

“Sec. 450. Disability savings account investment credit.”

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after December 31, 2007.

SEC. 7. TREATMENT OF DISABILITY SAVINGS ACCOUNTS UNDER CERTAIN FEDERAL PROGRAMS.

(a) TREATMENT AS A MEDICAID EXCEPTED TRUST.—Paragraph (4) of section 1917(d) of the Social Security Act (42 U.S.C. 1396p(d)(4)) is amended by adding at the end the following new subparagraph:

“(D) A trust which is a disability savings account described in section 530A(a) of the Internal Revenue Code of 1986.”

(b) ACCOUNT FUNDS DISREGARDED FOR PURPOSES OF CERTAIN OTHER MEANS-TESTED FEDERAL PROGRAMS.—

(1) IN GENERAL.—For purposes of determining eligibility for any applicable program, any amount (including earnings thereon) in any disability savings account (as defined in section 530A(a) of the Internal Revenue Code of 1986) established for the benefit of such individual and any distribution for qualified services or products (as defined in section 530A(c)(2)(B)) from such account shall be disregarded with respect to any period during which such individual maintains, makes contributions to, or receives distributions from such disability savings account.

(2) APPLICABLE PROGRAM.—For purposes of this subsection, the term “applicable program” means—

(A) the temporary assistance for needy families program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.);

(B) a State program funded under part B or E of title IV of such Act (42 U.S.C. 621 et seq., 670 et seq.);

(C) a State program funded under part D of title IV of such Act (42 U.S.C. 651 et seq.);

(D) the supplemental security income program established under title XVI of such Act (42 U.S.C. 1381 et seq.);

(E) the Medicaid program under title XIX of the such Act (42 U.S.C. 1396 et seq.);

(F) the State children’s health insurance program under title XXI of such Act (42 U.S.C. 1397aa et seq.);

(G) the food stamp program established under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.);

(H) the special supplemental nutrition program for women, infants, and children established by section 17 of the Child Nutrition Act of 1966 (422 U.S.C. 1786);

(I) a child nutrition program, as defined in section 25(b) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769f(b)); and

(J) any Federal low-income housing assistance program.

SEC. 8. MARKETING, OUTREACH, AND EDUCATION FOR DISABILITY SAVINGS ACCOUNTS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall establish a program for marketing, outreach, and education related to disability savings accounts (as defined in section 530A(a) of the Internal Revenue Code of 1986). Such program may utilize contracts with nonprofit organizations established for the purpose of assisting individuals with disabilities.

(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out the program established under subsection (a).

EASTER SEALS,

Washington, DC, March 10, 2008.

Hon. CHRIS DODD,
U.S. Senate,
Washington, DC.

DEAR SENATOR DODD: Easter Seals has long been concerned that individuals with disabilities and their families have too few options to save for the future. Currently, individuals must have exceptionally low incomes in order to access essential public services and supports. In those situations in which an individual’s family wants to save for the future, a complicated web of state rules that guide special needs trust must be followed, and in nearly every circumstance, families cannot navigate the system without the assistance of an attorney.

For these reasons, Easter Seals is pleased to support the Disability Savings Act of 2008. This legislation clearly identifies the essential need to establish new protocols that enable families with limited incomes to effectively save financial resources to meet the future needs of their family member with a disability. Such protocols must be easy for a family to navigate without a lawyer and must not impose barriers to future benefits such as those available through the Medicaid program. Easter Seals looks forward to working with you to see that legislation that can help these families is enacted in 2008.

As the leading non-profit provider of services for individuals with autism, developmental disabilities, physical and mental disabilities, and other special needs, Easter Seals works to ensure that individuals with disabilities can live, learn, work and play in their communities. Thank you for considering our views.

Sincerely,

KATHERINE BEH NEAS,
Vice President, Government Relations.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 479—DESIGNATING MARCH 20, 2008, AS “SECOND ANNUAL NATIONAL NATIVE HIV/AIDS AWARENESS DAY”

Ms. MURKOWSKI (for herself, Mr. TESTER, Mr. SMITH, and Mr. BAUCUS) submitted the following resolution; which was considered and agreed to:

S. RES. 479

Whereas the number of human immunodeficiency virus and acquired immunodeficiency syndrome (hereafter “HIV/AIDS”) cases among American Indian and Alaska Native communities has been increasing at an alarming rate and poses a significant threat to the public health of Native communities;

Whereas American Indians and Alaska Natives have the 3rd highest rate of HIV/AIDS infection in the United States, after Blacks and Hispanics;

Whereas, according to the Centers for Disease Control and Prevention HIV/AIDS Surveillance Report published in 2005, the rate per 100,000 persons of HIV/AIDS diagnosis for American Indians and Alaska Natives was 10.4;

Whereas American Indians and Alaska Natives experience the highest disease and mortality rates in the United States compared to other racial and ethnic groups, due to socioeconomic factors that include consistently high rates of poverty, inadequate education, and a lack of access to quality health services;

Whereas certain risk factors exist among Indian and Alaska Native populations that elevate the threat of the HIV/AIDS epidemic, including high rates of sexually transmitted diseases and substance abuse;

Whereas, according to the 2005 Centers for Disease Control and Prevention Sexually Transmitted Disease Surveillance Report, American Indians and Alaska Natives have the 2nd highest infection rates of gonorrhea and chlamydia in the United States and the 3rd highest infection rate of syphilis;

Whereas, according to the 2005 National Survey on Drug Use and Health, American Indians and Alaska Natives had a 12.8 percent higher rate of illicit drug use than any other races or ethnicities;

Whereas, during the years 1997–2004, of persons who had received a diagnosis of HIV/AIDS, American Indians and Alaska Natives had survived a shorter time than had Asians and Pacific Islanders, Whites, or Hispanics;

Whereas, after 9 years, 67 percent of American Indians and Alaska Natives who had been diagnosed with HIV/AIDS were alive, compared to 66 percent of Blacks, 74 percent of Hispanics, 75 percent of Whites, and 81 percent of Asians and Pacific Islanders;

Whereas, from 2001 through 2004, the estimated number of HIV/AIDS cases increased among Whites, Asians and Pacific Islanders, and American Indians and Alaska Natives, and decreased among Blacks and Hispanics; and

Whereas, from 2000 through 2004, the estimated number of deaths among persons with AIDS decreased among Whites, Blacks, and Asians and Pacific Islanders, but increased among American Indians and Alaska Natives: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the seriousness of the spread and threat of the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) epidemic in American Indian and Alaska Native communities;

(2) encourages Federal, State, and tribal governments as well as Indian organizations and health care providers to coordinate efforts in HIV/AIDS testing and in the promotion of prevention activities to further efforts in the reduction of HIV/AIDS infection rates among American Indians and Alaska Natives; and

(3) designates March 20, 2008, as “Second Annual National Native HIV/AIDS Awareness Day”.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4153. Mr. BURR submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 70, setting forth the congressional budget for the United States Government for fiscal year 2009 and including the appropriate budgetary levels for fiscal years 2008 and 2010 through 2013; which was ordered to lie on the table.

SA 4154. Mr. REED (for himself, Ms. COLLINS, Mr. BAUCUS, Mr. BINGAMAN, Mr. BOND, Mr. BROWN, Mrs. CLINTON, Mr. DODD, Mr. DURBIN, Mr. KENNEDY, Mr. KERRY, Ms. MIKULSKI, Mr. OBAMA, Ms. SNOWE, Mr. SUNUNU, and Mr. WHITEHOUSE) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 70, supra; which was ordered to lie on the table.

SA 4155. Mr. BROWN (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 70, supra; which was ordered to lie on the table.

SA 4156. Mrs. FEINSTEIN (for herself, Mr. SMITH, Mr. DURBIN, Mr. SUNUNU, Mr. DODD,