, and vitamins A, E, D, and B-6;

Whereas studies show that children who participate in school breakfast programs eat more fruits, drink more milk, and consume less saturated fat than those who do not eat breakfast; and

Whereas children who do not eat breakfast, either in school or at home, are more likely to be overweight than children who eat a healthy breakfast on a daily basis: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the importance of the National School Breakfast Program established under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) and the positive impact of the Program on the lives of low-income children and families and on children's overall classroom performance;

(2) expresses strong support for States that have successfully implemented school breakfast programs in order to alleviate hunger and improve the test scores and grades of participating students;

(3) encourages all States to strengthen their school breakfast programs, provide incentives for the expansion of school breakfast programs, and promote improvements in the nutritional quality of breakfasts served; and

(4) recognizes the need to provide States with resources to improve the availability of adequate and nutritious breakfasts.

MEASURES READ THE FIRST TIME—S. 2709, S. 2710, S. 2711, S. 2712, S. 2713, S. 2714, S. 2715, S. 2716, S. 2717, S. 2718, S. 2719, S. 2720, S. 2721, and S. 2722

Mr. PRYOR. Madam President, I understand there are 14 bills at the desk, and I ask for their first reading en bloc.

The PRESIDING OFFICER. The clerk will report the bills by title en bloc.

The legislative clerk read as follows:

A bill (S. 2709) to increase the criminal penalties for illegally reentering the United States and for other purposes.

A bill (S. 2710) to authorize the Department of Homeland Security to use an employer's failure to timely resolve discrepancies with the Social Security Administration after receiving a ''no match'' notice as evidence that the employer violated section 274A of the Immigration and Nationality Act.

A bill (S. 2711) to improve the enforcement of laws prohibiting the employment of unauthorized aliens and for other purposes.

A bill (S. 2712) to require the Secretary of Homeland Security to complete at least 700 miles of reinforced fencing along the Southwest border by December 31, 2010, and for other purposes.

A bill (S. 2713) to prohibit appropriated funds from being used in contravention of section 642(a) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.

A bill (S. 2714) to close the loophole that allowed the 9/11 hijackers to obtain credit cards from United States banks that financed their terrorists activities, to ensure that illegal immigrants cannot obtain credit cards to evade United States immigration laws, and for other purposes.

A bill (S. 2715) to amend title 4, United States Code, to declare English as the national language of the Government of the United States, and for other purposes.

A bill (S. 2716) to authorize the National Guard to provide support for the border control activities of the United States Customs and Border Protection of the Department of Homeland Security, and for other purposes.

A bill (S. 2717) to provide for enhanced Federal enforcement of, and State and local assistance in the enforcement of, the immigration laws of the United States, and for other purposes.

A bill (S. 2718) to withhold 10 percent of the Federal funding apportioned for highway construction and maintenance from States that issue driver's licenses to individuals without verifying the legal status of such individuals.

A bill (S. 2719) to provide that Executive Order 13166 shall have no force or effect, and to prohibit the use of funds for certain purposes.

A bill (S. 2720) to withhold Federal financial assistance from each country that denies or unreasonably delays the acceptance of nationals of such country who have been ordered removed from the United States and to prohibit the issuance of visas to nationals of such country.

A bill (S. 2721) to amend the Immigration and Nationality Act to prescribe the binding oath or affirmation of renunciation and allegiance required to be naturalized as a citizen of the United States, to encourage and support the efforts of prospective citizens of the United States to become citizens, and for other purposes.

A bill (S. 2722) to prohibit aliens who are repeat drunk drivers from obtaining legal status or immigration benefits.

Mr. PRYOR. Madam President, I now ask for a second reading and, in order to place the bills on the calendar under the provisions of rule XIV, I object to my own request, all en bloc.

The PRESIDING OFFICER. Objection is heard.

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

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

UNANIMOUS CONSENT AGREEMENT—S. 2663

Mr. PRYOR. Madam President, I ask unanimous consent that when the Senate resumes consideration of S. 2663, the Consumer Product Safety Commission legislation, the Senate then resume consideration of the Vitter amendment No. 4097, with 15 minutes of debate prior to a vote in relation to the amendment, with the time equally divided and controlled between Senators PRYOR and VITTER or their designees; that upon the use or yielding back of time, the Senate proceed to a vote in relation to the amendment with no amendments in order to the amendment prior to the vote.

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

ORDERS FOR THURSDAY, MARCH 6, 2008

Mr. PRYOR. Madam President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 9:30 a.m. tomorrow, Thursday, March 6; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day; that the Senate proceed to a period of morning business for up to 1 hour with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half; that following morning business, the Senate resume consideration of S. 2663, a bill to reform the Consumer Product Safety Commission, and that the mandatory quorum required under rule XXII be waived.

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

PROGRAM

Mr. PRYOR. Madam President, this evening we were able to reach an agreement to have a vote in relation to the Vitter amendment regarding attorney's fees. Senators should be prepared to vote as early as 10:50 a.m. tomorrow.

Today the leader filed cloture on the bill. However, it is our intention to complete action on the bill tomorrow evening. Therefore, rollcall votes are expected to occur throughout the day in relation to the remaining amendments to the bill.

ORDER FOR ADJOURNMENT

Mr. PRYOR. Madam President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order following the remarks of Senator THUNE.

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

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

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

BENEFITS OF RENEWABLE FUEL

Mr. THUNE. Mr. President, this last year, Americans sent almost half a trillion dollars, almost $500 billion, overseas to purchase imported oil from other countries around the world. Think about that massive transfer of wealth and what that means for our national security because, in many respects, a lot of those dollars being used to purchase imported fuels are going to countries that are not favorable toward the United States. Of course, some say it is a world market, let the market work.

The difference is that most of our trading partners around the world are people we consider to be at least friends, allies, folks we do business with. They are not countries that are funding organizations that are trying to kill Americans. Regrettably, what we end up doing is funding both sides of the war on terror, because we send almost half a trillion dollars annually to foreign countries, petro dictators around the world who use those dollars to fund terrorist organizations that are designed to kill Americans, and then we end up having, of course, to fund our military to go fight the very same terrorists. It seems like a very misguided policy.

I make that point because I think we have a dangerous dependence on foreign energy. Today, 65 percent of our petroleum comes from outside of the United States. As most of us know, the fuels in this country are mostly petroleum based. The reason I say all that is I think we have an important decision to make in this country about whether we are going to continue to subsidize foreign governments, petro dictators who use those dollars that transfer wealth out of this country to fund terrorist organizations that attack Americans, or whether we are going to make an investment in the United States that provides benefits to the economy in America and provides jobs for Americans. I think that is an important decision we have to make.

For the past several years, this Congress as a matter of policy has tried to put into place incentives to increase the production of renewable energy, and with some degree of success. If you look at last year and this year, by the end of this year, we will be at about 7.5 billion gallons of ethanol produced in the United States. There are some 160, I think, ethanol biorefineries in this country. If you look at it, 22 States are home to some of those, with a collective capacity of over 7.5 billion gallons. There are sixty biorefineries under construction and several plants are in the process of expansion. That is a great story for America and for our agricultural economy. It is also a great story for our national security, in my view.

Lately, we have had a lot of attacks launched on the ethanol industry, and on renewable fuels generally. Many of them have been, again in my view, very misguided and misleading in terms of the reporting that has been done regarding food prices. If you look at several editorials recently, the New York Times went out of their way to discount the impact of high energy prices and worldwide demand for protein as reasons for food price increases. Rather, they decided to blame ethanol by

stating, ''The most important reason for the price shock is the rich world's subsidized appetite for biofuels.'' The editorial board claims, ''The benefits of this strategy are dubious.''

A February Washington Post article, entitled ''The Problem With Biofuels,'' leads the public to believe that biofuels will only serve to starve people. The article quotes a university study and states, ''By putting pressure on global supplies of edible groups, the surge in ethanol production will translate into higher prices for both processed and staple foods around the world.''

The food versus fuel debate is an important debate to have. However, it has to be based upon facts and not anti-renewable fuel rhetoric.

It is a fact that energy prices have a 2-to-1 greater impact on food prices relative to the price of inputs such as corn.

Last year, John Uranchuck of LECG issued a report detailing the impact of rising energy prices on the price of food. According to that study,

> Increasing petroleum prices have about twice the impact on consumer food prices as equivalent increases in corn prices. A 33 percent increase in crude oil prices—the equivalent of $1 per gallon over current levels of retail gasoline prices—would increase retail food prices measured by the CPI for food by 0.6 to 0.9 percent. An equivalent increase in corn prices—about $1 per bushel over current levels—would increase consumer food prices only 0.3 percent.

In December 2007, Informa Economics issued a report called ''Marketing Costs and Surging Global Demand for Commodities Are Key Drivers of Food Price Inflation.'' This report also concluded that the price of raw commodities is not the leading component of the Consumer Price Index for food. Rather, this report correctly identified rising energy and transportation costs as leading causes of food inflation.

To place the blame for food inflation on biofuels and the rising prices of certain commodities is simply misguided. According to the U.S. Department of Agriculture, costs of food inputs only account for a fraction of food prices. Specifically, labor, packaging, transportation, advertising, and profits account for 68 cents of every dollar a consumer spends on food.

The long-term outlook for corn prices under the expanded renewable fuels standard is somewhere in the $3.25 to $3.50 per bushel range. To put that into perspective, so the average person around the country can understand what I am talking about, the average box of corn flakes contains about 10 ounces or one ninetieth of a bushel of corn. Even at $4 corn—$4 a bushel corn—that amounts to 5 cents of corn in a box of corn flakes. Think about that. A box of corn flakes. Everybody assumes the farmer, because of high corn prices, is cutting a fat hog, but 5 cents of that goes back into the farmer's pocket. Attributing food inflation to biofuels and corn-based ethanol is simply untrue.

Now, with respect to climate change, because we have heard a lot of discussion as well and criticism of the ethanol industry with regard to how it impacts that debate, critics of renewable fuels have also started blaming climate change on renewable energy. I find that hard to believe, as well, because the purpose of biofuels is to replace petroleum as a fuel source. For years, environmentalists have decried petroleum as a major emitter of harmful carbon emissions. Today, we have a homegrown alternative that is displacing more and more petroleum by the day. Some are claiming now that ethanol is creating more global warming. If our national policy is to manage climate change, falsely blaming ethanol for global warming is not helpful to the cause.

According to the Argonne National Laboratory, regular blends of ethanol, gasoline containing 10 percent ethanol, reduce greenhouse gas emissions by 18 to 29 percent relative to regular gasoline.

As more ethanol is produced and consumed, our Nation's carbon footprint will continue to shrink. In 2006, ethanol use in the United States reduced carbon dioxide emissions by approximately 8 million tons. Such a reduction is the equivalent of removing 1.21 million cars from the road.

As Congress continues to debate climate change legislation and the causes of global warming, it is important to set the record straight. Ethanol production is a carbon sink, not a net producer of carbon emissions. Furthermore, as new types of cellulosic ethanol come online, the carbon-reducing benefits of ethanol are only going to increase.

Ethanol may be able to be blamed for some other transformations in our economy. For one, increased ethanol production is allowing our demand for gasoline to go down and displacing foreign imports of oil. Again, I point to some of the statistics that bear that out. If you look at the amount of ethanol that is being produced in America today—and this is based on a 2007 number—in 2007, the ethanol that was produced, 6.5 billion, in this country displaced the need for 228 million barrels of oil, saving American consumers more than $16 billion or $45 million a day from going to countries, as I said earlier, outside the United States and enriching petrodictators who would do us ill will.

If we look at the impact on tax revenues coming into the Treasury, the ethanol industry generated an estimated $4.6 billion in Federal tax revenue and $3.6 billion in additional tax revenue for State and local governments. So if you couple that with the fact that according to the USDA—and I think this is an important point to make, too, by those who would criticize ethanol—according to the USDA, the increased demand for grain use in ethanol production reduced Federal farm program costs by more than $8 billion last year, meaning that even with the cost of the tax incentive that we use to encourage more production of ethanol, ethanol saved U.S. taxpayers, when you couple that with the additional tax revenue coming into the Treasury and the $8 billion that was saved because the Federal Government was not making farm program payments to farmers in this country, U.S. taxpayers saved more than $9.2 billion as a result of this industry.

Right now, about 50 percent of the gasoline in this country is blended with ethanol, and before very long, we hope that from coast to coast we will have every single gallon of gasoline in this country blended with ethanol.

But my point very simply is: This has been a great success story, one which has benefited and enriched our country, our farmers, people in this country who are working hard making a living contributing to a better quality of life for all Americans, as opposed to shipping all that wealth outside the United States to other countries.

Let me restate what I started by saying at the very beginning, and that is that last year, we spent almost half a trillion dollars, almost $500 billion, in purchasing imported oil. That, again, makes absolutely no sense to me in light of these statistics that I shared. I think as we look at the future of this industry and the promise it holds and the benefit it holds, not only for the economy in this country but also as we get away from this dangerous dependence on foreign sources of energy, renewable fuels, biofuels, have a great future for America, and I believe we ought to be continuing to invest in making sure that those who are involved with that industry—our farmers, those who are constructing ethanol plants around this country, that we provide not fewer incentives but more incentives for this kind of biofuel production that, again, gets rid of the carbon in our atmosphere, cleans up our environment, lessens our dependence on foreign sources of energy, and puts dollars back into the pockets of hardworking Americans, farmers, the rural economy, creating jobs, helping grow the economy right here at home in the United States rather than shipping those dollars to some foreign country where, again, many of these dollars are used to turn around and fund organizations that are designed to undermine America's interests around the world.

This debate will continue to percolate around this country, but when we get into this debate about food versus fuel, it is important we have the facts in front of us because this industry has undergone a lot of criticism of late. As I said before, I think much of it is misguided because it is based on misinformation and wrong facts. We need to have the facts in front of us, and then we can have a meaningful debate. Until that happens, we are going to hear more of these false attacks against an industry that is creating American jobs, helping reduce our dependence on foreign energy, and I hope, in the very near future, we will be able

to increase the amount not only of production in this country but the amount of consumption because I believe in the very near future we will start seeing more and more momentum for increasing the blend rate.

Right now, we blend 10 percent ethanol, as I said, in 50 percent of the gasoline in the country. I hope in the future we can increase that to 20 percent. The University of Minnesota completed a study where they compared effects of 10 percent and 20 percent on materials compatibility, driveability—all those types of issues. The result of the data that came from that study was that you can move to a 20-percent blend, a higher blend, an intermediate blend right now and have no impact on any of those issues.

The issue of emissions is still being studied. The renewable energy laboratory in Golden, CO, and the Department of Energy and EPA are undertaking some studies. When that data comes in, I believe it will show what the University of Minnesota study has shown and that is you can go to a higher blend with minimal impact and, in fact, in many cases with a better result; that we should move very quickly. I am going to encourage the administration and continue to try to influence that decisionmaking process in a way that will increase the amount of ethanol that is used in this country so, again, we can achieve the many benefits that I think dependence on American agriculture creates for us as opposed to our dependence upon foreign energy.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 7:16 p.m., adjourned until Thursday, March 6, 2008, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF COMMERCE

NEIL SURYAKANT PATEL, OF THE DISTRICT OF COLUMBIA, TO BE ASSISTANT SECRETARY OF COMMERCE FOR COMMUNICATIONS AND INFORMATION, VICE JOHN M. R. KNEUER.

DEPARTMENT OF STATE

JAMES B. CUNNINGHAM, OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF CAREER MINISTER, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO ISRAEL.

DONALD GENE TEITELBAUM, OF TEXAS, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF GHANA.

FRANK CHARLES URBANCIC, JR., OF INDIANA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF CYPRUS.

UNITED STATES INSTITUTE OF PEACE

NANCY M. ZIRKIN, OF MARYLAND, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM EXPIRING JANUARY 19, 2011, VICE MARIA OTERO, TERM EXPIRED.

J. ROBINSON WEST, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM EXPIRING JANUARY 19, 2011. (REAPPOINTMENT)

KERRY KENNEDY, OF NEW YORK, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM EXPIRING JANUARY 19, 2011, VICE LAURIE SUSAN FULTON, TERM EXPIRED.

IKRAM U. KHAN, OF NEVADA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM EXPIRING JANUARY 19, 2009, VICE HOLLY J. BURKHALTER, TERM EXPIRED.

STEPHEN D. KRASNER, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM EXPIRING JANUARY 19, 2011, VICE CHARLES EDWARD HORNER, TERM EXPIRED.

DEPARTMENT OF LABOR

ALEXANDER PASSANTINO, OF VIRGINIA, TO BE ADMINISTRATOR OF THE WAGE AND HOUR DIVISION, DEPARTMENT OF LABOR, VICE PAUL DECAMP.

FOREIGN SERVICE

THE FOLLOWING-NAMED PERSONS OF THE AGENCIES INDICATED FOR APPOINTMENT AS FOREIGN SERVICE OFFICERS OF THE CLASSES STATED.

FOR APPOINTMENT AS FOREIGN SERVICE OFFICER OF CLASS THREE, CONSULAR OFFICER AND SECRETARY IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF STATE

ANDREW TOWNSEND WIENER, OF TEXAS

FOR APPOINTMENT AS FOREIGN SERVICE OFFICER OF CLASS THREE, CONSULAR OFFICER AND SECRETARY IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF COMMERCE

LORA ANN BAKER, OF CALIFORNIA
CYNTHIA ANN BIGGS, OF SOUTH CAROLINA
DARREL WAH CHEW CHING, OF HAWAII
JAMES GOLSEN, OF MARYLAND
VAL EUGENE HUSTON, OF INDIANA
DENNIS A. SIMMONS, OF FLORIDA
DOUGLAS WALLACE, OF MARYLAND
DALE R. WRIGHT, OF VIRGINIA
ERIC B. WOLFF, OF NORTH CAROLINA

FOR APPOINTMENT AS FOREIGN SERVICE OFFICER OF CLASS FOUR, CONSULAR OFFICER AND SECRETARY IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF COMMERCE

GEOFFREY BOGART, OF CALIFORNIA
JENNIFER KANE, OF THE DISTRICT OF COLUMBIA
CHARLES RAOUL RANADO, OF VIRGINIA
CATHERINE P. SPILLMAN, OF PENNSYLVANIA

DEPARTMENT OF STATE

ANDREA L. DOYLE, OF WASHINGTON
MARISSA DENISE SCOTT, OF LOUISIANA

THE FOLLOWING-NAMED MEMBERS OF THE FOREIGN SERVICE TO BE CONSULAR OFFICERS AND SECRETARIES IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF COMMERCE

MANOJ S. DESAI, OF MASSACHUSETTS
ERIK R. RIKANSRUD, OF VIRGINIA
CONRAD WAI-PAC WONG, OF VIRGINIA

DEPARTMENT OF STATE

PATRICIA M. AGUILO, OF NEW HAMPSHIRE
ANDREA K. ALBERT, OF VIRGINIA
CHRISTINA PAULA ALMEIDA, OF RHODE ISLAND
MARIA CECILIA ALVARADO, OF NEW MEXICO
J. DEAN ARKEMA, OF VIRGINIA
KEVIN BAE, OF THE DISTRICT OF COLUMBIA
ZANE LEE BARNES, OF CALIFORNIA
BRIAN P. BAUER, OF ILLINOIS
ROBBIE LANEICE BROOKER, OF TEXAS
PETER HEARTH BROWN, OF NEW YORK
JEFFREY ALLEN BUTLER, OF VIRGINIA
JOSHUA M. BUXTON, OF CALIFORNIA
BRYAN J. CLAYTON, OF VIRGINIA
ANGELA COOPER, OF VIRGINIA
THOMAS M COYLE, OF MICHIGAN
PIERCE MICHAEL DAVIS, OF THE DISTRICT OF COLUMBIA
CHANEL NICOLE DENNIS, OF DELAWARE
AUSTIN GALE DEVER, OF VIRGINIA
EILEEN F. DI DOMENICO, OF VIRGINIA
KYLA DOTSON, OF VIRGINIA
HANNAH ASHLEY DRAPER, OF ARKANSAS
JONATHAN S. DRUCKER, OF VIRGINIA
JAMES P. DUVERNAY, OF NEW JERSEY
ALICE H. EASTER, OF NEW YORK
CANDACE LYNN FABER, OF WASHINGTON
JOANNA HOPE GANSON, OF NEW YORK
BRIAN HARRY GETTER, OF VIRGINIA
CATHERINE G. GILLEN, OF VIRGINIA
ASHLEY R. GRAY, OF KENTUCKY
ALEXANDERIA B. HAIDARA, OF COLORADO
ARTHUR J. HALL, JR., OF VIRGINIA
KENT B. HALLBERG, OF VIRGINIA
MARK C. HALLISEY, OF CONNECTICUT
REID T. HAMILTON, OF VIRGINIA
JENNIFER G. HANDOG, OF NEVADA
ANNA M. HARGIS, OF VIRGINIA
RUBEN HARUTUNIAN, OF MARYLAND
RACHEL Y. HAWKINS, OF TENNESSEE
EMILY JEANETTE HICKS, OF TEXAS
ROBERT M. HINES, OF VIRGINIA
RICHARD HOGE, OF VIRGINIA
DONALD J. HOWARD, OF VIRGINIA
ELIZABETH HOWARD, OF FLORIDA
MELISSA D. HUDSON, OF TENNESSEE
AJANI HUSBANDS, OF TEXAS
SIMONE W. JOHNSON, OF MISSOURI
ANTHONY M JONES, OF VIRGINIA
NICKOLAS A. JORJANI, OF VIRGINIA
CAMERON F. KAHI, OF VIRGINIA
HEERA KAUR KAMBOJ, OF NEW YORK
ALLA PAVEL KAMINS, OF VIRGINIA
MARIAH KENDALL WOHLFEIL, OF VIRGINIA
JAMES P. KLAPPS, OF VIRGINIA
STEVEN GEORGE LACEY, OF VIRGINIA
SHEA N. LEAHY, OF VIRGINIA
RACHEL M. LEHR, OF VIRGINIA
JAMES T. LEONG, OF VIRGINIA
ROBERT A. LESTER, OF VIRGINIA
DAVID ANTOINE LEWIS, OF THE DISTRICT OF COLUMBIA
JOSEPH S. LIVINGSTON, OF NEW YORK
PHILLIP LAMAR LOOSLI, OF CALIFORNIA
ADAM JOHN LORBER, OF VIRGINIA
THOMAS JOSEPH LYONS, OF THE DISTRICT OF COLUMBIA
ERIN L. MACIEL, OF VIRGINIA
KATHERINE K. MARQUIS, OF VIRGINIA
VICTOR LERUN MARSH II, OF MICHIGAN
NICOLE LUCINDA MEWHINNEY MARTIN, OF VIRGINIA
DEVIN V. MILLER, OF VIRGINIA
BETH MINIX, OF VIRGINIA
JONATHAN ANDRE MITCHELL, OF PENNSYLVANIA
JOSHUA SHUN MO, OF VIRGINIA
CHARLES D. MYERS, OF VIRGINIA
ELIZABETH FAWN NEDEFF, OF WASHINGTON
JONATHAN JAMES NELLIS, OF MARYLAND
JOSHUA W. NELSON, OF VIRGINIA
THU HUYNH NGUYEN, OF WASHINGTON
JEFFREY MICHAEL OSWEILER, OF IOWA
JOHN PARK, OF VIRGINIA
JOHN L. PORTER, OF THE DISTRICT OF COLUMBIA
SEAN C. POWERS, OF VIRGINIA
ADAM P. PRICE, OF THE DISTRICT OF COLUMBIA
PABLO BENJAMIN QUINTANILLA, OF MISSOURI
DOMINIC PETER RANDAZZO, OF PENNSYLVANIA
CATHERINE C. REGEN, OF VIRGINIA
BRIAN EDWARD RENTSCH, OF VIRGINIA
KIMBERLY ANN RENTSCH, OF TEXAS
CHRISTINA E. REPP, OF THE DISTRICT OF COLUMBIA
JAMES ROLLENS IV, OF LOUISIANA
EDWIN O. RUEDA, OF NORTH CAROLINA
ANGELA SAGER, OF TEXAS
ERIC FULTON SANDERS, OF VIRGINIA
DAVID RYAN SEQUEIRA, OF VIRGINIA
HEIDY SERVIN-BAEZ, OF OREGON
CHRISTOPHER SILKIE, OF CALIFORNIA
SARAH ANNEMARIE SIMONS, OF CALIFORNIA
KRISTEN ANNA SIUDZINSKI, OF VIRGINIA
MICHAEL G. SLONAKER, OF MARYLAND
GUY G. SMITH, OF VIRGINIA
GARY E. STANULIS, OF VIRGINIA
TRISHA ANN TAINO, OF VIRGINIA
TOD M. THEDY, OF FLORIDA
STACY L. TOLLISON, OF TEXAS
CYNDEE-NGA TRINH, OF TEXAS
STACEY H. TSAI, OF TEXAS
DALEYA S. UDDIN, OF NEW JERSEY
THOMAS M. VENNER, OF ILLINOIS
NICOLE M. VERSTRAETE-DISHNER, OF VIRGINIA
ANNY HONG AN TRINH VU, OF CALIFORNIA
MELISSA DANIELLE WALSH, OF OKLAHOMA
MUJAHID A.M.M. WASHINGTON, OF NEW YORK
KELLY A. WATKINS, OF NEW HAMPSHIRE
ANDREW DAMRON MCBRIDE WATSON, OF VIRGINIA
NATALIE M. WAUGH, OF CALIFORNIA
AMY WEINHOUSE, OF THE DISTRICT OF COLUMBIA
LAURA M WILLIFORD, OF GEORGIA
MARK DAVID WISEMAN, OF VIRGINIA

THE FOLLOWING-NAMED CAREER MEMBERS OF THE SENIOR FOREIGN SERVICE OF THE DEPARTMENT OF STATE FOR PROMOTION IN THE SENIOR FOREIGN SERVICE TO THE CLASSES INDICATED:

CAREER MEMBERS OF THE SENIOR FOREIGN SERVICE OF THE UNITED STATES OF AMERICA, CLASS OF COUNSELOR:

DAVID T. NEWELL, OF FLORIDA
JOHN V.G. SPILSBURY, OF NEW YORK

CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, AND CONSULAR OFFICERS AND SECRETARIES IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

TROY A. LINDQUIST, OF UTAH

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

SUBJECT TO QUALIFICATIONS PROVIDED BY LAW, THE FOLLOWING FOR PERMANENT APPOINTMENT TO THE GRADE INDICATED IN THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:

To be lieutenant (junior grade)

BENNIE N. JOHNSON

To be ensign

MARK S. ANDREWS
MEGAN R. GUBERSKI
NATHAN E. WITHERLY
CHRISTINE L. SCHULTZ
CLAIRE V. SURREY
RONALD L MOYERS, JR
BRIAN D. PLAYER
GLEN A. RICE
PATRICK M. REDMOND

MEGAN H. O'BRIEN
RUSSELL A. QUINTERO
NATHAN B. PARKER
JONATHAN R. HEESCH
MATTHEW C. GRIFFIN
FAITH C. OPATRNY

PUBLIC HEALTH SERVICE

THE FOLLOWING CANDIDATES FOR PERSONNEL ACTION IN THE REGULAR CORPS OF THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE SUBJECT TO QUALIFICATIONS THEREFORE AS PROVIDED BY LAW AND REGULATIONS:

To be medical director

MARGARET C. BASH
DIANE E. BENNETT
M MILES BRAUN
LOUISA E. CHAPMAN
DONALD W. CLARK
GEORGE A. CONWAY
THERESA DIAZ VARGAS
STEVEN H. FOX
WALTER G. HLADY
HAMID S. JAFARI
SUSAN A. MALONEY
DIANE A. MITCHELL
ANTHONY W. MOUNTS
CAROL A. PERTOWSKI
EDWARD L. PETSONK
LISA G. RIDER
STEVEN R. ROSENTHAL
PATRICIA M. SIMONE
GAIL M. STENNIES
PAMELA STRATTON
JOHN C. WATSON

To be senior surgeon

TECORA D. BALLOM
D. W. CHEN
PATRICK H. DAVID
MICHAEL C. ENGEL
PAUL T. HARVEY
RICHARD P. HEDLUND
MICHAEL T. MARTIN
JOHN R. MASCOLA
WILLIAM H. ORMAN
BERNARD W. PARKER
KAREN L. PARKO
KEVIN A. PROHASKA
WILLIAM RESTO-RIVERA
THERESA L. SMITH
STEPHEN H. WATERMAN

To be surgeon

DANIEL S. BUDNITZ
SOJU CHANG
EILEEN F. DUNNE
DIANA L. DUNNIGAN
DAVID R. GAHN
JOHN M. HARDIN
SCOTT A. HARPER
RICHARD P. HEDLUND
MITCHELL V. MATHIS, JR.
MATTHEW R. MOORE
MARIE A. RUSSELL
DOROTHY J. SANDERSON
JOHN W. VANDERHOOF
HUI-HSING WONG

To be senior assistant surgeon

SONGHAI C. BARCLIFT
RICHARD P. HEDLUND
MITCHELL V. MATHIS, JR.
MATTHEW J. OLNES
GREGGORY J. WOITTE

To be dental director

JOEL J. AIMONE
MITCHEL J. BERNSTEIN
DAVID A. CRAIN
CLAY D. CROSSETT
CHRISTOPHER G. HALLIDAY
KATHY L. HAYES
STUART R. HOLMES
LINDA A. JACKSON
JOHN W. KING
MICHAEL E. KORALE
TAD R. MABRY
RONALD J. NAGEL
MARY S. RUNNER
SAUNDERS P. STEIMAN
JAMES N. SUTHERLAND
STEPHEN P. TORNA

To be senior dental surgeon

TIMOTHY L. AMBROSE
ANITA L. BRIGHT
BRENDA S. BURGES
CIELO C. DOHERTY
ROBERT G. GOOD
RENEE JOSKOW
GELYNN L. MAJURE
KIPPY G. MARTIN
HSIAO P. PENG
ROSS W. SILVER
JOHN R. SMITH
MICHAEL P. WINKLER
PAUL S. WOOD
BENJAMIN C. WOOTEN

To be dental surgeon

STEPHANIE M. BURRELL
TANYA T. HOLLINSHED-MILES
MARY B. JOHNSON
CRAIG S. KLUGER
ROBERT C. LLOYD, JR.
TANYA M. ROBINSON
BRIDGET R. SWANBERG-AUSTIN
VANESSA F. THOMAS
JAMES H. WEBB, JR.
EARLENA R. WILSON

To be nurse director

MARY C. AOYAMA
REGENA DALE
FERN S. DETSOI
MAUREEN Q. FARLEY
CLARICE GEE
ANN R. KNEBEL
SHERYL L. MEYERS
ERNESTINE MURRAY
JAMES M. POBRISLO
ANA M. PUENTE
GWETHLYN J. SABATINOS
TONI JOY SPADARO
DIANE R. WALSH
JANET L. WILDEBOOR

To be senior nurse officer

YVONNE L. ANTHONY
DOLORES J. ATKINSON
KATHERINE M. BERKHOUSEN
ROSA J. CLARK
BUCKY M. FROST
ALEX GARZA
BRADLEY J. HUSBERG
LYNN M. LOWRY
IVY L. MANNING
DANIEL REYNA
MICHAEL L. ROBINSON
LINDA M. TRUJILLO
VIEN H. VANDERHOOF
THERESA B. WADE
AMANDA S. WAUGAMAN
KONSTANTINE K. WELD
CHRISTINE L. WILLIAMS
ADOLFO ZORRILLA

To be nurse officer

AMY F. ANDERSON
FELICIA A. ANDREWS
DEBRA D. AYNES
LISA A. BARNHART
ELIZABETH A. BOOT
ALICIA A. BRADFORD
THEODORA R. BRADLEY
CLAUDIA M. BROWN
MAUREEN J. CIPPEL
WILLIAM F. COYNER
SUSIE P. DILL
JENNY DOAN
JOHN S. GARY, JR.
DEANNA M. GEPHART
AKILAH K. GREEN
CHRIS L. HENNEFORD
ERIK S. HIERHOLZER
EUNICE F. JONES-WILLS
CHARLES M. KERNS
YVONNE T. LACOUR
STEPHEN D. LANE
CHRISTINE M. MATTSON
THEL MOORE, JR.
ALOIS P. PROVOST
TONIA L. SAWYER
SEAN-DAVID A. WATERMAN
KELLIE L. WESTERBUHR
ZENJA D. WOODLEY

To be senior assistant nurse officer

DAVID A. CAMPBELL
DARRELL LYONS
CHRISTINE M. MERENDA
GLORIA M. RODRIGUES
GERI L. TAGLIAFERRI

To be engineer director

DANA J. BAER
ROBERT E. BIDDLE
DAVID M. BIRNEY
CRAIG W. LARSON
PETER C. PIRILLO, JR.
GEORGE D. PRINGLE, JR.
PAULA A. SIMENAUER

To be senior engineer officer

DONALD C. ANTROBUS
LEO M. BLADE
RANDALL J. GARDNER
BRADLEY K. HARRIS
EDWARD M. LOHR
ROBERT J. LORENZ
DALE M. MOSSEFIN
SUSAN K. NEURATH
PAUL G. ROBINSON
ARTHUR D. RONIMUS I, II
JACK S. SORUM
KENNETH T. SUN
HUNG TRINH
DANIEL H. WILLIAMS

To be engineer officer

MARK T. BADER
SEAN M. BOYD
TRACY D. GILCHRIST
RAMSEY D. HAWASLY
STEPHEN B. MARTIN, JR.
MARCUS C. MARTINEZ
MARK A. NASI
DELREY K. PEARSON
NICHOLAS R. VIZZONE

To be scientist director

S. LORI BROWN
LEMYRA M. DEBRUYN
DARCY E. HANES
DELORIS L. HUNTER
MAHENDRA H. KOTHARY
FRANCOIS M. LALONDE
ONEAL A. WALKER

To be senior scientist

JON R. DAUGHERTY
JOHN M. HAYES
WILLIAM J. MURPHY
RICHARD P. TROIANO

To be scientist

DIANA M. BENSYL
MARK J. SEATON

To be environmental health officer director

STEVEN M. BREITHAUPT
RICHIE K. GRINNELL
KATHY L. MORRING
JOHN P. SARISKY

To be senior environmental health officer

DEBRA M. FLAGG
JEAN A. GAUNCE
KEVIN W. HANLEY
TIMOTHY M. RADTKE
KELLY M. TAYLOR

To be environmental health officer

DAVID B. CRAMER
THOMAS M. FAZZINI
BRIAN K. JOHNSON
TINA J. LANKFORD
JOHN W. SPRIGGS
BOBBY T. VILLINES

To be veterinary director

PETER B. BLOLAND
WALTER R. DALEY
JUDITH A. DAVIS
SHELLEY HOOGSTRATEN-MILLER
MARISSA A. MILLER

To be senior veterinary officer

KRISTINE M. BISGARD
BRENT C. MORSE
KIM D. TAYLOR

To be veterinary officer

PRINCESS R. CAMPBELL
MARIANNE PHELAN ROSS

To be pharmacist director

RODNEY M. BAUER
LAURIE B. BURKE
DIANE CENTENO-DESHIELDS
PAUL A. DAVID
JOSEPHINE E. DIVEL
GEORGE A. LYGHT
MICHAEL J. MONTELLO
CECILIA-MARINA PRELA
BRYAN L. SCHULZ
RAELENE W. SKERDA
MATTHEW A. SPATARO

To be senior pharmacist

EDWARD D. BASHAW
JEFFREY T. BINGHAM
BEECHER R. COPE, JR.
WESLEY G. COX
SUSAN J. FREDERICKS
MUHAMMAD A. MARWAN
JILL D. MAYES
JOHN F. SNOW
ROBERT C. STEYERT
JULIENNE M. VAILLANCOURT
TODD A. WARREN
KIMBERLY A. ZIETLOW

To be pharmacist

CHRISTOPHER K. ALLEN
MITZIE A. ALLEN
MICHAEL J. CONTOS
DAVID T. DIWA
LOUIS E. FELDMAN
RICHARD K. GLABACH
ANDREW S. HAFFER
GLENNA L. MEADE
ANDREW K. MEAGHER
SURYAMOHAN V. PALANKI
LAURA L. PINCOCK
MARTIN H. SHIMER II
MARK N. STRONG
BRANDON L. TAYLOR
TERESA A. WATKINS
SAMUEL Y. WU
CHARLA M. YOUNG

To be dietitian director

TAMMY L. BROWN
KAREN A. HERBELIN

To be senior dietitian

SILVIA BENINCASO

JEAN R. MAKIE
VANGIE R. TATE

To be therapist director

TERRY T. CAVANAUGH
GEORGIA A. JOHNSON
SUSAN F. MILLER
REBECCA A. PARKS

To be senior therapist

NANCY J. BALASH
MERCEDES BENITEZ-MCCRARY
GARY W. SHELTON

To be therapist

CYNTHIA E. CARTER
GRANT N. MEAD
SUE N. NEWMAN
TARRI ANN RANDALL

To be health services director

MARIE E. BURNS
PETER J. DELANY
JULIA A. DUNAWAY
ANNIE BRAYBOY FAIR
STEVEN M. GLOVER

To be senior health services officer

GAIL A. DAVIS
RAFAEL A. DUENAS
GREGORY D. MCLAIN
NANCY A. NICHOLS
JUDY B. PYANT
LARRY E. RICHARDSON
RAFAEL A. SALAS
WILLIAM TOOL
GINA B. WOODLIEF
ELISE S. YOUNG

To be health services officer

JEFFREY S. BUCKSER
CHRISTOPHER C. DUNCAN
AMANDA K. DUNNICK
NIMA D. FELDMAN
BETH D. FINNSON
CELIA S. GABREL
DANIEL H. HESSELGESSER
ERICH KLEINSCHMIDT
AUDREY G. LUM
JACK F. MARTINEZ
PRISCILLA RODRIGUEZ
KAREN J. SICARD
COLLEEN E. WHITE
FELICIA B. WILLIAMS

To be senior assistant health services officer

TRACY J. BRANCH
WILLIAM L. COOPER
DEBORAH A. DOODY
SUZANNE CAROLE HENNIGAN
SCARLETT A. LUSK

EXTENSIONS OF REMARKS

PERSONAL EXPLANATION

HON. K. MICHAEL CONAWAY

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. CONAWAY. Madam Speaker on rollcall No. 85, S. 2272—The "John 'Marty' Thiels Post Office" Designation Act, in honor and memory of Thiels, a Louisiana postal worker who was killed in the line of duty on October 4, 2007, I was unable to vote. Had I been present, I would have voted "yea."

A PROCLAMATION HONORING NORM GARY ON HIS RETIREMENT

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Mr. Gary has demonstrated values of hard work and service throughout his life, always maintaining a positive outlook; and

Whereas, Mr. Gary is recognized for 30 years of dedication to the Hocking County community; and

Whereas, Mr. Gary has impacted the lives of many while teaching residents skills that have helped them obtain employment; Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I thank Norm Gary for his 30 years of service. We recognize the tremendous impact he has had in his community and in the lives of all those people he has touched.

VALERO

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, on January 10, 1901 the world was introduced to the modern petroleum age. It was on this day in Jefferson County, Texas the Gladys City Oil, Gas, and Manufacturing Company discovered the largest oil reserve the world had ever seen. Ever since Jefferson County, Texas has been a leader in the oil and gas industry, fueling our nation's economy.

This tradition of leadership continues today with the recent announcement of Valero's Port Arthur Refinery $2.4 billion expansion project.

Valero will be expanding their Port Arthur Refinery, becoming the 2nd largest refinery in Jefferson County, which is home to some of the largest refineries in the nation. When construction is complete, it will produce 415,000 barrels of per day. The Port Arthur refinery production resume includes conventional, premium and reformulated gasoline before oxygenate blending, as well as diesel, jet fuel, petrochemicals, petroleum coke and sulfur. This project will generate an economic boost to Southeast Texas by bringing in 2,000 jobs.

Valero is more that just an oil company, it is an active corporate citizen concerned about all aspects of the community where it resides. Both the corporation and employees alike are focused on the betterment of their community. With its 2007 pledge of $13 million to the United Way Campaign, Valero is the only company that has received United Way's highest national honor, the Spirit of America Award, twice.

Valero also hosts the largest professional charity golf tournament in the country. The Valero Texas Open, which is an official PGA Tour event, and the associated Benefit for Children Golf Classic, which is Valero's own charity tournament, raised a record-breaking $8 million for charities. That is the largest contribution of any tournament in the PGA Tour's history.

Employees give back both financially and through their time, last year employees donated 272,346 hours of time for countless community projects, including mentoring students, organizing fund-raisers, participating in clean-up events, volunteering at youth centers and much more.

I am proud to commend Valero for its corporate citizenship and commitment to communities not only in Southeast Texas but across the nation.

And that's just the way it is.

QIAOCHU YUAN CONGRATULATIONS

HON. DAVID G. REICHERT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. REICHERT. Madam Speaker, It gives me great pleasure to honor Qiaochu Yuan, a senior at Bellevue High School, for being named 1 of 40 finalists in the prestigious Intel Science Talent Search, STS—America's most prestigious research competition for high school seniors, often referred to as the "junior Nobel prize."

Qiaochu submitted a mathematics project involving the complex and highly intellectual subject of algebraic geometry. His groundbreaking work may one day be used by future generations in the field of computer-aided design. On top of being named a finalist in the Intel STS, Qiaochu has excelled in his daily studies and will finish first in his graduating class of 334 this spring. Additionally, Qiaochu received a perfect score on his SAT test.

Qiaochu's persistent work ethic and truly remarkable accomplishments provide a wonderful example for his peers at Bellevue High School and other aspiring scientists and mathematicians around the country. I've been told Qiaochu is deciding whether to attend MIT or Princeton next year. No matter where he takes his talent and intellect, he will surely continue to reach new heights and advance the boundaries of math and science.

TRIBUTE TO THE HARRISVILLE LIONS CLUB

HON. PHIL ENGLISH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. ENGLISH of Pennsylvania. Madam Speaker, today I rise to congratulate the members of the Harrisville Lions Club as they celebrate their 60th anniversary this year.

For over half a century, the Harrisville Lions Club has been dedicated to helping the less fortunate. As a Lions Club, the organization is part of the world's largest service organization with over 1.3 million members worldwide.

They have provided aid for those in need, whether it is helping local residents obtain eyeglasses or assisting families after disasters. The Club has been involved in several children's programs, including supporting a camp for local blind children and sponsoring a drug poster program aimed to raise awareness among elementary students of the problems associated with drug use.

I commend Harrisville club president, Lion Connie Rider, for her leadership and dedication to the organization. I'd also like to recognize Lion Leroy Montgomery, who at the age of 99, remains a very active member of the Harrisville Lions Club. I applaud Mr. Montgomery for his lifetime of dedication to helping the less fortunate in his community. His efforts have certainly not gone unnoticed.

I hope my colleagues will join me at this time in recognizing the accomplishments of these individuals as well as all of the other members of the Harrisville Lions Club. Congratulations on 60 years of service.

TRIBUTE TO DR. NICHOLAS NEUPAUER

HON. PHIL ENGLISH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. ENGLISH of Pennsylvania. Madam Speaker, I rise today to recognize and congratulate Dr. Nicholas Neupauer for his appointment as the 8th president of Butler County Community College, BC3.

Throughout his career, Dr. Neupauer has established himself as a leader in higher education. For the past 8 years he has worked at BC3, serving as vice president for academic affairs from 2004 to 2007 and as dean for humanities and social sciences from 1999 to 2004.

As vice president, Dr. Neupauer coordinated articulations and dual enrollments with three

institutions as part of the LindenPointe project in addition to bringing five degree completion partners to Butler's main campus. As dean, he was instrumental in the development of the Praxis Preparation program, which has helped more than 3,000 students and attained a remarkable 95 percent passing rate since its introduction. Prior to his arrival at BC3, he chaired the Communication Department at Marist College where he created a sports communication degree and was recognized by the Office of Special Services for his efforts for students with disabilities.

Dr. Neupauer's contributions to Pennsylvania's Third Congressional District go beyond those made as an administrator and professor. Dr. Neupauer participates in many service activities, including United Way Day of Caring, Pittsburgh Area K–16 Council, and Butler P.M. Rotary. In the 2003–2004 school year, he was named an ''Outstanding Service and Community Achievement'' recipient for administrators at BC3.

I hope my colleagues will join me in congratulating Dr. Nicholas Neupauer and wishing him the best of luck in his new position as president of Butler County Community College. Pennsylvania's Third Congressional District is fortunate to have such a dedicated person to educate our youth and develop the future leaders of our district, State and Nation.

TRIBUTE TO THE REPUBLIC OF KOREA

HON. SCOTT GARRETT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. GARRETT of New Jersey. Madam Speaker, I am proud to congratulate the Republic of Korea on the 89th anniversary of the March 1 Independence Movement against Japan's colonial rule.

It is especially fitting for Americans to join Koreans in celebrating this day. Many believe that the Fourteen Points, outlined by U.S. President Wilson at the Paris Peace Conference, helped to inspire the Samil Movement to protest against the restrictive Japanese government.

On March 1, 1919, hundreds of Koreans participated in peaceful rallies to promote liberation. Some were upset by the burdensome taxation system that often led to famine or slavery. Many Korean Christians, including entire churches, protested the strict religious regulations enforced by the Japanese.

Across the country, nationalist leaders simultaneously read the independence declaration out loud in public. These readings motivated thousands of demonstrators to join the cause of freedom, and the movement grew. The Japanese responded by killing thousands of protestors. In at least one case, Korean men were driven into a church and burned alive. However, it took the Japanese 12 months, and the assistance of the army and navy, to quell the uprising. In the end, the Japanese government was forced to adopt more lenient measures.

The United States has been proud to stand with the people of the Republic of Korea as they confronted oppression, solidified their democracy, and became part of the vibrant Asian economy. Even after independence is gained, it must be carefully guarded. Brave citizens must be willing to sacrifice their lives in order to protect liberty. Just as both of our nations have struggled to survive after the initial moment of independence was earned, we must continue to foster the causes of freedom and democracy.

Again, I congratulate the Korean people on this historic celebration. This anniversary is a time to remember the sacrifices of the past, to take pride in your nation, and to look ahead to a future of promise.

PERSONAL EXPLANATION

HON. K. MICHAEL CONAWAY

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. CONAWAY. Madam Speaker, on rollcall No. 86, H.R. 3936—The ''Sgt. Jason Harkins Post Office'' Designation Act, I was unable to vote. Had I been present, I would have voted ''yea.''

MISSILES AND SATELLITES

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, starting in WWII the Army recognized a need for defense against the German's A4, the world's first ballistic missile. In that time the allies' only defense against the A4 was to destroy or occupy its launch site. Some accounts state that if the war lasted another year, the German Army would have had the technology to develop a ballistic missile that could reach New York City. During the war, General Sir Fredrick Pile, Chief of Britain's Anti-Aircraft command, developed a system using 12,000 rounds of anti-aircraft artillery with only 3 percent accuracy. We have since come a long way in missile defense.

During the Cold War spurred on by a continued threat to our soil, Ronald Reagan called ''upon the scientific community, those who gave us nuclear weapons, to turn their great talents to the cause of mankind and world peace to give our country the means of rendering these nuclear weapons impotent and obsolete.''

Our Nation was able to use this technology once again, as Reagan had intended to keep safe the citizens of not just the United States, but this time an unknown country that could have come in direct contact with a disabled spy satellite and its dangerous 1,000 pound tank full of hydrazine fuel.

This mission was to be precisely executed with a direct hit to bus sized satellite's heart, a fuel tank. Hydrazine fuel could be compared to ammonia and would be dangerous should the intact satellite land anywhere in the world near a populated area. The U.S. military did not take this mission lightly, taking every precaution to protect the unfortunate country that would have fallen victim to this freefalling piece of space junk. A Standard Missile 3, or SM–3, costs $10 million and with another $20 million spent on missile reconfiguration for this specific task, the project cost around $30 million.

A broken down satellite does not float lazily 130 miles above the Pacific Ocean; it rockets through space at 17,000 miles per hour. The precision and timing have to be perfect to strike an object at such a great distance and speed. The SM–3 missile travels at around 6,000 miles per hour and was launched from the USS Lake Erie in the North Pacific. When the missile was fired at 10:26 p.m. Eastern Time, only 3 minutes elapsed until it hit its intended above atmosphere target. Approximately 10 minutes after the missile was launched it was confirmed ''highly likely'' that impact was made on the satellite's fuel tank. When the missile struck the satellite at a combined speed of 22,000 miles per hour there was a great burst. Marine General James Cartwright, vice-chairman of the Joint Chiefs of Staff, took this burst as an 80–90 percent chance that the missile hit its intended target, the fuel tank, because the missile was not armed with a warhead.

This giant piece of metal and gas would have done major environmental and physical damage when it eventually found a landing pad on earth. However due to accurate military technology, and exact execution scientists are now monitoring 3,000 pieces of satellite, none larger than a football, that are all expected to burn up in the earth's atmosphere before they reach the earth's surface.

The U.S. military's innovation and ingenuity is unmatched in the world. This launch was an unprecedented real world test of the United States' missile defense system so extraordinary that defense secretary Robert Gates, not a lower ranking military official had to give the launch order. Secretary Gates said in response to the direct hit ''I think the questions over whether this (missile defense system) capability works has been settled.''

And that's just the way it is.

NORTHWEST KIDNEY CENTERS SEATAC FACILITY

HON. DAVID G. REICHERT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. REICHERT. Madam Speaker, I am pleased to rise and congratulate Northwest Kidney Centers for the recent completion of their SeaTac facility. Located near the Seattle-Tacoma International Airport, the new facility provides additional medical surge capacity at a moment's notice to communities facing a major public health emergency.

With ever-increasing numbers of obese and diabetic Americans, organizations such as Northwest Kidney Centers offer an unparalleled number of services to patients in need of critical, advanced care. Hundreds of dialysis staff and nephrologists are equipped and prepared for any emergency, and the new facility's innovative design allows additional dialysis stations to be activated at any time. The new facility will no doubt play an integral role in the lives of countless Northwest residents who depend on kidney therapy to live quality lives—and to enable them to spend more time with their families and friends.

The new Northwest Kidney Centers' SeaTac Facility is a perfect example of a successful State and Federal partnership, and it will be a significant asset to our communities. All of us

in the Northwest can take pride in knowing that the SeaTac facility is a model for the rest of the country to follow.

CONGRATULATING ATTORNEY JOSEPH M. COSGROVE UPON RECEIVING THE W. FRANCIS SWINGLE AWARD FROM THE GREATER PITTSTON FRIENDLY SONS OF ST. PATRICK

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Attorney Joseph M. Cosgrove, a native of Pittston, PA, who has been honored by the Greater Pittston Friendly Sons of St. Patrick with the W. Francis Swingle Award for 2008.

Attorney Cosgrove is a graduate of St. John's High School and the University of Notre Dame and its law school in South Bend, IN. He received a master's degree in theology from Notre Dame's graduate school and a master of arts degree from Marywood University.

Attorney Cosgrove was admitted to practice law in Pennsylvania and the Federal court system including the United States Supreme Court. In 2005, he was appointed to the Lawyers Advisory Committee of the U.S. Court of Appeals for the Third Circuit on the nomination of the Honorable Max Rosenn. He serves as conflict counsel for the Luzerne County Court of Common Pleas and is engaged in the private practice of law with offices in Forty Fort, PA.

Attorney Cosgrove served two terms as president of the Luzerne County Law and Library Association and is immediate past president of the statewide Pennsylvania Association of Criminal Defense Attorneys. As president of the county bar, some accomplishments include recognition of the importance of a local case that made history through a U.S. Supreme Court decision 70 years ago. The case, Erie v. Tompkins, involved a railroad accident in Hughestown where local resident Harry Tompkins was injured. Through Attorney Cosgrove's efforts, the Luzerne County Bar and the New York City Bar will conduct a special seminar in New York in September. In addition, Attorney Cosgrove created ''Maysie's Bike Program,'' based on Harry Tompkins' promise to his niece, Maysie Cochran. In honor of that promise, the bar now awards bicycles to locally needy children and is establishing a children's pro bono representation project in Maysie's name.

Attorney Cosgrove has also worked extensively in the local educational field, having served on the Pittston Area School Board for one term and is currently a member of the board of trustees for Marywood University in Scranton. In addition to this, Attorney Cosgrove has been an adjunct faculty member at King's College for more than 20 years and is currently a member of the selection committee for dean of the Wilkes University Law School initiative. He also serves on the ethics committee at Misericordia University.

Attorney Cosgrove is a former chair of the Luzerne County Election Board where he served three appointed terms. He is also a member of the Screen Actors Guild, AFL/CIO, and has appeared in several motion pictures. He also had a recurring role on NBC–TV's hit show, ''The West Wing.''

While an undergraduate student at the University of Notre Dame in the late 1970s, he served as ''The Leprechaun,'' the university's sports mascot. During his tenure, the ''Fighting Irish'' were football national champions, and their basketball team reached the ''Final Four.''

Madam Speaker, please join me in congratulating Attorney Cosgrove on this auspicious occasion. The W. Francis Swingle Award is intended to honor those who distinguish themselves by honoring their Irish heritage and who commit themselves to a high level of community service. In that context, Attorney Cosgrove's selection for this award is indeed well deserved.

A PROCLAMATION HONORING HAROLD AND DIANE KEESEE ON RECEIVING THE ANGELS IN ADOPTION AWARD

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Harold and Diane Keesee are recognized for receiving the Angels in Adoption Award, and

Whereas, Mr. and Mrs. Keesee are an asset to our community and have been fostering children for seventeen years, and

Whereas, Mr. and Mrs. Keesee have made a difference in those lives that enter their home, and

Whereas, Mr. and Mrs. Keesee exemplify the spirit of selflessness and giving through their extraordinary work in child welfare: Now, therefore, be it

Resolved, That along with their friends, family, and the residents of the 18th Congressional District, I commend Harold and Diane Keesee on their contributions and service to children in Tuscarawas and Guernsey Counties. Congratulations to Harold and Diane Keesee on receiving the Angels in Adoption Award.

PERSONAL EXPLANATION

HON. K. MICHAEL CONAWAY

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. CONAWAY. Madam Speaker, on rollcall No. 87, The ''Iraq and Afghanistan Fallen Military Heroes of Louisville Memorial Post Office'' Designation Act, in honor of the service men and women from Louisville, Kentucky, who died in service during Operation Enduring Freedom and Operation Iraqi Freedom, I was unable to vote. Had I been present, I would have voted ''yea.''

A PHONE CALL IS PRICELESS . . .

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, I would like to recognize Cell Phones for Soldiers, a nonprofit, charitable organization founded by two teenagers, Robbie and Brittany Bergquist, from Norwell, Massachusetts. True patriots, Robbie and Brittany Bergquist, recognized the fact that many of our soldiers are spending a tremendous amount of money on cell phone bills to stay connected to their families. They implemented a simple plan to help soldiers call home: Collect used cell phones, recycle them for cash, and use the money to buy prepaid calling cards to send overseas to our military. Through a network of more than 3,000 collection sites across the country, they have raised almost $1 million in donations and distributed more than 400,000 prepaid calling cards to soldiers.

Across my district, I have witnessed patriotic Americans helping military families cope through difficult times. I would like to commend patriot Dave Kilby with the Greater Humble Area Chamber of Commerce for doing his part in helping our soldiers overseas. Four years ago, Dave Kilby approached the Greater Humble Area Chamber of Commerce with the idea for the chamber to become one of the central drop off sites for Cell Phones for Soldiers. This extraordinary group of chamber members began promoting and challenging members to recycle used cell phones. Soon thereafter, collection boxes were then placed in schools, churches, and private businesses. Over 10,000 used cell phones have been collected throughout the second district of Texas on behalf of Cell Phones for Soldiers program.

Dave Kilby recalls one exceptional event held on behalf of Cell Phone for Soldiers at the Houston Astro's Minute Maid Park. Cell Phones for Soldiers Day at the park brought Robbie and Brittany Bergquist along with their family to Houston. They donated 27,000 phone cards to Col. Lanny B. McNeely, Commander of the 147th Fighter Wing stationed at Ellington Field. Col. McNeely was able to deliver those cards to troops in Iraq.

The Greater Humble Area Chamber of Commerce continues to be the designated drop site for Cell Phone for Soldiers. Dave Kilby's collections net approximately 100 phones a month. I hope that all of us recognize the significant ways in which we can strengthen our Nation's Armed Forces. I applaud the efforts of the great State of Texas.

And that's just the way it is.

HONORING MARGARET WEINBERG

HON. MARSHA BLACKBURN

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mrs. BLACKBURN. Madam Speaker, I ask my colleagues to join me today in recognizing Mrs. Margaret ''Midge'' Weinberg for her public service to the Germantown community.

Since joining the Maternal League in 1986, Mrs. Weinberg has been greatly involved with caring for young mothers and their babies by

making it her mission to help teenage mothers learn effective parenting skills through the Maternal League's successful Sunshine program. Serving as corresponding secretary, historian and parliamentarian, Midge has been indispensable to the efforts of the League and has proven time and time again her ability to avert any crisis with her quick thinking and calm presence.

When she's not dedicating her time to the Maternal League you can often find Mrs. Weinberg serving as co-chair of "This Side Up," teaching safe sleeping practices to caregivers of newborns, as well as serving on the boards of Bethany Home, The Parenting Center and LeBonheur Club.

In culmination of all her community efforts, Margaret Weinberg has been recognized by the Germantown Lions Club as their Citizen of the Year for 2007. Her experience and leadership make her an invaluable member of the Germantown community and a shining example for others to follow.

Please join me in honoring Margaret Weinberg and wishing her the best on this well-deserved award.

PERSONAL EXPLANATION

HON. AL GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. AL GREEN of Texas. Madam Speaker, I was voting in the Texas Democratic Primary and missed the votes on:

H.R. 1143, To authorize the Secretary of the Interior to lease certain lands in Virgin Islands National Park (Rollcall 88). Although H.R. 1143 passed by a vote of 378–0, I respectfully request the opportunity to record my position. Had I been present I would have voted "yea" on Rollcall 88.

H.R. 1311, To direct the Secretary of the Interior to convey the Alta-Hualapai Site to the city of Las Vegas, Nevada, for the development of a cancer treatment facility (Rollcall 89). Although H.R. 1311 passed by a vote of 377–0, I respectfully request the opportunity to record my position. Had I been present I would have voted "yea" on Rollcall 89.

H.R. 816, To provide for the release of certain land from the Sunrise Mountain Instant Study Area in the State of Nevada and to grant a right-of-way across the released land for the construction and maintenance of a flood control project (Rollcall 90). Although H.R. 816 passed by a vote of 375–0, I respectfully request the opportunity to record my position. Had I been present I would have voted "yea" on Rollcall 90.

Again, I express my full support for these important pieces of legislation.

PERSONAL EXPLANATION

HON. RIC KELLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. KELLER of Florida. Madam Speaker, I have remained in Orlando, Florida with my wife and our new daughter who was born on Monday, March 3rd. If I had been present yesterday, I would have voted in the following manner: rollcall 88: "yea"; rollcall 89: "yea"; rollcall 90: "yea."

A PROCLAMATION HONORING LADY BAESMAN ON HER RECEIPT OF THE OUTSTANDING ADVOCACY VOLUNTEER AWARD

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Lady Baesman is appreciated for her dedication and contributions to the American Cancer Society; and

Whereas, she has been a volunteer for the American Cancer Society since 1956; and

Whereas, she has fought for numerous improvements and has been successful in many of her campaigns; and

Whereas, her efforts have been recognized through the Capitol Dome Award, which is the highest nationwide advocacy award given at the state level each year; and

Whereas, she has served the organization and her community selflessly and tirelessly: Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I commend Lady Baesman on her contributions to the American Cancer Society. Congratulations to Lady Baesman on her receipt of the Outstanding Advocacy Volunteer Award.

RECOGNIZING CARLOS K. HAYDEN

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, Elmer Davis once said "this nation will remain the land of the free, only so long as it is the home of the brave." Standing as a testament to Mr. Davis' statement are courageous Veterans like Atascocita resident Carlos K. Hayden. Born into a family with generations of soldiers, he always harbored aspirations to serve his country. Throughout his 35 year military career, Carlos K. Hayden bravely fought to uphold the liberties that we are able to today as a Nation hold dear.

Hayden was commissioned as a second lieutenant on June 17, 1941. Just a week later, he was on active duty with the 1st Armored Division, 68th Field Artillery Battalion. While fighting in Tunisia under the command of General George S. Patton he served as a forward observer. He even had the fortune of meeting Gen. Patton while overlooking a battlefield. During WWII he served 5 years of active duty, 3 in North Africa, and 2 in Italy.

When Carlos K. Hayden retired from the military in 1976 he had attained the rank of Brigadier General. The evidence of his brave 35 year career is illustrated through his many commendations. They include the Purple Heart, the Silver Star with Oak Leaf Cluster, a Bronze Star with Valor, a Presidential Unit Citation and Six Battle Stars. The Battle Stars were awarded for his service in Tunisia, Naples, Foggia, Rome-Arno, Anzio, North Apennines and the Po Valley. He also received the Texas DAR Metal of Honor, and the Ohio State University Distinguished Service Award. As a result of Hayden's impressive vocation; he was inducted into the Army ROTC hall of fame.

Now at the age of 90, Carlos continues to serve the community and commemorate his time as a military serviceman. He returned to the battlefields in Tunisia on the 50th anniversary of its liberation. With other members of the 1st Armored Division, they retraced their 1940's route. In 2008, Hayden is serving his third term as the president of the 1st Armored Division's national association. For the Military Order of the Purple Heart, he is also the senior Vice Commander of chapter 782.

Abiding with the generational service to their country, Carlos K. Hayden's Grandson Army Captain Jeff Sharpe recently returned from a second tour in Iraq. Evidence that America is still "the home of the brave."

And that's just the way it is.

PERSONAL EXPLANATION

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. GENE GREEN of Texas. Madam Speaker, I rise today to explain my absence from votes cast on March 4, 2008. I was in Houston for the Texas primary election.

On rollcall vote No. 88, to approve H.R. 1143, had I been present, I would have voted "yea."

On rollcall vote No. 89, to approve H.R. 1311, had I been present, I would have voted "yea."

On rollcall vote No. 90, to approve H.R. 816, had I been present, I would have voted "yea."

A PROCLAMATION HONORING THE PRO MUSKINGUM FAMILY AND CHILDREN FIRST

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Pro Muskingum Family and Children First has been selected to receive the Ohio Department of Education's 2007 Asset Builder Award for Exemplary Practices to a Community Organization; and

Whereas, Pro Muskingum Family and Children First is enhancing the quality of life in Muskingum County and are attracting families and businesses to the region; and

Whereas, areas such as family strengthening, promoting education, developing leaders within the community are being addressed by the organization: Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I congratulate you on receiving the Ohio Department of Education's 2007 Asset Builder Award. With great appreciation and respect, we recognize the tremendous impact the Pro Muskingum Family and Children First has had on the community.

BRITAIN RETURNS TO THE DARK AGES

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, in the Dark Ages, King Henry VIII left the Catholic church because it would not permit his multiple marriages. Well, Britain is heading back to the Dark Ages. The more wives a British male has, the more benefits he will receive under welfare. This new policy will really only benefit Muslim extremist men, who keep a harem of 4 wives.

The Archbishop of Canterbury suggested that Britain appease Muslim extremists so that they would not have to choose loyalty between Islam and Britain. Tell this to the British soldiers, who are fighting Muslim extremists in Iraq, while their own government rewards Muslim extremists at home. It seems that the real extremists are Britain's own leaders, who have gone too far in the name of political correctness.

Religious law cannot overrule the law of the land. We cannot make exceptions to appease an individual group.

The great Winston Churchill once said, ''Never give in, never . . . never give in except to convictions of honor and good sense.'' I'm sure Winston Churchill is turning in his grave.

And that's just the way it is.

BIPARTISAN CONGRESSIONAL DELEGATION TO NATO PARLIAMENTARY ASSEMBLY MEETINGS AND SOUTHEASTERN EUROPE

HON. JOHN S. TANNER

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. TANNER. Madam Speaker, I recently led a bipartisan House delegation to NATO Parliamentary Assembly meetings in Brussels and Paris, and to additional meetings in Croatia, the Republic of Macedonia (or Former Yugoslav Republic of Macedonia, FYROM), and Albania from February 16–24. The co-chair of my delegation was the Honorable JO ANN EMERSON. In addition, Representatives CAROLYN MCCARTHY, ELLEN TAUSCHER, DENNIS MOORE, JEFF MILLER, MIKE ROSS, and BEN CHANDLER, and staff, worked to make this a highly successful trip in which we examined current NATO issues, above all the coming decision at the NATO summit in Bucharest on possible enlargement of the alliance.

The NATO Parliamentary Assembly (NPA) consists of members of parliament from the 26 NATO states, as well as members of parliament from associated states such as Russia, Georgia, Ukraine, Croatia, Albania, and Macedonia. During NPA meetings delegates discuss and debate a range of issues of current importance to the alliance. At the February meetings, three issues dominated the discussions: enlargement of the alliance, Afghanistan, and developments in Kosovo. Delegates have the opportunity to listen to presentations by specialists from NATO and on NATO affairs, and to engage in discussion of the issues raised. An additional element of the meetings is the opportunity to meet and come to know members of parliaments who play important foreign-policy roles in their own countries. Some of these acquaintances can last the duration of a career, and are invaluable for gaining insight into the developments of allied states.

Enlargement is one of the key issues before the alliance today. NATO will hold a summit in Bucharest April 2–4. Croatia, Albania, and Macedonia are candidate states, and each must receive unanimous support from all 26 allied governments in order for it to receive an invitation to join. From that point, each member state will follow its own constitutional processes to amend NATO's founding Washington Treaty to admit new states and to make a commitment to defend additional territory. There must again be unanimous support in this process for a candidate if it is to be admitted to membership. The alliance is still at an early stage, therefore, in considering the applications for membership of these three countries. Congress will hold hearings on the qualifications of the three states, and the United States and other allies will expect them to continue to work to meet NATO requirements under their Membership Action Plans (MAPs).

Our delegation also held discussions over NATO's effort to stabilize Afghanistan. It is clear, as Secretary of Defense Gates himself reportedly noted on February 8, that U.S. involvement in Iraq has damaged the effort to persuade allies to send forces to Afghanistan. European public criticism of the Iraq conflict has made more difficult our allies' task of persuading parliaments to contribute more troops to Afghanistan. The United States now contributes approximately 15,000 troops to NATO's International Security Assistance Force (ISAF), and will soon send 3,200 additional Marines to compensate for shortfalls in allied forces in the fight against a resurgent Taliban. This is a highly important mission in the effort to stem the growth of fanaticism and barbarism that remains a threat to civilized peoples everywhere. Each of us in the delegation made an effort to persuade our counterparts from the NATO parliaments to support ISAF and to contribute the forces necessary to stabilize Afghanistan.

Kosovo declared independence on February 17. Our delegation arrived for meetings in Brussels the day before, and reaction in southeastern Europe to the decision to place Kosovo under the EU's ''supervised independence'' was a principal topic of discussion. The United States and most allies quickly followed with recognition of Kosovo's new status and urged its continued development as a democratic, multi-ethnic state. NATO's Kosovo Force (KFOR), of whom approximately 1,500 are U.S. soldiers, continues to provide security and is an important factor for stabilization in the current tension between Kosovo Albanians and the Serb minority in the north of the country. With the assistance of our embassies, the delegation closely followed developments in Kosovo throughout the trip.

While in Brussels, we met first with Ambassador Nuland, the U.S. permanent representative to NATO. She provided a briefing and responded to our questions on a wide range of issues. There followed two days of meetings of the NPA's Economics and Security, Defense and Security, and Political Committees. The meetings raised such issues as NATO's political agenda, the effectiveness of the alliance's public diplomacy efforts, and a possible new Strategic Concept, which would lay out NATO's mission and goals for the coming several years.

We also held a private meeting with NATO Secretary General Jaap de Hoop Scheffer. Afghanistan and public support for ISAF were important topics of discussion, as was Kosovo. De Hoop Scheffer offered to come to Washington to meet with Members of Congress in the near future, and this is an idea worthy of consideration. There was also a ''brainstorming'' session at NATO headquarters, attended by Representatives ROSS, MOORE, and MILLER. Representative ROSS made a forceful presentation outlining the importance of the ISAF mission, and of allies making a fair share of the contributions to NATO forces in Afghanistan. The rest of the delegation attended a meeting of the North Atlantic Council, the alliance's governing body, comprised of representatives from the 26 member states. A range of issues—Russia, energy security, Kosovo, and Afghanistan among them—was discussed. We ended the day at NATO headquarters with a meeting with U.S. General Karl Eikenberry, who is the deputy head of NATO's Military Committee; he was also formerly commander of NATO forces in Afghanistan. He briefed the delegation on the effort to defeat the Taliban, and on the complexities of the political situation in Pakistan that is affecting Afghanistan's stability.

The delegation held meetings at the European Commission the following day. As chairman of the NPA's Economics and Security Committee, I presided over some interesting meetings on trade and the international economy. A highlight of the day was an exceptional presentation by the EU's Director General for trade, David O'Sullivan, who gave a lively presentation and concise overview of the principal points of controversy in the Doha round of trade talks, and in broader trade issues.

The delegation then traveled to Paris for meetings at the Organization for Economic Cooperation and Development (OECD). After a brief session with our ambassador to the OECD and his staff, I chaired sessions at the OECD on a number of issues. The global economy, Russia's economic practices and potential, and the value of education in economic development were key subjects of discussion. That evening we met with members of the French-American Foundation, together with our ambassador to France and a number of members of the French parliament who are in the French-American caucus.

The following day the delegation traveled to Zagreb, Croatia, for the beginning of meetings with candidate state governments for membership in the alliance. Serbian reactions to Kosovo's independence and recognition by many governments had set the region on edge. The U.S. embassy in Belgrade, Serbia, was attacked on February 21, as were the Slovenian and Croatian embassies there. U.S. Ambassador to Croatia Robert Bradtke accompanied us during much of our stay in Croatia and kept us up to date on developments in Belgrade and on the safety of U.S. personnel at our embassy there. He also briefed us on Croatia's efforts to qualify for NATO membership.

While in Zagreb, we met with Prime Minister Sanader, President Mesič, and other senior officials. We were interested in discovering the

progress that Croatia has made in military modernization and in other aspects of the program outlined for the country in the MAP. That evening Ambassador Bradtke arranged for us to meet with members of the Croatian parliament, including opposition figures and key members of the foreign policy and defense committees, as well as independent voices in Croatia. This meeting allowed us to hear a wide range of views beyond those in the government, and added to our ability to evaluate Croatia's progress in the MAP. There is a consensus that significant progress has been made over the past several years. A key issue was the relatively low level of public support—somewhat over 50%—in the population for NATO membership, a figure that appears to be climbing. There must also continue to be progress made in the fight against corruption.

The following day we flew first to the Republic of Macedonia (FYROM), then to Albania. In Macedonia, our ambassador gave us a briefing that touched on several issues of relevance. The delegation then proceeded to meetings with Macedonian President Crvenkovski, Prime Minister Gruevski, and other senior officials, including General Stojanovski, the chief of defense forces. The internal political situation in the country remains complicated and unsettled, and issues range well beyond ethnic divisions in the country. Macedonian troops serve in NATO operations in Afghanistan, Iraq, and Bosnia-Hercegovina, and we met several soldiers who had returned from assignments there. A key issue in NATO is the formal name of the country, and there are continuing discussions with Greece to attempt to reach a compromise under U.N.-sponsored talks. We are hopeful that Skopje and Athens can reach a settlement of this issue, and that Macedonia's candidacy for NATO can be judged solely on its qualifications under the MAP.

In Albania we met with President Topi and with Prime Minister Berisha. We also met with members of parliament from both the governing parties and the opposition. We were accompanied throughout our meetings by U.S. Ambassador Withers, who provided an overview of developments in Albania. There are conflicting views on the depth of the problem caused by organized crime and corruption in Albania, and this was one issue raised in our discussions with government officials. While laws have been passed to fight crime and corruption, it may be useful for Congress in the coming months to examine the degree to which such legislation has been implemented. It should be said that Albania, although a poor country, by all accounts has made progress in downsizing and modernizing its military.

The Serbian reaction to Kosovo's independence time and again surfaced during our meetings. In the coming months, we are likely to see a range of ideas raised for and against the possible membership of the "Adriatic 3" in the alliance. These are small countries with correspondingly small militaries; they must concentrate on niche capabilities to make a contribution to allied security, and each is making progress along this road. Given the continuing tensions in the region in part brought on by Serbia's reaction to Kosovo's independence, proponents of the three governments' candidacies are likely to argue that their developing democracies and contributions to multinational, cooperative efforts to bring stability are factors in their favor. These are issues that my delegation and other Members of Congress will be considering in the coming months.

As always, members of the United States military contributed greatly to the success of this trip. The logistics of such a trip, compressed into a tight time frame, are complicated and require lengthy and detailed preparation. Our crew was from the 932nd Air Wing at Scott AFB, Illinois. This is an Air Force Reserve unit, and they did an outstanding job. I thank them for their hard work and their dedication to duty.

TRIBUTE TO MIKE ADAMS, GERALD HAYS, AND MARCEL SHIPP

HON. BILL PASCRELL, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. PASCRELL. Madam Speaker, I would like to call your attention the lives of three fellow natives of my hometown, Paterson, New Jersey, Mike Adams, Gerald Hayes, and Marcel Shipp, who will be honored this evening by the Murph Boys Charitable Association, not only for their impressive athletic achievements, but for all they have done for others in need.

Each of these men began his journey in Paterson, New Jersey, and attended the same high school, Passaic County Technical Institute, PCTI, in Wayne.

In his career at PCTI, Adams earned all-state honors, as well as all-area and all-county, and was chosen as one of the top 100 players in New Jersey. He was outgoing and well-rounded, also lettering in track and baseball. He is remembered at PCTI for his tenacity and perseverance, overcoming many obstacles to succeed. He took this "can-do" attitude to the University of Delaware, where he started 23 of 43 career games, and posted 213 tackles, 11 interceptions, and 14 PBU, and ranks 11th in school history in interceptions. He entered the NFL in 2004 as an undrafted free agent and signed with the San Francisco 49ers. He made his NFL debut in November 2004 and by the next year appeared in 14 games. In 2005 he started 10 games, posting 68 tackles, a sack, a forced fumble, and tied for the team lead with four interceptions. In 2006 he started eight games and played in all 16, recording 67 tackles, three PBU, and 12 special teams tackles. After 3 years in San Francisco he signed as a free agent with the Cleveland Browns, recording 29 tackles, a sack, and two PBU in 2007 before a knee injury placed him on injured reserve.

During his time as a PCTI Bulldog, Gerald Hayes impressed coaches from the start and was a 4-year varsity player. He was a dominating player on the field, and off the field, won numerous awards in fine arts, and his pencil drawings were displayed in galleries throughout the State. He went on to play college football at Pittsburgh, and was a three-time first-team all-Big East selection. His career statistics at Pittsburgh include 387 tackles, 13.5 sacks, nine pass deflections, and two interceptions. He was chosen in the third round of the 2003 draft by the Cardinals, and by 2004 he saw action in every 2004 game, and was poised to start in 2005 before suffering a season-ending injury in the preseason. He made his return in 2006, starting 14 games, leading the team in tackles with 111, despite missing the last two games with an injury. He had another successful season in 2007, with 98 tackles, four sacks, an interception, and three passes deflected.

Shipp was a quiet unassuming leader while at PCTI. He knew what he wanted to achieve and worked hard to reach his goal. He was an all-state selection as a senior, running for 1,510 yards and 24 touchdowns on 172 carries. Shipp then played 1 year at Milford Academy Prep, gaining 3,239 yards and 42 touchdowns on 429 carries. He then went on to the University of Massachusetts and is one of the school's most decorated athletes. He was the 6th ranked rusher in the history of NCAA Division 1–AA, with 5,383 yards. He gained over 100 yards 33 times, including 7 200-yard efforts. He holds UMass career records with 1,215 carries for 6,250 yards, 58 touchdowns, 378 points, and 7,759 all purpose yards. He signed in 2001 with the Arizona Cardinals as an undrafted free agent and as a rookie played in 10 games. He ended 2002 with 1,247 total yards, on 226 touches, a 5.5-yard average that was 2nd in the NFC. In 2003 he shared running back duties with Emmitt Smith until an injury sidelined Smith, and Shipp started the final 11 games. He gained 830 yards on 228 carries. He was the first Cardinal since 1992 to log back-to-back 100-yard games. He missed the 2004 season with an injury, but came back in 2005 to lead the team in rushing with 451 yards on 157 attempts. In 2006 he finished the season with four rushing touchdowns in the final four games and became the first Cardinal to rush for three touchdowns in one game since 1998.

What is most special about these three men is not what they achieve on the field, but what they do off of it. They all dedicate time and financial support to help those who are in need through charitable endeavors. Never taking their success for granted, they look for ways to make their communities a better place to live.

The job of a United States Congressman involves much that is rewarding, yet nothing compares to being able to recognize the charitable community efforts of Americans like Mr. Adams, Mr. Hayes, and Mr. Shipp.

Madam Speaker, I ask that you join our colleagues, everyone at Passaic County Technical Institute, all those who have been touched by the generosity of these men, and me in recognizing the outstanding contributions of Mike Adams, Gerald Hayes, and Marcel Shipp to their communities.

A PROCLAMATION HONORING ZANE STATE COLLEGE FOR ITS INCLUSION IN WASHINGTON MONTHLY'S LIST OF THE TOP 30 COMMUNITY COLLEGES

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Zane State College is ranked ninth among two-year colleges in the nation according to a report released by Washington Monthly; and

Whereas, the results are based on graduation rates and on student feedback as collected in the Community College Survey of Student Engagement (CCSSE); and

Whereas, Zane State College has used student feedback in a successful effort to satisfy students' needs: Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I commend and thank Zane State College for its outstanding service to students, families, and the Zanesville community. Congratulations to Zane State College on its ranking as number nine among two-year colleges in the U.S.

RECOGNIZING SERGEANT FRESHOUR

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. POE. Madam Speaker, a hero is someone that accomplishes great things for others without seeking glory for themselves. Heroes don't identify themselves with this title and try to shrug off accolades by living a life of strong character and silent modesty. We pass by many heroes throughout our lives and don't even realize it because they hide their true identities behind humble titles such as dad and grandpa.

Sgt. David F. Freshour is a hero from the Second Congressional District of Texas. He recently passed away on Monday, February 18, 2008. He was a World War II veteran and a member of the 15th Air Force, 451st Bomb Group Heavy, 725th Squadron stationed in Italy.

Sgt. Freshour's once described to me some of his fondest memories of military service. He repaired and maintained heavy bombers, specifically the B-24 ''flying boxcars.'' His overseas tour of duty began when his squadron was shipped over to Europe in the hold of a Liberty Ship. After 25 days in a convoy, they disembarked in Naples, Italy. During this time, the U.S. Infantry was still fighting the Germans on the west side of Italy just north of Naples.

According to Sgt. Freshour, his convoy leader got confused and led the squadrons north instead of east. They soon realized their mistake when they began to hear the bombardment of ground troops. The convoy leader turned them around and led them over the mountains to the east.

When they arrived, the base was not ready. They were then taken to a temporary location that they used for two months until the runway was so badly damaged that they had to move to another base in the south. They finally got to their final location on a plateau that overlooked Foggia Airbase occupied by the British Air Force.

Their primitive base consisted of canvas tents, some of which were located in an olive grove. There was no way to heat the tents and their January arrival was in the middle of a cold Italian winter.

Five other soldiers shared a tent along with Sgt. Freshour and they all decided that this was to be their house for the duration of their military service unless ''Axis Sally'' fulfilled her promise to bomb them out of existence.

Instead of complaining about their circumstances, Sgt. Freshour and five other soldiers took it upon themselves to improve their rustic living conditions. They borrowed a truck and went to Foggia Airbase where they loaded it with stones from bombed out buildings and brought them back. A member of the group spoke some Italian and managed to hire local laborers to pour a concrete base for their house.

Another member of the group was a construction worker and he supervised the roof and window installation. The man was so much of a perfectionist during the construction process that one time Sgt. Freshour had to cut one-eighth of an inch off a six-inch wooden board.

Military men are known for being very resourceful and Freshour's group proved that by completing numerous projects with very limited resources. They built a stove which heated their new home using ⅓ of a 55-gallon steel barrel and with copper tubing from a gasoline drum.

Their efforts inspired a building boom in the area. Most of the ground crew, air crew and officers built houses instead of living in tents.

Their enthusiasm in building extended into a desire for a permanent mess hall. Thinking about entertainment opportunities in the future, Freshour, along with several other men, began building a mess hall with a large stage to be the main focus of attention for the diners. The smart men used trusses for roof support instead of posts so that the soldiers' view of the stage would not be blocked. The stage had a curtain made of aircraft cotton and canvas on each side with murals painted by a Canadian air crew member. The stage was often used as the site for USO shows.

A kitchen which included a steam table was also built inside the mess hall. The steam table didn't improve the food much, according to Freshour, but the mess sergeants tried. The finished mess hall was a proud display of American craftsmanship. During an inspection by Major General Nathan Twining, he said the mess hall was the finest in the 15th Air Force.

As a member of the air maintenance crew, one of Freshour's main jobs was replacing fuel cells damaged by anti-aircraft flack. The plates covering the cell had thousands of small screws and the only thing they had to use was a small hand drill to remove and replace them.

Sgt. Freshour was additionally assigned as crew chief of a radar ship that was used as a lead ship to drop bombs when targets were obscured by clouds. It was sometimes used for rare night missions.

There was also a guard group assigned to patrol the planes at night. One time, some of the guards got into a plane and played a prank on the crew by cutting out the parachute nylon and replaced them with rags. When the crew found these chutes, they were so furious that the officers were afraid a war would break out. The guards were removed that day.

Sgt. Freshour and his fellow soldiers became the replacement guards. They were issued ammo for their carbines and spent the night on patrol protecting the planes and keeping the other guards and flight crew from killing each other over the parachute prank.

Freshour recalled that the day Germany surrendered; the American troops put all of the planes on the base in the air for a great fly over. The end of the war in Europe was good news because it meant that they were on their way home. They returned on a fast troop ship that arrived in America in a little over six days as opposed to the usual 35-day convoy.

One day, while on the ship, Sgt. Freshour was emptying a trashcan overboard when he ran into his good friend from his neighborhood back home. He had been a radio man on a B-24. It was a rare chance encounter seeing a close friend thousands of miles from home.

After returning to the U.S., Freshour was not yet able to immediately leave the military because the war in Japan was raging. He was assigned to an air transport squadron in Presque Isle, Maine. The ground crew they replaced had been there all throughout the war, but since they had been stationed state-side, their everyday lives were completely different from Freshour and his squadron because they had cars, part-time jobs and their wives in the same location.

While stateside, Sgt. Freshour was Charge Quarter on night duty. He had the job of waking the air crews up and leading them to the planes that were going to the war in the Pacific. As soon as Japan surrendered, they were discharged and Sgt. Freshour reentered civilian life.

Sgt. Freshour married Doris and together they had four children: Karen, David, Sue and Denise.

As a U.S. Representative, one of the most honorable things I have the privilege of doing is recognizing American heroes of past wars such as Sgt. David F. Freshour, for their honorable actions. On August 5, 2006, I presented him with medals and citations that he had earned more than 60 years earlier for his service during World War II but had never received. I presented him with the Presidential Unit Citation, the Good Conduct Medal, the Honorable Service Lapel Button WWII, the American Campaign Medal, the European-African-Middle Eastern Campaign, and the World War II Victory Medal in a ceremony at First Presbyterian Church of Kingwood.

It was an honor to finally recognize an American hero. Our country owes a debt of gratitude towards those who fought and won World War II. We owe our lives and our liberty to ''The Greatest Generation'' of our time. The courage and sacrifice of the members of the United States Armed Forces and of the military forces of the Allied Powers who served valiantly to rescue the Pacific nations from tyranny and aggression should always be remembered.

Our Nation is safer, stronger and better because of the sacrifice of Sgt. David F. Freshour and the thousands of other World War II veterans. Though his light here on earth has extinguished, his sacrifice has made America's lantern of liberty burn brighter.

Thank you, Sgt. Freshour for being a loving father, a caring grandfather and a great American.

And that's just the way it is.

IN MEMORY OF CLYDE WALKER, JR.

HON. CHARLES W. ''CHIP'' PICKERING

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. PICKERING. Madam Speaker, Clyde Walker, Jr. served as the chief of the Collinsville Volunteer Fire Department for more than 35 years. The fire department was his life, and his love of volunteering and serving others

showed drastically through his contributions to the department.

Clyde had two major goals for the department and was extremely fundamental in obtaining both for the Collinsville community. First was to receive a Federal grant to purchase a combination brush and rescue truck. After three years of perseverance, including letters and phone calls, the grant was received. The second goal was to build a new fire station. Clyde inspired the community to give financial donations, time, and materials. A building estimated to cost from $60,000 to $80,000 was built, and when the volunteers moved in, they owed only $4,000. The new station was complete with 4 bays, a kitchen and meeting area, and a room for sleeping quarters and storage space. Clyde accomplished two major feats that would drastically improve the operations of the fire department.

The amount of love and respect that the Collinsville community has for Clyde showed immensely in one of the most trying times, his death. The family asked that donations be made to the department to help pay off the final debt. So far, more than $7,000 has been donated. Not only is this enough to pay off the final note, but also they plan to have a dedication service for the new fire department.

Clyde served his community as an active member of Collinsville First Baptist Church. There he served as a deacon, Sunday school director, as well as on various committees. He was a charter member of the Collinsville Lions Club and a member of the Collinsville Community Development Club. Clyde also served as the director of the Lauderdale County Welfare Department until he retired in the 90s.

He was married to Ellen Walker for 49 years, and they have three children. Their son Randy is married to Jo Ann, and they have two daughters. Their other son, Ricky, is married to Chris, and they have two sons. Their daughter Renee is married to Max, and they have a son and daughter. Randy, Ricky, and Ricky's oldest son, Davey, are all volunteers with the fire department.

Madam Speaker, I hope the Congress joins me in remembering Clyde Walker for a lifetime of service. His contributions will be remembered by all who knew him. Clyde will be greatly missed, but his legacy will live on through his family, friends, and especially the Collinsville Volunteer Fire Department.

HONORING THE EASTRIDGE HIGH SCHOOL LANCERS VARSITY CHEERLEADING TEAM

HON. JAMES T. WALSH

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. WALSH of New York. Madam Speaker, I rise today in tribute to the Eastridge High School Varsity Cheerleaders, 2008 Reach the Beach National Cheerleading Competition Grand Champions. The Eastridge High School Lancers Cheerleaders won first place in their division, and were named Grand Champions for earning the highest total score in a very competitive field of 400 teams.

On behalf of the people of New York's 25th Congressional District, I congratulate these young women on their outstanding athletic achievement and praise head coach Ashlee Arberger on her team's success. I look forward to another successful and exciting year when the Lancers defend their title in 2009.

Team members are: Catherine Andolina, Taylor Baker, Makaila Danizio, Niner Davis, Areli Diaz, Nicole Fanelli, Rebecca Junco, Cristina Magliocchetti, Christina Maniaci, Shelby Millen, Marissa Pixley, Abigail Prodrick, Latoya Sanders, Ali Scrimenti, Leah Scrimenti, Taniqua Spencer, and Marshay Williams.

HONORING INDIANA STATE SENATOR DAVID C. FORD

HON. MIKE PENCE

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. PENCE. Madam Speaker, I rise today to honor the memory of Indiana State Senator David C. Ford.

I was deeply saddened to learn of the passing of Senator David Ford. Senator Ford's passing is a loss to the entire State.

David Ford was a tireless advocate for the families and communities of Senate District 19. During our last visit, just weeks before his passing, Senator Ford still took time to advocate his optimistic vision for technology benefiting all Hoosiers.

The four-term Republican senator was not only a leader for the people of his district, he was a recognized leader across the State of Indiana. His stature was recognized last year when Senator Ford was named Government Leader of the Year by the Indiana Chamber of Commerce. Senator Ford also served as Assistant Majority Floor Leader and chaired the Senate Committee on Economic Development and Technology.

David Ford was a role model to me. His humble example of honest and visionary public service was an inspiration to all of us who had the privilege to know him. I will miss his example, his counsel and his friendship very much.

May God comfort Joyce and his entire family with the assurance of his grace and with the assurance of the gratitude of the people of the State he served and loved.

A PROCLAMATION HONORING THE 100TH ANNIVERSARY OF THE SACRED HEART SCHOOL

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, the parents, students, community and staff of the Sacred Heart School celebrate the 100th anniversary with great joy; and

Whereas, occasions such as these illustrate to us that we have many blessings; and

Whereas, the Sacred Heart School has been preparing students to be outstanding citizens for 100 years; and

Whereas, it is the fond wish of this body that you will continue to positively impact the community and develop students of strong character: Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I commend the Sacred Heart School, recognizing that all great achievements come from great dedication.

PERSONAL EXPLANATION

HON. W. TODD AKIN

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. AKIN. Madam Speaker, I was unable to participate in the following votes. Had I been present, I would have voted as follows: March 4, 2008: rollcall vote No. 90, on motion to suspend the rules and pass, as amended, H.R. 816—To provide for the release of certain land from the Sunrise Mountain Instant Study Area in the State of Nevada and to grant a right-of-way across the released land for the construction and maintenance of a flood control project—I would have voted "aye"; rollcall vote No. 89, on motion to suspend the rules and pass, as amended, H.R. 1311—To direct of the Secretary of the Interior to convey the Alta-Hualapai Site to the city of Las Vegas, Nevada, for the development of a cancer treatment facility—I would have voted "aye"; rollcall vote No. 88, on motion to suspend the rules and pass, as amended, H.R. 1143—To Authorize the Secretary of the Interior to lease certain lands in Virgin Islands National Park, and for other purposes—I would have voted "aye."

HONORING OLD FIRST PRESBYTERIAN CHURCH

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. ISRAEL. Madam Speaker, I rise today to honor the anniversary of the Old First Presbyterian church in Huntington Village, NY. This year the church celebrates its 350th anniversary. Old First Presbyterian has not only survived wars, economic downfalls, racial and religious tensions, but has become a beacon of hope and light for its parishioners. It is a symbol of perseverance to the entire community.

After being overtaken and dismantled by the British during the Revolutionary War, the constituents of Huntington Village joined together to rebuild the church as it stands today. The large bell encased in the front hall of this building was at one time taken captive by the British. Now it is proudly displayed in a glass case with the slogan "A Town Endures" engraved upon it.

As society has evolved, so has the Old First Presbyterian Church. It now offers a vast range of services for children and adults. Many parishioners have been members since birth and have taken advantage of all that this church offers to this community. Old First Presbyterian remains the largest Presbyterian church on Long Island with a following of 680 members.

In closing, Madam Speaker, I would like to express my admiration of a community that has worked so diligently ensuring that a true piece of history remains functioning to this day. Old First Presbyterian serves as a reminder of our Nation's rich history and a source of inspiration to its members.

A PROCLAMATION HONORING COMMANDER GRADY JAY WILLIAMS II FOR HIS SERVICE ON BEHALF OF NATIONAL SONS OF AMVETS

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Grady Jay Williams II has served as Sons of AMVETS Squadron 95 Commander for two years; and

Whereas, he has held the office of 2nd Vice Commander; and

Whereas, under his leadership Squadron 95 supported the AMVETS ''Thank a Vet'' program by hosting dinners and supplying food baskets for the needy; and

Whereas, Commander Williams set up a budget providing the Sons of AMVETS 12th District with the necessary funds to continue their excellent service for veterans; and

Whereas, Grady Jay Williams II has worked tirelessly on behalf of veterans: Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I commend and thank Commander Grady Jay Williams II for his contributions to his community and country.

HONORING JOHNNIE CARR, A FORCE FOR UNITY AND POSITIVE CHANGE

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. RANGEL. Madam Speaker, I rise today to recognize and mourn the passing of Johnnie Carr, a true champion for civil rights. I am humbled and inspired by the change Johnnie Carr was able to realize over the course of her pioneering life. For nearly a century, she fought for equal treatment—remaining never complacent, never satisfied. She was the childhood friend of Rosa Parks and fought alongside her in the historic Montgomery bus boycott. She succeeded Martin Luther King, Jr. in 1967 as president of the Montgomery Improvement Association (the leading force behind the boycott) and she ably served at that post until her passing earlier this month.

But it was her dynamic message of unity—a call to arms that appealed to everyone—that set her apart as a one-of-a-kind healer, a matriarch in a movement as relevant today as it was then.

May we carry with us the exuberance and energy she maintained and aspire to live up to the ideals to which she devoted her extraordinary life of activism.

HONORING JOHN HOREJSI

HON. TOM DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. DAVIS of Virginia. Madam Speaker, I rise today to honor the Fairfax County Federation of Citizens Associations 2007 Fairfax County Citizen of the Year, Mr. John Horejsi.

Throughout his career, Mr. Horejsi has demonstrated selfless dedication to his community and committed to improving the lives of those in need. After graduating from the University of Minnesota, he began his career as a caseworker for the Missouri Division of Family Services, and worked his way up to become the Deputy Director 11 years later. In 1974, Mr. Horejsi moved to Washington D.C., and joined the American Public Welfare Association as a staff associate. Four years later, he became a program analyst at the Department of Health and Human Services' (HHS) Office of Family Assistance and later served as a Program Specialist at HHS. Since retiring after more than 40 years of dedicated service, Mr. Horejsi has fully committed himself to working for the Social Action Linking Together (SALT), a faith-based advocacy network he founded.

Over the years, the SALT Network has grown in size to over 1,000 members who advocate for social justice and fight to positively influence local public policy on behalf of low-income families. Since its founding, SALT has developed bi-partisan support in Fairfax County and Richmond for legislation that seeks to improve the conditions of: statewide homelessness, child support for low income families, oversight of problematic nursing homes, and taxation for food stamps. The organization has effectively lobbied Richmond by sending out e-mail updates and alerts about legislation, hosting annual training conferences to educate members, setting up meetings with state legislators, and coordinating an annual advocacy day in the capital city. Recently, Mr. Horejsi has been utilizing the SALT network to secure funding for childcare subsidies targeting low-income working families in Virginia, so that their children have access to safe and quality childcare and parents do not leave the workforce in order to qualify for the state benefits.

Mr. Horejsi has always been willing and able to step forward when his fellow citizen was in need. His work with the SALT network has earned him the respect and support of many citizens in the community. I could not think of anyone more deserving of the Citizen of the Year award. Mr. Horejsi should be proud of his career and his accomplishments.

Madam Speaker, in closing, I would like to commend and congratulate Mr. Horejsi on his impressive record of service to Fairfax County and the citizens of the Commonwealth of Virginia. I call upon my colleagues to join me in honoring Mr. John Horejsi, the 2007 Fairfax County Federation of Citizens Associations Citizen of the Year.

A PROCLAMATION HONORING THE 140TH ANNIVERSARY OF THE OHIO COLLEGE ASSOCIATION

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, the Ohio College Association celebrates its 140th anniversary with great joy; and

Whereas, this milestone is the result of what a hardworking people began in 1867; and

Whereas, the Ohio College Association has unwaveringly served Ohio, its citizens, and the higher education community by promoting higher education within the State of Ohio; and

Whereas, past accomplishments have included defining and accrediting baccalaureate curricula, middle school student recruitment, joint/group purchasing, and property and casualty insurance programs; and

Whereas, the Ohio College Association looks forward to continuing service to the citizens of Ohio and its outstanding institutions of higher education: Therefore be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I congratulate the Ohio College Association for its service and dedication.

PERSONAL EXPLANATION

HON. TIMOTHY V. JOHNSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. JOHNSON of Illinois. Madam Speaker, unfortunately last night, March 4, 2008, my plane was delayed due to weather and I was unable to cast my vote on Suspending the Rules and passing H.R. 1143, H.R. 1311, and H.R. 816 and wish the record to reflect my intentions had I been able to vote.

Had I been present for rollcall No. 88 on suspending the rules and passing H.R. 1143, to authorize the Secretary of the Interior to lease certain lands in Virgin Islands National Park, I would have voted ''yea.''

Had I been present for rollcall No. 89 on suspending the rules and passing H.R. 1311, to direct the Secretary of the Interior to convey the Alta-Hualapai Site to the city of Las Vegas, Nevada, for the development of a cancer treatment facility, I would have voted ''yea.''

Had I been present for rollcall No. 90 on suspending the rules and passing H.R. 816, to provide for the release of certain land from the Sunrise Mountain Instant Study Area in the State of Nevada and to grant a right-of-way across the released land for the construction and maintenance of a flood control project, I would have voted ''yea.''

A PROCLAMATION HONORING ALEXIS ROLL FOR BEING NAMED ONE OF OHIO'S TOP TWO YOUTH VOLUNTEERS FOR 2008

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Alexis Roll is an eighth-grader at East Muskingum Middle School; and

Whereas, she undertakes at least two community service projects each month to assist the homeless and hungry, senior citizens, orphaned pets, and others in need of assistance; and

Whereas, Ms. Roll is constantly looking for needs in her community and actively filling them; and

Whereas, as a State Honoree, Alexis will receive a $1,000 award, an engraved silver medallion, and a trip to Washington, DC, for the program's national recognition events in May; and

Whereas, she has selflessly served the needs of her community and encourages those around her to do the same: Now, therefore, be it

Resolved, That along with her friends, family, and the residents of the 18th Congressional District, I commend and thank Alexis Roll for her service to Zanesville and the State of Ohio. Congratulations to Alexis Roll on her selection as one of the top two youth volunteers in Ohio for 2008.

LEV PONOMAREV AND THE FUTURE OF FREEDOM IN RUSSIA

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. HASTINGS of Florida. Madam Speaker, as President Vladimir Putin ends his presidency of the Russian Federation and his anointed successor, Dmitry Medvedev, prepares to take over, I would call the attention of my colleagues to what I consider an alarming backward step recently taken by the Kremlin in the area of civil liberties and freedom of speech.

Last week, we learned that criminal charges have been filed against human rights activist Lev Ponomarev for allegedly slandering the head of the Russian prison system, General Yuri Kalinin.

Mr. Ponomarev had charged publicly that so-called ''torture camps'' have been established in certain penal colonies under General Kalinin's jurisdiction. If taken to court and convicted, Mr. Ponomarev could be fined, or even imprisoned for as much as 3 years.

Mr. Ponomarev, the leader of the Moscow-based organization ''For Human Rights,'' is a veteran human rights campaigner, going back to the Soviet era. He recently met with the staff of the Helsinki Commission, of which I am honored to serve as chairman, to share his concerns about what he feels is a pattern of systematic abuse and violence in Russia's penal system. The slander charges were filed when he returned to Moscow.

Madam Speaker, I make no judgment about the substance of Mr. Ponomarev's contentions. Nevertheless, I would point out that much of what he stated has already been publicized in the Russian media and by the office of the Russian State Duma's human rights ombudsman. It would appear that Mr. Ponomarev is being prosecuted not for any genuine crimes he may have committed, but for his prominent and long-time human rights activity. If this is indeed the case, he joins a growing number of Russian citizens who have been subjected to questionable legal procedures by authorities as a result of their political activities.

Unfortunately, this situation is symbolic of larger problems in Russia that are recounted very well in a February 25th editorial by Washington Post columnist Jackson Diehl entitled, ''Holding Medvedev to His Words.''

I would like to submit this article for the RECORD and I urge my colleagues to read it to better understand the challenges faced by Russian citizens who work for human rights and civil society in today's Russia.

[From the Washington Post, Feb. 25, 2008]

HOLDING MEDVEDEV TO HIS WORDS

(By Jackson Diehl)

Dmitry Medvedev, the man Vladimir Putin has appointed to be elected as Russia's president next Sunday, is so slavishly devoted to his patron that he has begun imitating his physical quirks. That includes ''how he lays his hands on the table or how he stresses key words in speeches,'' not to mention walking with ''fast and abrupt steps,'' according to the Reuters journalist Oleg Shchedrov.

Medvedev presumably won't be exercising his power as president to dismiss the prime minister—the position Putin is about to assume—anytime soon. Yet the diminutive 42–year-old former law professor has been making some interesting statements the past couple of weeks. For example: ''Russia is a country of legal nihilism. No European country can boast such a universal disregard for the rule of law.''

Or: ''Freedom is inseparable from the actual recognition by the people of the power of law. The supremacy of the law should become one of our basic values.'' Or: ''One of the key elements of our work in the next four years will be ensuring the independence of our legal system from the executive and legislative branches of power.''

It's hard to believe that Medvedev could mean this. After all, the man he is to succeed has, according to estimates by Russian and Western analysts, accumulated a $40 billion fortune while in office, ranging from shares in Russian energy companies to an apartment in Paris. On his watch, 14 journalists—almost all of them Kremlin critics—have been murdered, but none of the killers has been brought to justice. Relations with Britain are icy, thanks to Putin's refusal to act on Scotland Yard's case against the former KGB agent it says poisoned a Putin critic in London.

But criminality isn't limited to the Kremlin; it may be Russia's single greatest problem. Average citizens are frustrated by everything from the bribes necessary to obtain simple services to the extortion practiced by police and the susceptibility of judges to payoffs, as well as political orders. Promising the rule of law—even if he doesn't apply it to Putin and his circle—may be the juiciest pre-election promise Medvedev can make.

In any case, his pledge was seized upon by Lev Ponomarev, the courageous and pragmatic leader of the Russian movement For Human Rights, which is fighting an uphill battle to retard the country's return to Soviet-style lawlessness. Ponomarev was in Washington this month to lobby the Bush administration and the presidential campaigns; as he explained it, Russia's presidential transition offers a rare opportunity for outsiders to press Moscow to adhere to basic international standards.

''I don't have any big illusions,'' Ponomarev told me. ''I think Mr. Medvedev is just another face of Mr. Putin. On the other hand it provides an opportunity to follow up on the rhetoric about the rule of law. If Mr. Medvedev says A, maybe it is possible to pressure him to say B. What can B be? It can be specific steps for restoring and enforcing legal norms.''

Ponomarev said that President Bush and his successor can start by pushing Medvedev to stop using the law as an instrument of political repression. That would mean ending such practices as the prosecution of liberal academics on bogus espionage charges; the involuntary commitment of opposition activists to psychiatric wards, or their draft into the military; and the campaigns against human rights and other civil society groups based on supposed tax violations or breaches of local ordinances.

Next comes what Ponomarev called ''the torture camps'': a re-emerging gulag of some 50 prison colonies, closed to the outside world, where prisoners are subjected to systematic violence and abuse. Ponomarev's group has documented these practices in photographs and videos smuggled out of the camps, many of which are controlled by the same officials or clans that managed them in the Soviet era.

Finally, there is the legal persecution of those who report such truths. On Friday, state prosecutors brought criminal charges against Ponomarev himself, claiming that he had slandered Gen. Yuri Kalinin, the head of the prison camp system. Ponomarev's travel documents were also revoked; his lawyers believe he is being punished for speaking out in the United States.

''It seems to me that a country that is a member of the G–8,'' the group of rich democracies that Russia was allowed into a decade ago, ''cannot afford to have political prisoners and to have torture in its prison camps,'' Ponomarev said to me. It also shouldn't be allowed to prosecute human rights activists who try to promote the rule of law. Medvedev ought to be asked by President Bush and other Western leaders to explain how his talk of ending ''legal nihilism'' squares with the charges against Ponomarev—before the new president gets his first invitation to a G–8 summit.

A TRIBUTE TO PASTOR EMERITUS A.D. THOMAS

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SCHIFF. Madam Speaker, I rise today to recognize Pastor Emeritus A.D. Thomas, who is celebrating more than 50 years in the ministry.

Pastor Thomas began serving in the ministry in the late 1950s at Saint Matthew Baptist Church in Merced, California. In 1966, he was called to be pastor of Lincoln Avenue Baptist Church in Pasadena, where he ministered for 28 years, until his retirement in 1994.

Under Pastor Thomas' leadership at Lincoln Avenue Baptist Church, many milestones were achieved. A few of the landmark achievements include the purchase of the church's surrounding property, construction of a new sanctuary and the A.D. Thomas Educational Center and the incorporation of Lincoln Avenue Baptist Church.

Many youth-oriented programs were created under Pastor Thomas' guidance, including a scholarship ministry, BEST after-school program, children's church, vacation bible school, youth choir, and Baptist Youth Fellowship. Other programs created during his tenure were the Nurses Guild, food outreach—clothing ministry, the Board of Christian Education, the transportation department, and new membership ministry. Pastor Thomas has also given generously of his time and experience to many community and church-affiliated organizations, such as the Interdenominational Ministerial Alliance.

Pastor Thomas and his wife, Dr. Sandra Thomas, long-time Altadena residents, have three children, Michael, Vincent, and Rosalyn, and six grandchildren.

I ask all Members of Congress to join me in congratulating Pastor Emeritus A.D. Thomas for his lifetime commitment to religious services and the betterment of the community.

RECOGNIZING THE ABILITYONE PROGRAM

HON. GWEN MOORE

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Ms. MOORE of Wisconsin. Madam Speaker, today I pay homage to an unsung hero among Federal programs. This initiative has found innovative ways to employ the blind and severely disabled persons among us. I am speaking, of course, of the AbilityOne Program, formerly known as the Javits-Wagner-O'Day Program, which in FY07 created over 40,000 quality jobs for Americans who were blind and/or severely disabled. Because of this program, blind and severely disabled people are able to gain skills and training that have helped them to find meaningful employment, which ultimately improved their quality of life.

Thanks to the AbilityOne program, blind and severely disabled people have more opportunities to more fully participate in society. Traditionally, people with these conditions are left with no other alternative but to rely heavily on Government programs such as SSI to support themselves. AbilityOne gives them more control over their own lives and destinies by allowing them to significantly reduce their dependence on Government resources. Recent studies have shown that the AbilityOne's employment program creates a positive net impact of $46.75 million to Federal and State governments in both reduction of entitlements and increases of payments employees make through income and payroll taxes. Moreover, this program also helps them to enhance their self esteem by giving them alternative ways of defining themselves, their place, and their purpose in the world.

Goodwill Industries of Southeastern Wisconsin Inc. is able to provide sound employment opportunities and training for 935 blind and disabled people through the AbilityOne Program. National Industries for the Blind and NISH, along with local nonprofit organizations in Milwaukee, Wisconsin are creating new employment opportunities for people who are blind or disabled. These local programs right here in our community make possible the economic and personal enhancement of physically disadvantaged people.

I commend the efforts of AbilityOne and Goodwill Industries of Southeastern Wisconsin Inc. in fighting to bring new opportunities and resources to those that are blind or severely disabled. The remarkable contributions that they have made to communities in and around Milwaukee are significant and worthy of recognition.

IN HONOR OF JEFF NORMAN

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. FARR. Madam Speaker, I rise today with a heavy heart to pay tribute to the life and memory of a dear friend, Jeff Norman, who died last fall at the young age of 56. Jeff was a longtime resident of Big Sur in my central California Congressional District. He was many things in his short life: botanist, historian, author, activist, to name just a few. But to the many people whose lives Jeff touched, he will always be remembered as a friend, an inspiration, a pillar of support in times of need, and the possessor of a most acute acid wit that could add humor and common sense to the most tense and fractious meeting.

Jeff was born in Oakland, CA, and moved to Pebble Beach in 1962 with his parents, Don and Kathy Norman. He found his life's work as a naturalist at a very young age. While only 14, he discovered a fern unknown in Monterey County at Pico Blanco Boy Scout Camp. At 15, he was the youngest person hired as a lab technician at Hopkins' Marine Station. He graduated from Pacific Grove High School in 1969 and then attended UCSC.

Jeff's childhood experiences in the Big Sur area drew him back to the coast following college. He built a life for himself in this creative and fiercely independent community of the Big Sur coast. He lived in Palo Colorado and Bixby Canyons, and on the Post Ranch. In 1980, Jeff purchased his dream home, Alta Vista, a unique, handsplit redwood cabin that was built in the 1920s by the Overstroms, a homesteading couple. Jeff lived for 28 years in his beloved remote sanctuary three miles above the highway with no road access. It was a life that few still choose to live in modern America, but Jeff sought it out with both gusto and grace. Yet Jeff was very much connected to the world around him, especially the people, history, and environment of Big Sur. Indeed, his life's work was the preservation of both the natural and social fabrics of Big Sur.

Jeff's enthusiasm for gathering information, seeking answers, and solving puzzles was insatiable. He found equal joy in discovering a new species of clover or swapping wild tales with an old timer. As a consulting biologist he was fiercely protective of the unique ecology of the Big Sur region. Over the years he worked as a biologist for many different organizations, including the U.S. Forest Service, CA State Parks, UC Santa Cruz, the Big Sur Natural History Association, the Esalen Institute, and the Monterey County Planning and Building Department, among others. An active member of the California Native Plant Society, he was a consultant for the Big Sur Land Trust and the Monterey Pine Forest Watch.

As a social historian, Jeff was a friend and chronicler of the larger-than-life characters of Big Sur, including homesteader families such as the Posts, Harlans, Ewoldsens, Pfeiffers, and Trotters, artists and bohemians, intellectuals, conservationists, ranchers, and other folk. He was in his element when he was lecturing on local history and natural history at libraries, museums, Pacific Valley School and Big Sur Elderhostel or presenting talks on Robinson Jeffers for the Tor House Foundation. He was a charter member of the Big Sur Historical Society and past president and member of the Friends of the Big Sur Library. In 2004, Jeff co-authored Images of America: Big Sur with the Big Sur Historical Society, a book that traced the history of the coast from the days of the homesteaders with numerous never-before-seen photographs of the coast. He also co-authored Big Sur Observed with Kip Stewart in 1994, and was a major contributor to Donald Clark's Monterey County Place Names (1991). At the time of his death he was energetically at work on a new book about the bohemians of Big Sur.

Madam Speaker, I know that I speak for the whole House in extending my condolences to Jeff's family and friends. He will be greatly missed. He had mastered the art of a life well lived. So while we mourn his passing we are grateful for the spark of wonder and stewardship that he ignited in all of us.

RECOGNIZING THE UNI-CAPITOL WASHINGTON INTERNSHIP PROGRAM

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. HASTINGS of Florida. Madam Speaker, I rise today to recognize the Uni-Capitol Washington Internship Program. Since the inception of the Uni-Captiol program, I have participated in this relationship building program that brings some of Australia's best and brightest future leaders to Washington. I have benefited greatly by the work of unique and talented individuals that produced top-notch work to both of my offices. In my personal office I have participated in the Uni-Captiol Washington Internship Program for the last nine years. This is the first year that I have also hosted an intern at the Commission on Security and Cooperation in Europe in my capacity as Chairman.

I have been pleased to host two amazing young women, Siobhan Coughlan and Katrina Mae.

Siobhan Coughlan, who is in her third year at the University of Queensland, first arrived in the Helsinki Commission's office on January 3, 2008, and since then has provided able, thorough, and important assistance to the professional staff of the Commission. Over the past two months with the Commission, Siobhan has demonstrated her honorable personal character and integrity in the way she confronted the topic of human rights and democratic principles and the manner in which she interacted with staff on economic development and tolerance issues in a domestic and international context. Siobhan has served our organization in a number of capacities, and at each stage has proven to be valuable because of her professionalism, her drive to succeed, and her ability to work well within a group dynamic. Siobhan always demonstrated the highest level of conscience in keeping the respectability of our program as she sought to achieve our common goals. Siobhan brought her courteous and positive demeanor to hearings, briefings and events that the Commission held and events she attended on behalf of the staff here at the Commission. Much as been gained by having an international student at our side and Siobhan has greatly contributed her experiences, ideas, and thoughts that are shared by our good Australian friends across the water. I am delighted that she's able to extend her internship for another two months.

In her short time here, Katrina Mae has become an indispensable asset to my office. An undergraduate law student at the University of Wollongong, Katrina came to my office with an ardent interest in civil rights and a desire to work with individuals who support policies that encourage tolerance and cooperation across racial and cultural lines. Over the course of her two months, she has attended hearings and briefings on a myriad of policy issues,

drafted countless constituent correspondence, assisted visitors and callers in her always patient and thoughtful manner, and helped several staffers with legislative research and special projects. While her professional skills and academic credentials are certainly impressive, Katrina is also an absolute pleasure to work with. No matter the assignment, she is always eager to help and approaches every new task with a smile. The anecdotes of her adventures as a first-time visitor to the United States were a constant source of entertainment, and her tales of life in Australia gave our office a greater understanding of her country's rich history, culture, and values. Katrina arrived on Capitol Hill hoping to acquire a better understanding of the U.S. legislative process, and it is my sincere hope that she benefited as much from this experience as we did from having her with us.

Madam Speaker, in addition to Siobhan and Katrina, I am delighted to recognize our colleagues here in the House and other colleagues in the Senate who have been congressional hosts in 2008:

James Paterson of Melbourne University, interning with Rep. LINCOLN DIAZ-BALART; Monique Salm of Griffith University, interning with Sen. CHUCK HAGEL; Madelene Fox of Deakin University, interning with Rep. JERROLD NADLER; Lucas Robson of Melbourne University, interning with Sen. CHRISTOPHER DODD; Clare Anderson of Griffith University, interning with Rep. JOHN TIERNEY, Stephanie Lyons of the University of Canberra, interning with Rep. SAM FARR; Suzanne Allan of the University of Canberra, interning with Sen. MIKE CRAPO; Katrina Mae of the University of Wollongong, interning with Rep. ALCEE HASTINGS; Stella Rieusset of Melbourne University, interning with Rep. MIKE CASTLE; Anthony Bremner of the University of Queensland, interning with Rep. JAMES CLYBURN and the Majority Whip's office; Tim Goyder of the University of Western Australia, interning with Del. ENI FALEOMAVAEGA; and Ally Foat from the University of Queensland, interning with Rep. JAMES CLYBURN.

Let it not go unnoticed the hard work that goes into the Uni-Capitol Internship Program is done by founder Eric Federing. Eric is a former senior House and Senate staffer of a dozen years, who successfully combined his experience in Washington with his extensive travels and lectures throughout Australia into an ingenious program of diplomatic exchange through cultural appreciation and understanding. I have said in the past that I heartily congratulate him on making his vision a reality. This program is a step in the right direction of supporting our young people who have a passion for and commitment to civic engagement and public service.

Over the last nine years, my staff and I have greatly benefited from the relationships that have been made from the result of this program as it continues to provide all of us an extraordinary experience with our friends on the other side of the ocean. It has been a great privilege to host Siobhan and Katrina and I ask all my colleagues to extend their open arms to the Uni-Captiol Internship Program and to our Australian friends in the future.

A TRIBUTE RECOGNIZING THE 47TH ANNIVERSARY OF THE PEACE CORPS

HON. LUCILLE ROYBAL-ALLARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Ms. ROYBAL-ALLARD. Madam Speaker, I rise today to recognize and commend the 190,000 former and current volunteers of the United States Peace Corps, as we celebrate the 47th Anniversary of this extraordinary agency.

In a 1960 speech to students at the University of Michigan, President Kennedy issued one of his most historic challenges. He asked Americans to trade the comforts of home for the adversities of volunteer work overseas and, in doing so, serve our country by serving the rest of the world.

President Kennedy's original mission for the Peace Corps remains unchanged today. The Peace Corps volunteers—who range from college graduates to retirees with decades of experience—help the people of host countries by sending trained men and women with expertise in a variety of professional fields. The volunteers also promote a better understanding of Americans abroad and create bonds of friendship that last a lifetime.

More than 8,000 Peace Corps volunteers currently serve in 74 countries. In some of the most deeply impoverished regions of the world, the volunteers are often the first glimpse of America that the people have ever encountered. These volunteers make significant and lasting contributions in each host country through their work in agriculture, business development, information technology, education, youth, environment, health and HIV/AIDS.

Through the President's Emergency Plan for AIDS Relief, PEPFAR, Peace Corps volunteers continue to meet the challenges of the HIV/AIDS pandemic working both formally and informally in 10 of the 15 focus countries. In 2007, approximately 93 percent of all Peace Corps posts contributed to HIV/AIDS activities. These volunteers assisted more than 1 million people.

I am especially proud of the seven volunteers from the 34th District currently in service with the Peace Corps. These remarkable men and women from my Los Angeles district and the countries they are currently serving in are as follows: Jennifer Baez, Ecuador; Roberto Dubon, Paraguay; Anna Frumes, Ukraine; Joyce Hahn, Azerbaijan; Roanel Herrera, Panama; and Christina and Justin Senter, Mauritania in North-West Africa. I congratulate them and all of the 821 Californians currently serving around the globe as Peace Corps volunteers.

I also thank Peace Corps Director Ron Tschetter, himself a former volunteer in India, for his service at the Corps's helm since September 2006. Mr. Tschetter is the latest in a long line of distinguished Peace Corps Directors that includes Jack Vaughn, Carol Bellamy and, of course, Sargent Shriver, who served as the organization's first leader under President Kennedy.

Peace Corps volunteers each cross the borders of language and culture to inspire new perspectives, provide real assistance in their host countries, and extend American values and friendship around the world. They are a unique and effective corps of informal ambassadors for this country.

Madam Speaker, as the organization observes its 47th Anniversary, please join me in congratulating Ron Tschetter and the Corps's thousands of volunteers on a job well done. They truly represent the best of what our great Nation has to offer.

INTRODUCTION OF THE CHESAPEAKE GATEWAYS AND WATERTRAILS NETWORK REAUTHORIZATION

HON. JOHN P. SARBANES

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SARBANES. Madam Speaker, I rise today to introduce legislation to reauthorize the Chesapeake Bay Gateways Network (CBGN), which will otherwise expire at the end 2008. The CBGN provides grants to parks, volunteer groups, wildlife refuges, historic sites, museums, and water trails throughout the Chesapeake Bay watershed. The Network ties these sites together to provide meaningful experiences and foster citizen stewardship of the Chesapeake Bay. Since 2000, it has grown to include 156 Gateways in six States and the District of Columbia, and over 1500 miles of established and developing water trails.

My own Congressional District includes several such Gateways sites. For example, the Annapolis Maritime Museum, which sits on the banks of Back Creek, promotes an understanding of the maritime heritage of Annapolis and how that history has influenced the evolution of the State of Maryland. The museum campus occupies the site of the old McNasby's Oyster Packing Company. For years, from the shores of the Back Creek and other tributaries, watermen came and went delivering their daily catch. Boatwrights and craftsmen ran boatyards to sustain the industry. Employees of McNasby's and other businesses shucked, canned, and shipped oysters and other seafood as far as the Rocky Mountains. The maritime and seafood industry made Annapolis a prosperous town—and they were all connected to and dependent upon the Chesapeake Bay. The Annapolis Maritime Museum teaches current residents and youth about this connection to the water and how it continues to influence our culture and economy to this day.

As reported in the Baltimore Sun late last year, the museum has established a program with Eastport Elementary School to connect students with the Chesapeake Bay through activities that fit into their studies in reading, math, and science. The students participate in activities such as ''measuring water temperature, salinity and clarity; they observe, measure and document the museum's terrapins and oysters; and account for funds they're raising to support the upkeep of the terrapins.'' These kinds of programs have a profound and long lasting impact on students as evidenced by the feedback from one parent who said, ''My child has become more excited and interested in the bay and what it means to the area where he lives.''

By maintaining the Gateways network and providing access to sites such as the Annapolis Maritime Museum, we can help develop

the next generation of environmental stewards, which is one of the best ways to truly "Save the Bay." It is therefore critical that we act now to reauthorize the Gateways program so that the Network and its partners can continue to educate residents of the Chesapeake Bay watershed about how their communities relate directly to the health of our largest estuary and a national treasure—the Chesapeake Bay.

TEXAS INDEPENDENCE DAY

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. GENE GREEN of Texas. Madam Speaker, Sunday, March 2, 2008, marked Texas Independence Day. 172 years ago that day, the Texas Declaration of Independence was ratified by the Convention of 1836 at Washington-on-the-Brazos.

Driven by the same spirit of freedom that drove the patriots of the American Revolution to throw off the shackles of tyranny and oppression, the Texas Declaration of Independence was produced, literally, overnight. Its urgency was crucial, because while it was being prepared, the Alamo in San Antonio was under siege by Santa Anna's army of Mexico.

Immediately upon the assemblage of the Convention of 1836 on March 1, a committee of five of its delegates was appointed to draft the document. The committee worked long into the night to prepare the declaration. It was briefly reviewed, then adopted by the delegates of the convention the following day.

The declaration was an announcement to the world that all Texans would fight to protect their rights. The declaration stated that they would no longer live under the dictatorship of Santa Anna or a government that had been "forcibly changed, without their consent, from a restricted federative republic, composed of sovereign states, to a consolidated central military despotism."

It spoke of the numerous injustices inflicted upon the settlers of the state then known as Coahuila y Tejas: the elimination of the state's legislative body; the denial of religious freedom; the elimination of the civil justice system; and the confiscation of firearms, this last one being the most intolerable, particularly among Texans.

The declaration stated that Texas was 'a free, sovereign, and independent republic . . . fully invested with all the rights and attributes' that belong to independent nations; and a declaration that they 'fearlessly and confidently' committed their decision to 'the Supreme Arbiter of the destinies of nations.'

The Texan Army was ready to defend itself from the oppression of Santa Anna and his army. Outnumbered by the vastly larger Mexican army, approximately 200 Texans and Tejanos under the leadership of Lt. Colonel William Barrett Travis and Tennessee Congressman David Crockett made their stand in the defense of Texas at an old Spanish mission known as the Alamo.

They bravely held their position for 13 days, enduring wave after wave of attack, and on the morning of March 6, 1836, they made the ultimate sacrifice for freedom as they were killed in action defending Texas at the Alamo. Two weeks later on March 27, 1836 Colonel James W. Fannin and 300 men under his command were massacred by Santa Anna's army at Goliad.

The sacrifices made at the Alamo and Goliad would not be forgotten as they became the battle cry of the Texan Army: "Remember the Alamo. Remember Goliad!"

On April 21, 1836 a much smaller Texan Army led by General Sam Houston launched a surprise attack on the much larger Mexican force at San Jacinto. After only 18 minutes the Battle of San Jacinto was over, and Texas had won its independence.

That battle is memorialized along the San Jacinto River with the San Jacinto Monument in Baytown, Texas in the 29th district, the district I represent.

Texas Independence Day is important to all Americans because the events show that the brotherhood of freedom can be stronger than the brotherhood of ethnicity or nationality, as Tejanos proved at Gonzalez, Bexar, Goliad, the Alamo, along the banks of the San Jacinto River, and in the government of the Republic of Texas.

People sometimes wonder what makes Texas and Texans so different, and I believe part of that answer is that the desire for freedom that gave us the first Texas Independence Day is still alive today.

Madam Speaker, I hope that Congress and this whole country join all Texans in honoring these brave men who stood up for liberty and freedom 172 years ago. God Bless Texas and God Bless America.

TO COMMEND RIPON COLLEGE FOR ITS INNOVATIVE APPROACH TO PROMOTING THE USE OF BICYCLING ON CAMPUS

HON. JAMES L. OBERSTAR

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. OBERSTAR. Madam Speaker, I rise today to commend Ripon College for the exciting, innovative approach it is implementing to tackle transportation needs on their campus. Ripon College, a liberal arts college in Wisconsin, last year faced for the first time a greater number of applications for parking permits than they had available spaces. In today's car-centric society, most people would have addressed this problem by laying more asphalt.

But the Ripon College president, David Joyce, refused to consider the idea of paving over any more of Ripon's beautiful and historic campus. Instead, he championed the school's new "Velorution" program, which provides free bicycles for incoming freshman who pledge not to bring a car to campus.

With contributions from trustees and alumni, the university teamed up with several bike retailers to provide each car-free freshman with a Wisconsin-built Trek 820 mountain bike, a helmet, and a bicycle lock.

For too long, our transportation planning and decision-making have focused solely on the automobile. It's time we support nonmotorized transportation for the many benefits it can bring. This program provides a fun and easy way for students to incorporate exercise into their daily routines, and can encourage a lifetime of healthy, active transportation choices. The program will also take cars off the road, reducing greenhouse gas emissions and the negative impact our transportation system has on the environment.

Ripon College is following in the footsteps of their representative, the gentleman from Wisconsin, Mr. PETRI, who is a leading cycling advocate in Congress. Mr. PETRI co-chairs the Congressional Bicycle Caucus, previously served as Chairman of the Subcommittee on Highways and Transit of the Committee on Transportation and Infrastructure, and has been a leader in the development of the Nonmotorized Pilot Program, which has shown early success in promoting walking and cycling as important modes of transportation in his district. Ripon College is fortunate to be led by the gentleman's vision and understanding of the necessity of making sustainable transportation choices.

I commend President Joyce and Ripon College for their fresh vision for meeting the transportation needs of students, and hope that their program will be an inspiration for colleges and universities across the country to develop sustainable communities.

HONORING KNOXVILLE COLLEGE

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. DUNCAN. Madam Speaker, I rise today to recognize Knoxville College, a predominantly African-American institution in my hometown.

On March the 6th, Knoxville College will hold its 110th Founder's Day Celebration.

The school was founded by Reverend Joseph Gillespie McKee, a Presbyterian minister who came to the United States from Ireland in 1852.

It was during the American Civil War that Mr. McKee settled in Nashville, Tennessee and organized the school for black people.

East Tennessee was settled primarily by very poor Irish and Scots-Irish immigrants and in 1875 the school was moved from Nashville to Knoxville, Tennessee, where it stands today.

Thousands of graduates have gone on to serve our country and communities well in their chosen fields.

Today, many young people come from all over the United States and several other countries to receive the special attention that Knoxville College can give.

I am very proud to have this College in my hometown, and I am sure they will continue to serve its students well for many years to come.

TRIBUTE TO MRS. BETTY SEMBLER

HON. ADAM H. PUTNAM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. PUTNAM. Madam Speaker, I am honored to congratulate Mrs. Betty Sembler as she receives the Drug Enforcement Agency Museum Foundation "2008 Lifetime Achievement Award." It is certainly well-deserved as

she has dedicated her life to helping prevent and mitigate drug use among our Nation's younger generation.

Most notably, Mrs. Sembler helped found the Drug Free America Foundation, a non-profit organization dedicated to developing, promoting and sustaining global strategies, policies and laws that will reduce illegal drug use, drug addiction, drug-related injury and death.

Through her efforts, the Drug Free America Foundation has helped raise awareness about drug use and its harmful effects to kids across Florida, our Nation and the world. Having received Special Consultative Status with the Economic and Social Council of the United Nations, Mrs. Sembler has worked collaboratively with other non-governmental organizations globally to support international efforts to sustain sound drug policy. In fact, the Foundation convened the International Task Force on Strategic Drug Policy in 2001 which is now composed of more than 20 member nations who help advise governments to effect change in their nations.

Her accomplishments do not stop there. Mrs. Sembler helped re-launch the "Students Taking Action Not Drugs," or STAND, which has launched several public-service campaigns regarding drug use and help youth with addiction problems find help. Their mission is to use science-based principles to educate college students about the danger of drugs and reduce drug use among 18- to 25-year olds. She has also been instrumental in working with and combining forces with other related organizations, including the National Drug-Free Workplace Alliance, which was merged with the Drug-Free Workplaces if Tampa Bay project in 2006.

In short, Mrs. Sembler has led an active life of public service that has greatly benefited her state and Nation, and I am so pleased she is receiving this prestigious award. Congratulations Betty, I wish you and your family continued success.

PERSONAL EXPLANATION

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Ms. LEE. Madam Speaker, on October 23, 2007 the House passed H.R. 1955, the Violent Radicalization and Homegrown Terrorism Prevention Act of 2007. My vote in support of this bill was an error. I am concerned that this legislation creates the appearance that our constitutional rights could be undermined or that peaceful dissent and protest could be discouraged. I would like the RECORD to reflect that I stand in opposition to this legislation.

A PROCLAMATION HONORING MATTHEW SEGAL FOR HIS SELECTION AS REPRESENTATIVE FOR OHIO'S 18TH CONGRESSIONAL DISTRICT IN MOBILIZE.ORG'S PARTY FOR THE PRESIDENCY

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. SPACE. Madam Speaker:

Whereas, Matthew Segal is a sociology major at Kenyon College and resident of Gambier, Ohio; and

Whereas, he is the founder and executive director of the Student Association for Voter Empowerment (SAVE), a student-led, non-profit, non-partisan organization aimed at increasing young voter participation and increasing civic awareness for young people; and

Whereas, Mr. Segal is a senior fellow and national challenge coordinator with the Roosevelt Institution, the nation's first student think-tank; and

Whereas, representatives at the Party for the Presidency will develop and implement strategies to inspire a stronger connection between elected officials and underrepresented American citizens; and

Whereas, Matthew Segal will honorably represent Ohio's 18th Congressional District in the Party for the Presidency; Now, therefore, be it

Resolved, That along with his friends, family, and the residents of the 18th Congressional District, I commend and thank Matthew Segal for his service to Kenyon College and the 18th District of Ohio. Congratulations to Matthew Segal on his selection as the 18th Congressional District of Ohio's representative for the Party for the Presidency.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, March 6, 2008 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

MARCH 7

9:30 a.m.
Joint Economic Committee
To hold hearings to examine the current employment situation of 2008.
SD–628

MARCH 11

9:30 a.m.
Armed Services
To hold hearings to examine the defense authorization request for fiscal year 2009 for U.S. Pacific Command and U.S. Forces in Korea, and the future years defense program.
SH–216

Veterans' Affairs
To hold an oversight hearing to examine Veterans Affairs and the Department of Defense cooperation and collaboration, focusing on caring for families of wounded warriors.
SR–418

10 a.m.
Environment and Public Works
To hold hearings to examine the President's proposed budget request for fiscal year 2009 for the U.S. Army Corps of Engineers Civil Works Program, and the implementation of the Water Resources Development Act (WRDA) of 2007 (Public Law 110–114).
SD–406

Appropriations
Interior, Environment, and Related Agencies Subcommittee
To hold hearings to examine proposed budget estimates for fiscal year 2009 for the Department of the Interior.
SD–124

Commerce, Science, and Transportation
Science, Technology, and Innovation Subcommittee
To hold hearings to examine the President's proposed budget request for fiscal year 2009 to support U.S. basic research.
SR–253

10:15 a.m.
Foreign Relations
African Affairs Subcommittee
To hold hearings to examine evaluating United States policy options on the Horn of Africa.
SD–419

10:30 a.m.
Banking, Housing, and Urban Affairs
To hold hearings to examine the condition of the nation's infrastructure, focusing on proposals for needed improvements.
SD–538

11 a.m.
Health, Education, Labor, and Pensions
To hold hearings to examine the broken pipeline, focusing on losing opportunities in the life sciences.
SD–430

2:30 p.m.
Commerce, Science, and Transportation
To hold an oversight hearing to examine the Department of Transportation's Cross-Truck pilot program.
SR–253

Foreign Relations
To hold hearings to examine the North Atlantic Treaty Organization (NATO), focusing on enlargement and effectiveness.
SD–419

Judiciary
To hold hearings to examine the nomination of Grace C. Becker, of New York, to be Assistant Attorney General for the Civil Rights Division, Department of Justice.
SD–226

Intelligence
To hold closed hearings to examine certain intelligence matters.
SH–219

MARCH 12

9:30 a.m.
Armed Services
Readiness and Management Support Subcommittee
To receive a briefing on the current readiness of the armed forces of the United States.
SH–219

10 a.m.
Banking, Housing, and Urban Affairs
To hold hearings to examine the President's proposed budget request for fiscal year 2009 for the Department of Housing and Urban Development and conduct oversight.
SD–538

Rules and Administration
To hold hearings to examine issues relative to in-person voter fraud and voter disenfranchisement.
SR–301

Armed Services
Strategic Forces Subcommittee
To hold hearings to examine strategic forces programs in review of the defense authorization request for fiscal year 2009 and the future years defense program.
SR–232A

10:30 a.m.
Aging
To hold hearings relative to doctors and prescription drug information and reviews.
SD–562

1:30 p.m.
Commerce, Science, and Transportation
Interstate Commerce, Trade, and Tourism Subcommittee
To hold hearings to examine the gross domestic product as a measurement of national strength.
SR–253

2 p.m.
Judiciary
To hold hearings to examine Generation Rx, focusing on the abuse of prescription and over-the-counter drugs.
SD–226

Armed Services
SeaPower Subcommittee
To hold hearings to examine the defense authorization request for fiscal year 2009, for the strategic lift programs, and the future years defense program.
SR–222

2:15 p.m.
Energy and Natural Resources
To hold hearings to examine hardrock mining, focusing on issues relating to abandoned mine lands and uranium mining.
SD–366

2:30 p.m.
Foreign Relations
East Asian and Pacific Affairs Subcommittee
To hold hearings to examine the United States and Vietnam, focusing on the bilateral relationship.
SD–419

Armed Services
Emerging Threats and Capabilities Subcommittee
To hold hearings to examine technologies to combat weapons of mass destruction.
SD–106

Armed Services
Readiness and Management Support Subcommittee
To hold hearings to examine the defense authorization request for fiscal year 2009, the future years defense program, and military installation, environmental, and base closure programs.
SR–232A

Intelligence
Closed business meeting to consider pending calendar business.
SH–219

3 p.m.
Appropriations
Financial Services and General Government Subcommittee
To hold hearings to examine proposed budget estimates for fiscal year 2009 for the Federal Judiciary.
SD–138

MARCH 13

9:30 a.m.
Armed Services
To hold hearings to examine the defense authorization request for fiscal year 2009 for the United States European Command and the United States Afican Command, and the future years defense program.
SH–216

2 p.m.
Armed Services
Readiness and Management Support Subcommittee
To hold hearings to examine the defense authorization request for fiscal year 2009 for the current readiness of the armed forces, and the future years defense program.
SR–232A

2:30 p.m.
Armed Services
Emerging Threats and Capabilities Subcommittee
To hold hearings to examine the defense authorization request for fiscal year 2009 for the Cooperative Threat Reduction Program and the Proliferation Security Initiative at the Department of Defense, and nuclear nonproliferation

programs at the National Security Administration, and the future years defense program.

SR–222

Commerce, Science, and Transportation
Fisheries and Coast Guard Subcommittee
To hold hearings to examine proposed budget request for fiscal year 2009 for the National Oceanic and Atmospheric Administration (NOAA).

SR–253

Energy and Natural Resources
Public Lands and Forests Subcommittee
To hold hearings to examine old-growth forest science, focusing on policy and management in the Pacific Northwest region.

SD–366

Intelligence
To hold closed hearings to examine certain intelligence matters.

SH–219

APRIL 8

10 a.m.
Commerce, Science, and Transportation
To hold hearings to examine the Federal Trade Commission reauthorization.

SR–253

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S1549–S1660

Measures Introduced: Twenty bills and three resolutions were introduced, as follows: S. 2703–2722, S.J. Res. 28, and S. Res. 473–474. **Pages S1596–97**

Measures Passed:

Calling for Peace in Darfur: Committee on Foreign Relations was discharged from further consideration of S. Res. 455, calling for peace in Darfur, and the resolution was then agreed to. **Page S1653**

National Association for the Advancement of Colored People 99th Anniversary: Committee on the Judiciary was discharged from further consideration of H. Con. Res. 289, honoring and praising the National Association for the Advancement of Colored People on the occasion of its 99th anniversary, and the resolution was then agreed to. **Pages S1653–54**

National Asbestos Awareness Week: Committee on the Judiciary was discharged from further consideration of S. Res. 462, designating the first week of April 2008 as ''National Asbestos Awareness Week'', and the resolution was then agreed to. **Page S1654**

National Support the Troops and Their Families Day: Senate agreed to S. Res. 473, designating March 26, 2008, as ''National Support the Troops and Their Families Day'' and encouraging the people of the United States to participate in a moment of silence to reflect upon the service and sacrifice of members of the Armed Forces both at home and abroad, as well as the sacrifices of their families. **Page S1654**

National School Breakfast Program: Senate agreed to S. Res. 474, expressing the sense of the Senate that providing breakfast in schools through the National School Breakfast Program has a positive impact on the lives and classroom performance of low-income children. **Pages S1654–55**

Measures Considered:

Consumer Product Safety Commission Reform Act: Senate continued consideration of S. 2663, to reform the Consumer Product Safety Commission to provide greater protection for children's products, to improve the screening of noncompliant consumer products, to improve the effectiveness of consumer product recall programs, taking action on the following amendments proposed thereto: **Pages S1556–93**

Adopted:

By a unanimous vote of 96 yeas (Vote No. 38), Klobuchar/Menendez Modified Amendment No. 4105, to authorize appropriations for necessary or appropriate travel, subsistence, and related expenses. **Pages S1560–68, S1576**

Rejected:

Cornyn Further Modified Amendment No. 4094, to prohibit State attorneys general from entering into contingency fee agreements for legal or expert witness services in certain civil actions relating to Federal consumer product safety rules, regulations, standards, certification or labeling requirements, or orders. (By 51 yeas to 45 nays (Vote No. 39), Senate tabled the amendment.) **Pages S1556–81, S1585–86**

Withdrawn:

DeMint Amendment No. 4096, to strike section 21, relating to whistleblower protections. **Pages S1556, S1574–75, S1586–93**

Pending:

Pryor Amendment No. 4090, of a technical nature. **Page S1556**

Feinstein Amendment No. 4104, to prohibit the manufacture, sale, or distribution in commerce of certain children's products and child care articles that contain specified phthalates. **Page S1556**

Cornyn Amendment No. 4108, to provide appropriate procedures for individual actions by whistleblowers, to provide for the appropriate assessment of costs and expenses in whistleblower cases. **Pages S1557–60**

Vitter Amendment No. 4097, to allow the prevailing party in certain civil actions related to consumer product safety rules to recover attorney fees. **Pages S1568–69**

Casey Amendment No. 4109, to require the Consumer Product Safety Commission to study the use of formaldehyde in the manufacturing of textiles and apparel articles and to prescribe consumer product safety standards with respect to such articles. **Pages S1570–71**

Dorgan Amendment No. 4122, to strike the provision allowing the Commission to certify a proprietary laboratory for third party testing.

Pages S1571, S1573–74

Dorgan Amendment No. 4098, to ban the importation of toys made by companies that have a persistent pattern of violating consumer product safety standards. **Pages S1571–73**

Cardin Amendment No. 4103, to require the Consumer Product Safety Commission to develop training standards for product safety inspectors.

Pages S1575–76

DeMint Amendment No. 4124, to strike section 31, relating to garage door opener standards.

Pages S1576, S1581–85

A motion was entered to close further debate on the bill, and, in accordance with the provisions of Rule XXII of the Standing Rules of the Senate, a vote on cloture will occur on Friday, March 7, 2008.

Page S1593

A unanimous-consent agreement was reached providing for further consideration of the bill at approximately 10:30 a.m., on Thursday, March 6, 2008, and that Senate resume consideration of Vitter Amendment No. 4097 (listed above), with 15 minutes of debate prior to a vote on or in relation to the amendment, with the time equally divided and controlled between Senators Pryor and Vitter, or their designees; provided further, that upon the use or yielding back of time, Senate vote on or in relation to the amendment, with no amendments in order to the amendment prior to the vote.

Page S1656

Nominations Received: Senate received the following nominations:

Neil Suryakant Patel, of the District of Columbia, to be Assistant Secretary of Commerce for Communications and Information.

James B. Cunningham, of New York, to be Ambassador to Israel.

Donald Gene Teitelbaum, of Texas, to be Ambassador to the Republic of Ghana.

Frank Charles Urbancic, Jr., of Indiana, to be Ambassador to the Republic of Cyprus.

Nancy M. Zirkin, of Maryland, to be a Member of the Board of Directors of the United States Institute of Peace for a term expiring January 19, 2011.

J. Robinson West, of the District of Columbia, to be a Member of the Board of Directors of the United States Institute of Peace for a term expiring January 19, 2011.

Kerry Kennedy, of New York, to be a Member of the Board of Directors of the United States Institute of Peace for a term expiring January 19, 2011.

Ikram U. Khan, of Nevada, to be a Member of the Board of Directors of the United States Institute of Peace for a term expiring January 19, 2009.

Stephen D. Krasner, of California, to be a Member of the Board of Directors of the United States Institute of Peace for a term expiring January 19, 2011.

Alexander Passantino, of Virginia, to be Administrator of the Wage and Hour Division, Department of Labor.

Routine lists in the Foreign Service, National Oceanic and Atmospheric Administration, Public Health Service. **Pages S1658–60**

Messages from the House: **Page S1595**

Measures Referred: **Page S1595**

Measures Read the First Time: **Pages S1595, S1655–56**

Executive Communications: **Pages S1595–96**

Executive Reports of Committees: **Page S1596**

Additional Cosponsors: **Pages S1597–99**

Statements on Introduced Bills/Resolutions: **Pages S1599–S1600**

Additional Statements: **Pages S1594–95**

Amendments Submitted: **Pages S1600–06**

Notices of Hearings/Meetings: **Pages S1606–07**

Authorities for Committees to Meet: **Page S1607**

Privileges of the Floor: **Page S1607**

Record Votes: Two record votes were taken today. (Total—39) **Pages S1576, S1585–86**

Adjournment: Senate convened at 9:30 a.m. and adjourned at 7:16 p.m., until 9:30 a.m. on Thursday, March 6, 2008. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S1656.)

Committee Meetings

(Committees not listed did not meet)

APPROPRIATIONS: DEPARTMENT OF ENERGY

Committee on Appropriations: Subcommittee on Energy and Water Development concluded a hearing to examine proposed budget estimates for fiscal year 2009 for the Department of Energy, after receiving testimony from Kevin M. Kolevar, Assistant Secretary for Electricity Delivery and Energy Reliability, Dennis R. Spurgeon, Assistant Secretary for Nuclear Energy, and James Slutz, Acting Principal Deputy Assistant Secretary for Fossil Energy, all of the Department of Energy.

APPROPRIATIONS: DEPARTMENT OF THE NAVY

Committee on Appropriations: Subcommittee on Defense concluded a hearing to examine proposed budget estimates for fiscal year 2009 for the Department of the Navy, after receiving testimony from Donald C. Winter, Secretary, Admiral Gary Roughead, Chief of Naval Operations, both of the United States Navy, and General James T. Conway, Commandant of the United States Marine Corps, all of the Department of Defense.

APPROPRIATIONS: DEPARTMENT OF THE TREASURY

Committee on Appropriations: Subcommittee on Financial Services and General Government concluded a hearing to examine proposed budget estimates for fiscal year 2009 for the Department of the Treasury, after receiving testimony from Henry M. Paulson, Jr., Secretary of the Treasury.

DEFENSE AUTHORIZATION REQUEST

Committee on Armed Services: Committee concluded a hearing to examine the defense authorization request for fiscal year 2009 for the Department of the Air Force, and the future years defense program, after receiving testimony from Michael W. Wynne, Secretary, and T. Michael Moseley, Chief of Staff, both of the United States Air Force, Department of Defense.

DEPARTMENT OF DEFENSE SERVICE–WIDE IMPROVEMENTS

Committee on Armed Services: Subcommittee on Personnel concluded a hearing to examine the findings and recommendations of the Department of Defense Task Force on Mental Health, the Army's Mental Health Advisory Team reports, and Department of Defense and service-wide improvements in mental health resources, including suicide prevention, for servicemembers and their families, after receiving testimony from Senator Boxer; Vice Admiral Donald C. Arthur, USN (Ret.), and Shelley M. MacDermid, both Co-Chair, Task Force on Mental Health, Colonel Charles W. Hoge, USA, Director, Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Colonel Carl A. Castro, USA, Research Area Director, Military Operational Medicine Research Program, Lieutenant General Eric B. Schoomaker, USA, Surgeon General of the United States Army and Commanding General, United States Army Medical Command, Vice Admiral Adam M. Robinson, Jr., USN, Surgeon General of the United States Navy and Chief, Bureau of Medicine and Surgery, Department of the Navy, Lieutenant General James G. Roudebush, USAF, Surgeon General of the United States Air Force, and Colonel Loree K. Sutton, USA, Special Assistant to the Assistant Secretary of Defense (Health Affairs) Psychological Health and Traumatic Brain Injury, all of the Department of Defense.

2009: BUDGET

Committee on the Budget: Committee met to mark up a proposed concurrent resolution setting forth the fiscal year 2009 budget for the Federal Government, but did not complete consideration thereon, and will meet again tomorrow.

BUSINESS MEETING

Committee on Energy and Natural Resources: Committee ordered favorably reported the nomination of J. Gregory Copeland, of Texas, to be General Counsel of the Department of Energy.

ANTIDUMPING INVESTIGATION ON URANIUM

Committee on Energy and Natural Resources: Committee concluded an oversight hearing to examine the initial amendment between the United States and the Russian Federation on the Agreement Suspending the Antidumping Investigation on Uranium from the Russian Federation, after receiving testimony from David M. Spooner, Assistant Secretary of Commerce for Import Administration; William H. Tobey, Deputy Administrator for Defense Nuclear Nonproliferation, National Nuclear Security Administration, Department of Energy; Marvin Fertel, Nuclear Energy Institute, Washington, D.C.; John K. Welch, USEC Inc., Bethesda, Maryland; James P. Malone, Exelon Generation Company, LLC, Warrenville, Illinois; Robert C. Ervin, Jr., United Steelworkers Local 550 (USW), West Paducah, Kentucky; and Reinhard Hinterreither, Louisiana Energy Services, Eunice, New Mexico.

NATIONAL SECURITY THROUGH SMART POWER

Committee on Foreign Relations: Committee concluded a hearing to examine strengthening national security, focusing on smart power from a military perspective, after receiving testimony from General Anthony C. Zinni, USMC (Ret.), former Commander in Chief, U.S. Central Command, and Admiral Leighton W. Smith, Jr., USN (Ret.), former Commander in Chief, U.S. Naval Forces Europe, both of the Department of Defense.

CENSUS IN PERIL

Committee on Homeland Security and Governmental Affairs: Committee concluded a hearing to examine the 2010 Decennial Census, focusing on automation and information technology in order to improve census

coverage, accuracy, and efficiency, after receiving testimony from Carlos M. Gutierrez, Secretary, and Steve H. Murdock, Director, U.S. Census Bureau, both of the Department of Commerce; and Mathew J. Scire, Director, Strategic Issues, and David A. Powner, Director, Information Technology Management Issues, both of the Government Accountability Office.

UNITED STATES POSTAL SERVICE REFORM

Committee on Homeland Security and Governmental Affairs: Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security concluded a hearing to examine the state of the United States Postal Service one year after reform, after receiving testimony from John E. Potter, Postmaster General and Chief Executive Officer, United States Postal Service; and Dan G. Blair, Chairman, Postal Regulatory Commission.

CLIMBING COSTS OF HEATING HOMES

Committee on Health, Education, Labor, and Pensions: Subcommittee on Children and Families concluded a hearing to examine the rising costs of heating homes, focusing on the Low Income Home Energy Assistance Program (LIHEAP), after receiving testimony from Regina Surber, Tennessee Department of Human Services, Nashville; Meg Power, National Community Action Foundation, Washington, D.C.; Deborah A. Frank, Boston University School of Medicine, Boston, Massachusetts; and Robin Hussain, Hartford, Connecticut.

FEDERAL BUREAU OF INVESTIGATION

Committee on the Judiciary: Committee concluded an oversight hearing to examine the Federal Bureau of Investigation (FBI), focusing on the FBI's current and future priorities, changes made to its mission, and challenges that are being addressed, after receiving testimony from Robert S. Mueller, III, Director, Federal Bureau of Investigation, Department of Justice.

ELDERLY HUNGER

Special Committee on Aging: Committee concluded a hearing to examine elderly hunger in America, focusing on the steps needed to prevent this now and in the future, after receiving testimony from Edwin L. Walker, Deputy Assistant Secretary for Policy and Programs, Administration on Aging, Department of Health and Human Services; Kate Houston, Deputy Under Secretary of Agriculture for Food, Nutrition and Consumer Services; Marcus Lampros, Lampros Steel, Inc., Portland, Oregon; James P. Ziliak, University of Kentucky Center for Poverty Research, Lexington; and James Weill, Food Research and Action Center, and Bob Blancato, National Association of Nutrition and Aging Services Programs, both of Washington, D.C.; and Jan L. Jones, Harrah's Entertainment, Inc., Las Vegas, Nevada.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 10 public bills, H.R. 5531–5540; and 3 resolutions, H. Con. Res. 310; and H. Res. 1022–1023 were introduced. **Page H1341**

Additional Cosponsors: **Pages H1341–42**

Reports Filed: There were no reports filed today.

Speaker: Read a letter from the Speaker wherein she appointed Representative Moore (WI) to act as Speaker Pro Tempore for today. **Page H1223**

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure which was debated on Tuesday, March 4th:

Wright Brothers-Dunbar National Historical Park Designation Act: H.R. 4191, to redesignate Dayton Aviation Heritage National Historic Park in the State of Ohio as "Wright Brothers-Dunbar National Historic Park", by a 2/3 yea-and-nay vote of 407 yeas to 4 nays, Roll No. 91. **Pages H1239–40**

Agreed to amend the title so as to read: "To redesignate the Dayton Aviation Heritage National Historical Park in the State of Ohio as the 'Wright Brothers-Dunbar National Historical Park', and for other purposes.". **Page H1240**

Suspensions: The House agreed to suspend the rules and pass the following measures:

Reconstruction and Stabilization Civilian Management Act of 2007: H.R. 1084, amended, to amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 to build operational readiness in civilian agencies; **Pages H1227–31**

Supporting Taiwan's fourth direct and democratic presidential elections in March 2008: H. Con. Res. 278, amended, to support Taiwan's fourth

direct and democratic presidential elections in March 2008, by a 2/3 yea-and-nay vote of 409 yeas to 1 nay with 1 voting "present", Roll No. 92;

Pages H1232–34, H1240

Condemning the ongoing Palestinian rocket attacks on Israeli civilians: H. Res. 951, amended, to condemn the ongoing Palestinian rocket attacks on Israeli civilians, by a 2/3 yea-and-nay vote of 404 yeas to 1 nay with 4 voting "present", Roll No. 93;

Pages H1234–39

Agreed to amend the title so as to read: "Condemning the ongoing Palestinian rocket attacks on Israeli civilians by Hamas and other Palestinian terrorist organizations, and for other purposes."

Page H1241

Honoring Margaret Truman Daniel and her lifetime of accomplishments: H. Con. Res. 292, to honor Margaret Truman Daniel and her lifetime of accomplishments; **Pages H1241–43**

Cyndi Taylor Krier Post Office Building Designation Act: H.R. 4774, amended, to designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the "Cyndi Taylor Krier Post Office Building", by a 2/3 yea-and-nay vote of 404 yeas with none voting "nay", Roll No. 97; **Pages H1243–44, H1272–73**

Expressing the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago: H. Con. Res. 286, to express the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago, by a 2/3 yea-and-nay vote of 412 yeas with none voting "nay", Roll No. 98;

Pages H1244–46, H1273–74

Major Arthur Chin Post Office Building Designation Act: H.R. 5220, to designate the facility of the United States Postal Service located at 3800 SW. 185th Avenue in Beaverton, Oregon, as the "Major Arthur Chin Post Office Building"; **Pages H1246–47**

Sgt. Michael M. Kashkoush Post Office Building Designation Act: H.R. 5400, to designate the facility of the United States Postal Service located at 160 East Washington Street in Chagrin Falls, Ohio, as the "Sgt. Michael M. Kashkoush Post Office Building", by a 2/3 yea-and-nay vote of 402 yeas with none voting "nay", Roll No. 102;

Pages H1247–48, H1315

Providing for the appointment of John W. McCarter as a citizen regent of the Board of Regents of the Smithsonian Institution: S. J. Res. 25, to provide for the appointment of John W. McCarter as a citizen regent of the Board of Regents of the Smithsonian Institution—clearing the measure for the President; **Pages H1248–49**

Capitol Visitor Center Act of 2008: H.R. 5159, amended, to establish the Office of the Capitol Visitor Center within the Office of the Architect of the Capitol, headed by the Chief Executive Officer for Visitor Services and to provide for the effective management and administration of the Capitol Visitor Center; **Pages H1249–54**

Expressing the sense of Congress that Members' Congressional papers should be properly maintained and encouraging Members to take all necessary measures to manage and preserve these papers: H. Con. Res. 307, to express the sense of Congress that Members' Congressional papers should be properly maintained and encouraging Members to take all necessary measures to manage and preserve these papers; **Pages H1254–55**

Expressing the condolences of the House to those affected by the devastating shooting incident of February 14, 2008, at Northern Illinois University in DeKalb, Illinois: H. Res. 1007, to express the condolences of the House to those affected by the devastating shooting incident of February 14, 2008, at Northern Illinois University in DeKalb, Illinois; and **Pages H1255–57**

Expressing the sense of Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance: H. Res. 1013, to express the sense of Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

Pages H1257–59

Paul Wellstone Mental Health and Addiction Equity Act of 2007: The House passed H.R. 1424, to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans, by a yea-and-nay vote of 268 yeas to 148 nays, Roll No. 101.

Pages H1259–72, H1274–H1315

Agreed to table the appeal of the ruling of the chair on a point of order sustained against the Hoekstra motion to recommit the bill to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 223 yeas to 186 nays with 1 voting "present", Roll No. 99.

Pages H1307–09

Rejected the Kline (MN) motion to recommit the bill to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with an amendment, by a recorded vote of 196 ayes to 221 noes, Roll No. 100.

Pages H1309–14

Pursuant to the rule, the amendment in the nature of a substitute printed in H. Rept. 110–538 shall be considered as adopted. **Page H1278**

Pursuant to section 2 of the rule, in the engrossment of H.R. 1424, the Clerk shall add the text of H.R. 493, as passed by the House, as new matter at the end of H.R. 1424; conform the title of H.R. 1424 to reflect the addition of H.R. 493; assign appropriate designations to provisions within the engrossment; and conform provisions for short titles within the engrossment. **Page H1314**

H. Res. 1014, the rule providing for consideration of the bill, was agreed to by a yea-and-nay vote of 209 yeas to 198 nays, Roll No. 96, after agreeing to order the previous question by a yea-and-nay vote of 215 yeas to 195 nays, Roll No. 95. **Pages H1271–72**

A point of order was raised against the consideration of H. Res. 1014 and it was agreed to proceed with consideration of the resolution, by a yea-and-nay vote of 215 yeas to 192 nays with 1 voting "present", Roll No. 94. **Pages H1261–62**

Senate Message: Message received from the Senate today appears on page H1309.

Quorum Calls—Votes: Eleven yea-and-nay votes and one recorded vote developed during the proceedings of today and appear on pages H1239–40, H1240, H1241, H1261–62, H1271–72, H1272, H1272–73, H1273–74, H1309, H1314, H1314–15, H1315. There were no quorum calls.

Adjournment: The House met at 10 a.m. and adjourned at 11:44 p.m.

Committee Meetings

COMMERCE, JUSTICE, SCIENCE, APPROPRIATIONS

Committee on Appropriations: Subcommittee on Commerce, Justice, Science, and Related Agencies held a hearing on Economic Development Administration and on NASA. Testimony was heard from Sandy K. Baruah, Assistant Secretary, Economic Development, Department of Commerce; and Michael D. Griffin, Administrator, NASA.

DEFENSE APPROPRIATIONS

Committee on Appropriations: Subcommittee on Defense met in executive session to hold a hearing on U.S. Central Command. Testimony was heard from ADM William Fallon, USN, Combatant Commander, Department of Defense.

FINANCIAL SERVICES, GENERAL GOVERNMENT APPROPRIATIONS

Committee on Appropriations: Subcommittee on Financial Services and General Government held a hearing on Department of the Treasury. Testimony was heard from Henry M. Paulson, Jr., Secretary of the Treasury.

HOMELAND SECURITY APPROPRIATIONS

Committee on Appropriations: Subcommittee on Homeland Security held a hearing on Coast Guard 2009 Budget Impact on Maritime Safety, Security, and Environment. Testimony was heard from ADM Thad Allen, USCG, Commandant, U.S. Coast Guard, Department of Homeland Security; and the following officials of GAO: Steve Caldwell, Assistant Director, and John Hutton, Assistant Director.

LABOR, HHS, EDUCATION APPROPRIATIONS

Committee on Appropriations: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on Expanding Health Care Access. Testimony was heard from public witnesses.

The Subcommittee also held a hearing on Health Issues and Opportunities at the National Institutes of Health, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Agency for Healthcare Research and Quality/Fiscal Year 2009 Budget Overview. Testimony was heard from the following officials of Department of Health and Human Services: Elias Zerhouni, M.D., Director, NIH; Julie Gerberling, M.D., Director, Centers for Disease Control and Prevention; Terry Cline, M.D., Administrator, Substance Abuse and Mental Health Services Administration; and Carolyn Clancy, Administrator, Agency for Healthcare Research and Quality.

LEGISLATIVE BRANCH APPROPRIATIONS

Committee on Appropriations: Subcommittee on Legislative Branch held a hearing on Library of Congress. Testimony was heard from the following officials of the Library of Congress: James Billington, Librarian of Congress; Jo Ann Jenkins, Chief Operating Officer; Deanna Marcum, Associate Librarian; Rubens Medina, Law Librarian, Marybeth Peters, Register, Copyright Office; Daniel Mulhollan, Director, CRS; and Kurt Cylke, Director, National Library Service for the Blind and Physically Handicapped.

U.S. CENTRAL COMMAND; U.S. SPECIAL OPERATIONS BUDGET

Committee on Armed Services: Held a hearing on the Fiscal Year 2009 National Defense Authorization Budget Request from the U.S. Central Command and the U.S. Special Operations. Testimony was heard from the following officials of the Department of the Navy: ADM William Fallon, USN, Commander, U.S. Central Command; and ADM Eric T. Olson, USN, Commander, U.S. Special Operations Command.

DEFENSE SPACE ACTIVITIES BUDGET

Committee on Armed Services: Subcommittee on Strategic Forces, hearing on Fiscal Year 2009 National Defense Authorization Budget Request and Status for Space Activities. Testimony was heard from the following officials of the Department of Defense: Gary Payton, Deputy Under Secretary; and GEN Robert Kehler, USAF, Commander, Air Force Space Command, both with the Department of the Air Force; and Scott Large, Director, National Reconnaissance Office.

U.S. SPECIAL OPERATIONS COMMAND; U.S. NORTHERN COMMAND BUDGET

Committee on Armed Services: Subcommittee on Terrorism, Unconventional Treats and Capabilities held a hearing on Fiscal Year 2009 National Defense Authorization Budget Request from U.S. Special Operations Command and U.S. Northern Command. Testimony was heard from the following officials of the Department of Defense: ADM Eric Olson, USN, Commander, U.S. Special Operations Command; and GEN Victor E. Renuart, Jr., USAF, Commander, NORAD/U.S. Northern Command.

CONCURRENT RESOLUTION ON THE BUDGET FISCAL YEAR 2009.

Committee on the Budget: Ordered reported, as amended, the Concurrent Resolution on the Budget for Fiscal Year 2009.

CLIMATE CHANGE AND DEVELOPING COUNTRIES

Committee on Energy and Commerce: Subcommittee on Energy and Air Quality held a hearing entitled ''Climate Change: Competitiveness and Prospects for Engaging Developing Countries.'' Testimony was heard from public witnesses.

MENDELL SUBPOENA

Committee on Energy and Commerce: Subcommittee on Oversight and Investments approved the issuance of a subpoena *ad testificadum* to Steven E. Mendell, President of Hallmark/Westland Meat Company, for testimony regarding the circumstances surrounding his company's recent recall of over 143 million pounds of beef products after the USDA determined the products were unfit for human consumption.

COMPETITION—SPORTS PROGRAMMING MARKETPLACE

Committee on Energy and Commerce: Subcommittee on Telecommunications and the Internet held a hearing entitled ''Competition in the Sports Programming Marketplace.'' Testimony was heard from public witnesses.

FOREIGN INVESTMENT IN U.S. ECONOMY

Committee on Financial Services: Subcommittee on Domestic and International Monetary Policy, Trade and Technology, and the Subcommittee on Capital Markets Insurance and Government Sponsored Enterprises held a joint hearing entitled '' Foreign Government Investment in the U.S. Economy and Financial Sector.'' Testimony was heard from David McCormick, Under Secretary, International Affairs, Department of the Treasury; Ethiopis Tafara, Director, Office of International Affairs, SEC; Scott Alvarez, General Counsel, Federal Reserve Board; and public witnesses.

CUBA OUTLOOK

Committee on Foreign Affairs: Subcommittee on the Western Hemisphere held a hearing on With Castro Stepping Down, What's Next for Cuba and the Western Hemisphere? Testimony was heard from Thomas A. Shannon, Jr., Assistant Secretary, Bureau of Western Hemisphere Affairs, Department of State; and public witnesses.

NUCLEAR SMUGGLING DETECTION

Committee on Homeland Security: Subcommittee on Emerging Threats, Cybersecurity and Science and Technology held a hearing entitled ''Nuclear Smuggling Detection: Recent Tests of Advanced Spectroscopic Portal Monitors.'' Testimony was heard from the following officials of the Department of Homeland Security: Vayl Oxford, Director, Domestic Nuclear Detection Office; and Elaine C. Duke, Deputy Under Secretary, Management; and a public witness.

TASK FORCE ON COMPETITION AND ANTI-TRUST LAWS; OVERSIGHT—DEPARTMENT OF HOMELAND SECURITY

Committee on the Judiciary: Adopted a resolution establishing the Task Force on Competition Policy and Antitrust Laws.

The Committee also held an oversight hearing on the Department of Homeland Security. Testimony was heard from Michael Chertoff, Secretary of Homeland Security.

OVERSIGHT—ILLEGAL WILDLIFE TRADE

Committee on Natural Resources: Held an oversight hearing entitled ''Poaching American Security: Impacts of Illegal Wildlife Trade.'' Testimony was heard from Claudia A. McMurray, Assistant Secretary, Oceans, Environment and Science, Department of State; Benito Perez, Chief, Office of Law Enforcement, U.S. Fish and Wildlife Service, Department of the Interior; and public witnesses.

BALLISTIC MISSILE DEFENSE OVERSIGHT

Committee on Oversight and Government Reform: Subcommittee on National Security, and Foreign Affairs held a hearing on Oversight of Ballistic Missile Defense (Part I): Threats, Realities, and Tradeoffs. Testimony was heard from Steven A. Hildreth, Specialist in National Defense, Foreign Affairs, Defense and Trade Division, CRS, Library of Congress; and public witnesses.

RESEARCH AND DEVELOPMENT BUDGET REQUEST OF DEPARTMENT OF ENERGY

Committee on Science and Technology: Subcommittee on Energy and Environment held a hearing on the Department of Energy Fiscal Year 2009 Research and Development Budget Request. Testimony was heard from Steve Isakowitz, Chief Financial Officer, Department of Energy; Mark E. Gaffigan, Acting Director, Natural Resources and Environment Team, GAO; and a public witness.

SBA'S SMALL BUSINESS CAPITAL PROGRAM

Committee on Small Business: Subcommittee on Finance and Tax held a hearing on Improving the SBA's Access to Capital Programs for our Nation's Small Businesses. Testimony was heard from Eric Zarnikow, Associate Administrator, Capital Access, SBA; and public witnesses.

INVESTMENT IN THE RAIL INDUSTRY

Committee on Transportation and Infrastructure: Subcommittee on Railroads, Pipelines, and Hazardous Materials held a hearing on Investment in the Rail Industry. Testimony was heard from the following officials of the Department of Transportation: Joseph Boardman, Administrator, Federal Railroad Administration; Charles D. Nottingham, Chairman; Francis P. Mulvey, Vice Chairman; and W. Douglas Buttrey, Board Member, all with the Surface Transportation Board; and public witnesses.

TAX TREATMENT OF DERIVATIVES

Committee on Ways and Means: Subcommittee on Select Revenue Measures held a hearing on Tax Treatment of Derivatives. Testimony was heard from Michael J. Desmond, Tax Legislative Counsel, Department of the Treasury; and public witnesses.

BRIEFING—FISA

Permanent Select Committee on Intelligence: Met in executive session to receive a briefing on FISA Part II. The Committee was briefed by public witnesses.

BRIEFING—FBI INTELLIGENCE REFORMS

Permanent Select Committee on Intelligence: Subcommittee on Terrorism, Human Intelligence, Analysis and Counterintelligence met in executive, session to receive a briefing on FBI Intelligence Reforms. The Subcommittee was briefed by departmental witnesses.

COMMITTEE MEETINGS FOR THURSDAY, MARCH 6, 2008

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Appropriations: Subcommittee on Transportation, Housing and Urban Development, and Related Agencies, to hold hearings to examine proposed budget estimates for fiscal year 2009 for the Department of Transportation, 10 a.m., SD–192.

Subcommittee on Commerce, Justice, Science, and Related Agencies, to hold hearings to examine proposed budget estimates for fiscal year 2009 for the Department of Commerce, 10 a.m., SD–138.

Committee on Armed Services: to hold hearings to examine the defense authorization request for fiscal year 2009 for the U.S. Southern and Northern Command, and the future years defense program, 9:30 a.m., SH–216.

Committee on Banking, Housing, and Urban Affairs: to hold hearings to examine reforming the regulation of government sponsored enterprises, 10 a.m., SD–538.

Committee on the Budget: business meeting to continue markup of the concurrent resolution on the budget for fiscal year 2009, 9:30 a.m., SD–608.

Committee on Commerce, Science, and Transportation: Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard, to hold hearings to examine the President's proposed budget request for fiscal year 2009 for the U.S. Coast Guard and conduct oversight, 10:30 a.m., SR–253.

Committee on Finance: to hold hearings to examine the Administration's 2008 trade agenda, 10 a.m., SD–215.

Committee on Health, Education, Labor, and Pensions: to hold hearings to examine unemployment in the economy, focusing on ways to secure families and build opportunities, 10 a.m., SD–430.

Committee on Indian Affairs: to hold hearings to examine the state of facilities in Indian country jails, schools, and health facilities, 10 a.m., SD–628.

Committee on the Judiciary: business meeting to consider S. 2304, to amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to provide grants for the improved mental health treatment and services provided to

offenders with mental illnesses, S. 2449, to amend chapter 111 of title 28, United States Code, relating to protective orders, sealing of cases, disclosures of discovery information in civil actions, S. 352, to provide for media coverage of Federal court proceedings, S. 2136, to address the treatment of primary mortgages in bankruptcy, S. 2133, to authorize bankruptcy courts to take certain actions with respect to mortgage loans in bankruptcy, S. 2041, to amend the False Claims Act, S. 2533, to enact a safe, fair, and responsible state secrets privilege Act, and the nominations of Kevin J. O'Connor, of Connecticut, to be Associate Attorney General, and Gregory G. Katsas, of Massachusetts, to be an Assistant Attorney General, both of the Department of Justice, Brian Stacy Miller, of to be United States District Judge for the Eastern District of Arkansas, James Randal Hall, to be United States District Judge for the Southern District of Georgia, William Joseph Hawe, to be United States Marshal for the Western District of Washington, Stanley Thomas Anderson, to be United States District Judge for the Western District of Tennessee, and John A. Mendez, to be United States District Judge for the Eastern District of California, 10 a.m., SD–226.

Committee on Veterans' Affairs: to hold joint hearings with the House Veterans Affairs Committee to examine a sundry of associations outlook on veterans affairs issues, 9:30 a.m., 345–CHOB.

Select Committee on Intelligence: to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH–219.

House

Committee on Appropriations, Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, on Food Safety and Inspection Service 10 a.m., 2362–A Rayburn.

Subcommittee on Commerce, Justice, Science and Related Agencies, to continue on NASA, 10 a.m., B–318 Rayburn, and 2 p.m., 2358 Rayburn.

Select Intelligence Oversight Panel, executive, on National Intelligence Program Budget, 1:30 p.m., H–140 Capitol.

Subcommittee on Energy and Water Development, and Related Agencies, on U.S. Corps of Engineers, 10 a.m., and on Department of Energy-Environmental Management Legacy Management, 3 p.m., 2362–B Rayburn.

Subcommittee on Financial Services and General Government, on OMB, 10 a.m., 2220 Rayburn.

Subcommittee on Homeland Security, on Border Security Programs and Operations-Challenges and Priorities, 9:30 a.m., 2358–A Rayburn.

Subcommittee on Interior, Environment, and Related Agencies, on National Park Service, 10 a.m., B–308 Rayburn.

Subcommittee on Labor, Health and Human Services, Education and Related Agencies, on Secretary of Labor, Fiscal Year 2009 Budget Overview, 10 a.m., 2358–C Rayburn.

Subcommittee on Legislative Branch, on GPO, 10 a.m., H–144 Capitol.

Subcommittee on Military Construction, Veterans' Affairs, and Related Agencies, executive, on Central Command, 10 a.m., H–140 Capitol, and on Department of Veterans' Affairs—Medical Care, 1:30 p.m., H–143 Capitol.

Subcommittee on State, Foreign Operations, and Related Programs, on Fiscal Year 2008 Emergency Supplemental Request for State, Foreign Operations and Related Programs, 10 a.m., 2359 Rayburn.

Subcommittee on Transportation, Housing and Urban Development, and Related Agencies, on FAA-Fiscal Year 2009 Budget Request 2 p.m., 2358–A Rayburn.

Committee on Armed Services, on Fiscal Year 2009 National Defense Authorization Budget Request from the Department of the Navy, 10 a.m., 2118 Rayburn.

Committee on Energy and Commerce, Subcommittee on Health, to mark up the following bills: H.R. 1108, Family Smoking Prevention and Tobacco Control Act; H.R. 1198, Early Hearing Detection and Intervention Act of 2007; H.R. 2464, Wakefield Act; H.R. 1237, Cytology Proficiency Improvement Act of 2007; H.R. 3701, Keeping Seniors Safe From Falls Act of 2007; H.R. 2063, Food Allergy and Anaphylaxis Management Act of 2007; H.R. 3925, Newborn Screening Saves Lives Act of 2007; and H.R. 1418, Reauthorization of the Traumatic Brain Injury Act, 10 a.m., 2123 Rayburn.

Committee on Financial Services, hearing entitled "The Need for Credit Union Regulatory Relief and Improvements," 10 a.m., 2128 Rayburn.

Committee on Homeland Security, to mark up the Chemical Facility Anti-Terrorism Act of 2008, 11 a.m., 311 Cannon.

Committee on the Judiciary, Subcommittee on Commercial and Administrative Law, hearing on H.R. 5312, Automobile Arbitration Fairness Act of 2008, 9:30 a.m., 2237 Rayburn.

Subcommittee on Courts, The Internet, and Intellectual Property, to mark up H.R. 4279, Prioritizing Resources and Organization for Intellectual Property Act of 2007, 10 a.m., 2141 Rayburn.

Committee on Natural Resources, Subcommittee on National Parks, Forests and Public Lands, hearing on the following bills: H.R. 877, Adams National Historical Park Boundary Addition Act; H.R. 1423, Dorothy Buell Memorial Visitor Center Lease Act; H.R. 1693, National Liberty Memorial Act; H.R. 2675, HALE Scouts Act; H.R. 3651, Utah National Guard Readiness Act; and H.R. 3734, Morley Nelson Snake River Birds of Prey National Conservation Area Act, 10 a.m., 1334 Longworth.

Committee on Oversight and Government Reform, Subcommittee on Federal Workforce, Postal Service and the District of Columbia, hearing on Investing in the Future of the Federal Workforce: Paid Parental Leave Improves Recruitment and Retention, 9:30 a.m., 2154 Rayburn.

Committee on Science and Technology, Subcommittee on Technology and Innovation, hearing on The Department of Homeland Security's R&D Budget Priorities for Fiscal Year 2009, 10 a.m., 2318 Rayburn.

Committee on Small Business, hearing entitled "Are New Procurement Methods Beneficial to Small Business Contractors?" 10 a.m., 2360 Rayburn.

Committee on Transportation and Infrastructure, Subcommittee on Economic Development, Public Buildings, and Emergency Management, hearing on Doing Business with the Government: The Record and Goals for Small, Minority, and Disadvantaged Businesses, 11 a.m., 2253 Rayburn.

Permanent Select Committee on Intelligence, Committee, executive, briefing on Intelligence Budget Overview—DNI, 10 a.m., H–405 Capitol.

Select Committee on Energy Independence and Global Warming, hearing entitled ''Blowing in the Wind: Renewable Energy as the Answer to an Economy Adrift,'' 9:30 a.m., 2175 Rayburn.

Joint Meetings

Joint Economic Committee: to hold hearings with the House Committee on Oversight and Government Reform Subcommittee of Federal Workforce, Postal Service, and the District of Columbia to examine investing in the future of the federal workforce, focusing on paid parental leave to improve recruitment and retention, 9:30 a.m., 2154–RHOB.

Joint Hearing: Senate Committee on Veterans' Affairs, to hold joint hearings with the House Veterans, Affairs Committee to examine a sundry of associations, outlook on veterans affairs issues, 9:30 a.m., 345–CHOB.

Next Meeting of the SENATE

9:30 a.m., Thursday, March 6

Senate Chamber

Program for Thursday: After the transaction of any morning business (not to extend beyond 60 minutes), Senate will continue consideration of S. 2663, Consumer Product Safety Commission Reform Act, and after a period of debate, vote on or in relation to Vitter Amendment No. 4097.

Next Meeting of the HOUSE OF REPRESENTATIVES

10 a.m., Thursday, March 6

House Chamber

Program for Thursday: Consideration of H.R. 2857—Generations Invigorating Volunteerism and Education (GIVE) Act (Subject to a Rule).

Extensions of Remarks, as inserted in this issue

HOUSE

Akin, W. Todd, Mo., E306
Blackburn, Marsha, Tenn., E301
Conaway, K. Michael, Tex., E299, E300, E301
Davis, Tom, Va., E307
Duncan, John J., Jr., Tenn., E311
English, Phil, Pa., E299, E299
Farr, Sam, Calif., E309
Garrett, Scott, N.J., E300
Green, Al, Tex., E302
Green, Gene, Tex., E302, E311
Hastings, Alcee L., Fla., E308, E309
Israel, Steve, N.Y., E306
Johnson, Timothy V., Ill., E307
Kanjorski, Paul E., Pa., E301
Keller, Ric, Fla., E302
Lee, Barbara, Calif., E312
Moore, Gwen, Wisc., E309
Oberstar, James L., Minn., E311
Pascrell, Bill, Jr., N.J., E304
Pence, Mike, Ind., E306
Pickering, Charles W. ''Chip'', Miss., E305
Poe, Ted, Tex., E299, E300, E301, E302, E303, E305
Putnam, Adam H., Fla., E311
Rangel, Charles B., N.Y., E307
Reichert, David G., Wash., E299, E300
Roybal-Allard, Lucille, Calif., E310
Sarbanes, John P., Md., E310
Schiff, Adam B., Calif., E308
Space, Zachary T., Ohio, E299, E301, E302, E302, E304, E306, E307, E307, E307, E312
Tanner, John S., Tenn., E303
Walsh, James T., N.Y., E306

Congressional Record

The *Congressional Record* (USPS 087–390). The Periodicals postage is paid at Washington, D.C. The public proceedings of each House of Congress, as reported by the Official Reporters thereof, are printed pursuant to directions of the Joint Committee on Printing as authorized by appropriate provisions of Title 44, United States Code, and published for each day that one or both Houses are in session, excepting very infrequent instances when two or more unusually small consecutive issues are printed one time. ¶Public access to the *Congressional Record* is available online through *GPO Access*, a service of the Government Printing Office, free of charge to the user. The online database is updated each day the *Congressional Record* is published. The database includes both text and graphics from the beginning of the 103d Congress, 2d session (January 1994) forward. It is available through *GPO Access* at www.gpo.gov/gpoaccess. Customers can also access this information with WAIS client software, via telnet at swais.access.gpo.gov, or dial-in using communications software and a modem at 202–512–1661. Questions or comments regarding this database or *GPO Access* can be directed to the *GPO Access* User Support Team at: E-Mail: gpoaccess@gpo.gov; Phone 1–888–293–6498 (toll-free), 202–512–1530 (D.C. area); Fax: 202–512–1262. The Team's hours of availability are Monday through Friday, 7:00 a.m. to 5:30 p.m., Eastern Standard Time, except Federal holidays. ¶The *Congressional Record* paper and 24x microfiche edition will be furnished by mail to subscribers, free of postage, at the following prices: paper edition, $252.00 for six months, $503.00 per year, or purchased as follows: less than 200 pages, $10.50; between 200 and 400 pages, $21.00; greater than 400 pages, $31.50, payable in advance; microfiche edition, $146.00 per year, or purchased for $3.00 per issue payable in advance. The semimonthly *Congressional Record Index* may be purchased for the same per issue prices. To place an order for any of these products, visit the U.S. Government Online Bookstore at: bookstore.gpo.gov. Mail orders to: Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954, or phone orders to 866–512–1800 (toll free), 202–512–1800 (D.C. area), or fax to 202–512–2250. Remit check or money order, made payable to the Superintendent of Documents, or use VISA, MasterCard, Discover, American Express, or GPO Deposit Account. ¶Following each session of Congress, the daily *Congressional Record* is revised, printed, permanently bound and sold by the Superintendent of Documents in individual parts or by sets. ¶With the exception of copyrighted articles, there are no restrictions on the republication of material from the *Congressional Record*.

POSTMASTER: Send address changes to the Superintendent of Documents, *Congressional Record,* U.S. Government Printing Office, Washington, D.C. 20402, along with the entire mailing label from the last issue received.