S. 2200

At the request of Mr. FRIST, his name was added as a cosponsor of S. 2200, a bill to establish a United States-Poland parliamentary youth exchange program, and for other purposes.

S. 2250

At the request of Mr. GRASSLEY, the name of the Senator from Georgia (Mr. CHAMBLISS) was added as a cosponsor of S. 2250, a bill to award a congressional gold medal to Dr. Norman E. Borlaug.

S. 2322

At the request of Mr. THUNE, his name was added as a cosponsor of S. 2322, a bill to amend the Public Health Service Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

S. 2361

At the request of Mr. DORGAN, the names of the Senator from North Dakota (Mr. CONRAD) and the Senator from Indiana (Mr. BAYH) were added as cosponsors of S. 2361, a bill to improve Federal contracting and procurement by eliminating fraud and abuse and improving competition in contracting and procurement and by enhancing administration of Federal contracting personnel, and for other purposes.

S. 2370

At the request of Mr. MCCONNELL, the names of the Senator from North Dakota (Mr. CONRAD), the Senator from Utah (Mr. HATCH) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 2370, a bill to promote the development of democratic institutions in areas under the administrative control of the Palestinian Authority, and for other purposes.

S. 2467

At the request of Mr. GRASSLEY, the name of the Senator from Mississippi (Mr. LOTT) was added as a cosponsor of S. 2467, a bill to enhance and improve the trade relations of the United States by strengthening United States trade enforcement efforts and encouraging United States trading partners to adhere to the rules and norms of international trade, and for other purposes.

S. 2493

At the request of Mr. LAUTENBERG, the name of the Senator from Ohio (Mr. DEWINE) was added as a cosponsor of S. 2493, a bill to provide for disclosure of fire safety standards and measures with respect to campus buildings, and for other purposes.

S. CON. RES. 71

At the request of Mr. AKAKA, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. Con. Res. 71, a concurrent resolution expressing the sense of Congress that States should require candidates for driver's licenses to demonstrate an ability to exercise greatly increased caution when driving in the proximity of a potentially visually impaired individual.

S. CON. RES. 84

At the request of Mr. KYL, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S. Con. Res. 84, a concurrent resolution expressing the sense of Congress regarding a free trade agreement between the United States and Taiwan.

S. RES. 313

At the request of Ms. CANTWELL, the names of the Senator from Nebraska (Mr. NELSON), the Senator from New Mexico (Mr. BINGAMAN) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of S. Res. 313, a resolution expressing the sense of the Senate that a National Methamphetamine Prevention Week should be established to increase awareness of methamphetamine and to educate the public on ways to help prevent the use of that damaging narcotic.

AMENDMENT NO. 3214

At the request of Mr. FRIST, his name was added as a cosponsor of amendment No. 3214 proposed to S. 2454, a bill to amend the Immigration and Nationality Act to provide for comprehensive reform and for other purposes.

AMENDMENT NO. 3225

At the request of Ms. LANDRIEU, the names of the Senator from Georgia (Mr. CHAMBLISS) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of amendment No. 3225 intended to be proposed to S. 2454, a bill to amend the Immigration and Nationality Act to provide for comprehensive reform and for other purposes.

AMENDMENT NO. 3232

At the request of Mr. CHAMBLISS, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of amendment No. 3232 intended to be proposed to S. 2454, a bill to amend the Immigration and Nationality Act to provide for comprehensive reform and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MENENDEZ:

S. 2508. A bill to authorize grants to carry out projects to provide education on preventing teen pregnancies, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. MENENDEZ. Mr. President, as we approach May, the National Month to Prevent Teen Pregnancy, I rise to introduce the Teen Pregnancy Prevention, Responsibility and Opportunity Act. This legislation will establish a comprehensive program for reducing adolescent pregnancy through education and information programs, as well as positive activities and role models both in and out of school.

As parents, there is nothing more important than protecting our children and giving them a future filled with hope and opportunity. As leaders, we also have a responsibility to our young people—to provide resources for communities, parents, and children to help them achieve those goals. There are many ways we can provide parents with the tools they need to help kids make responsible decisions and avoid destructive behavior such as drug and alcohol abuse or sexual activity which can lead to unintended pregnancies.

The U.S. continues to have the highest teen pregnancy rate and teen birth rate in the Western industrialized world. In a fiscal context, it costs the U.S. at least $7 billion annually, and in a human context, this impacts one third of all teenage girls. It is time to do something about it.

While we have done a good job of progressively decreasing teen pregnancy, we can do much better.

With the sons of teen mothers more likely to end up in prison, and the daughters of teen mothers more likely to end up teen mothers themselves, we must act now to break this problematic cycle.

Our schools, community and faith-based organizations need access to funds to teach age-appropriate, factually and medically accurate, and scientifically-based family life education.

We need programs that encourage teens to delay sexual activity.

We need to provide services and interventions for sexually active teens.

We need to educate both young men and women about the responsibilities and pressures that come along with parenting.

We need to help parents communicate with teens about sexuality.

We need to teach young people responsible decision making.

And, we need to fund after school programs that will enrich their education, replace destructive behavior time with constructive activities, and offer character and counseling services.

We know that after-school programs reduce risky adolescent behavior by involving teens in positive activities that also provide positive life skills. Teenage girls who play sports, for instance, are more likely to wait to become sexually active, and to have fewer partners. They are consequently less likely to become pregnant.

Let us join together to recommit ourselves to continuing to decrease the incidence of teen pregnancy, and recommit ourselves to offering family life education and positive after school programs that will foster responsible young adults.

The time is now to invest in our teens. As all parents know, we place overwhelming pressure on ourselves to make sure we raise our children well. Decisions we make—and they make—will affect them for the rest of their lives. We cannot afford to let the doors close on them. Instead we must continue to open the door of opportunity. I urge my colleagues to join me in supporting this important legislation.

I ask unanimous consent that the text of the bill be printed in the RECORD, as follows:

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

S. 2508

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 ''Teen Pregnancy Prevention, Responsibility, and Opportunity Act of 2006''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) The United States has the highest teen-pregnancy rate and teen birth rate in the western industrialized world, costing the United States not less than $7,000,000,000 annually.

(2) About 1 out of 3 of all young women in the United States becomes pregnant before she reaches the age of 20.

(3) Teen pregnancy has serious consequences for young women, their children, and communities as a whole. Too-early childbearing increases the likelihood that a young woman will drop out of high school and that she and her child will live in poverty.

(4) Statistically, the sons of teen mothers are more likely to end up in prison. The daughters of teen mothers are more likely to end up teen mothers too.

(5) Teens that grow up in disadvantaged economical, social, and familial circumstances are more likely to engage in risky behavior and have a child during adolescence.

(6) Teens with strong emotional attachments to their parents are more likely to become sexually active at a later age. 7 out of 10 teens say that they are prepared to listen to things parents thought they were not ready to hear.

(7) 78 percent of white and 70 percent of African American teenagers report that lack of communication between a teenage girl and her parents is frequently a reason a teenage girl has a baby.

(8) One study found that the likelihood of teens having sex for the first time increased with the number of unsupervised hours teens have during a week.

(9) After-school programs reduce teen risky behavior by involving teens in activities that provide alternatives to sex. Teenage girls who play sports, for instance, are more likely to delay sex and have fewer partners and less likely to become pregnant.

(10) After-school programs help prevent teen pregnancy by advancing good decision-making skills and providing teens health education and positive role models in a supervised setting.

(11) 8 in 10 girls and 6 in 10 boys report that they wish they had waited until they were older to have sex.

SEC. 3. EDUCATION PROGRAM FOR PREVENTING TEEN PREGNANCIES.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') may make grants to local educational agencies, State and local public health agencies, and nonprofit private entities for the purpose of carrying out projects to provide education on preventing teen pregnancies.

(b) PREFERENCE IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give preference to applicants that will carry out the projects under such subsection in communities for which the rate of teen pregnancy is significantly above the average rate [in the United States?] of such pregnancies.

(c) CERTAIN REQUIREMENTS.—A grant may be made under subsection (a) only if the applicant for the grant meets the following conditions with respect to the project involved:

(1) The applicant agrees that information provided by the project on pregnancy prevention will be age-appropriate, factually and medically accurate and complete, and scientifically-based.

(2) The applicant agrees that the project will give priority to preventing teen pregnancies by—

(A) encouraging teens to delay sexual activity;

(B) providing educational services and interventions for sexually active teens or teens at risk of becoming sexually active;

(C) educating both young men and women about the responsibilities and pressures that come along with parenting;

(D) helping parents communicate with teens about sexuality; or

(E) teaching young people responsible decision-making.

(d) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs of the project to be carried out under subsection (a) by an applicant, a grant may be made under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs ($1 for each $3 of Federal funds provided in the grant).

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(e) MAINTENANCE OF EFFORT.—With respect to the activities for which a grant under subsection (a) is authorized to be expended, such a grant may be made for a fiscal year only if the applicant involved agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the applicant for the fiscal year preceding the first fiscal year for which the applicant receives such a grant.

(f) EVALUATION OF PROJECTS.—The Secretary shall establish criteria for the evaluation of projects under subsection (a). A grant may be made under such subsection only if the applicant involved—

(1) agrees to conduct evaluations of the project in accordance with such criteria;

(2) agrees to submit to the Secretary such reports describing the results of the evaluations as the Secretary determines to be appropriate; and

(3) submits to the Secretary, in the application under subsection (g), a plan for conducting the evaluations.

(g) APPLICATION FOR GRANT.—A grant may be made under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information, including the agreements under subsections (c) through (f) and the plan under subsection (f)(3), as the Secretary determines to be necessary to carry out this section.

(h) REPORT TO CONGRESS.—Not later than October 1, 2011, the Secretary shall submit to Congress a report describing the extent to which projects under subsection (a) have been successful in reducing the rate of teen pregnancies in the communities in which the projects have been carried out.

(i) DEFINITIONS.—In this section:

(1) AGE-APPROPRIATE.—The term ''age-appropriate'', with respect to information on pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(2) FACTUALLY AND MEDICALLY ACCURATE AND COMPLETE.—The term ''factually and medically accurate and complete'' means verified or supported by the weight of research conducted in compliance with accepted scientific methods and—

(A) published in peer-reviewed journals, where applicable; or

(B) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

(3) LOCAL EDUCATIONAL AGENCY.—The term ''local educational agency'' has the meaning given such term in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $20,000,000 for each of the fiscal years [2007 through 2011].

SEC. 4. REAUTHORIZATION OF CERTAIN AFTER-SCHOOL PROGRAMS.

(a) 21ST CENTURY COMMUNITY LEARNING CENTERS.—Section 4206 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7176) is amended—

(1) in paragraph (5), by striking ''$2,250,000,000'' and inserting ''$2,500,000,000''; and

(2) in paragraph (6), by striking ''$2,500,000,000'' and inserting ''$2,750,000,000''.

(b) CAROL M. WHITE PHYSICAL EDUCATION PROGRAM.—Section 5401 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7241) is amended—

(1) by striking ''There are'' and inserting ''(a) IN GENERAL.—There are''; and

(2) by adding at the end the following:

''(b) PHYSICAL EDUCATION.—In addition to the amounts authorized to be appropriated by subsection (a), there are authorized to be appropriated $73,000,000 for each of fiscal years [2007 and 2008] to carry out subpart 10.''.

(c) FEDERAL TRIO PROGRAMS.—Section 402A(f) of the Higher Education Act of 1965 (20 U.S.C. 1070a–11(f)) is amended by striking ''$700,000,000 for fiscal year 1999, and such sums as may be necessary for each of the 4 succeeding fiscal years'' and inserting ''$883,000,000 for fiscal year [2007] and such sums as may be necessary for each of the 5 succeeding fiscal years''.

(d) GEARUP.—Section 404H of the Higher Education Act of 1965 (20 U.S.C. 1070a–28) is amended by striking ''$200,000,000 for fiscal year 1999 and such sums as may be necessary for each of the 4 succeeding fiscal years'' and inserting ''$325,000,000 for fiscal year [2007] and such sums as may be necessary for each of the 5 succeeding fiscal years''.

SEC. 5. DEMONSTRATION GRANTS TO ENCOURAGE CREATIVE APPROACHES TO TEEN PREGNANCY PREVENTION AND AFTER-SCHOOL PROGRAMS.

(a) IN GENERAL.—The Secretary may make grants to public or nonprofit private entities for the purpose of assisting the entities in demonstrating innovative approaches to prevent teen pregnancies.

(b) CERTAIN APPROACHES.—Approaches under subsection (a) may include the following:

(1) Encouraging teen-driven approaches to pregnancy prevention.

(2) Exposing teens to realistic simulations of the physical, emotional, and financial toll of pregnancy and parenting.

(3) Facilitating communication between parents and children, especially programs that have been evaluated and proven effective.

(c) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs of the project to be carried out under subsection (a) by an applicant, a grant may be made under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs ($1 for each $3 of Federal funds provided in the grant).

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(d) EVALUATION OF PROJECTS.—The Secretary shall establish criteria for the evaluation of projects under subsection (a). A grant may be made under such subsection only if the applicant involved—

(1) agrees to conduct evaluations of the project in accordance with such criteria;

(2) agrees to submit to the Secretary such reports describing the results of the evaluations as the Secretary determines to be appropriate; and

(3) submits to the Secretary, in the application under subsection (e), a plan for conducting the evaluations.

(e) APPLICATION FOR GRANT.—A grant may be made under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information, including the agreements under subsections (c) and (d) and the plan under subsection (d)(3), as the Secretary determines to be necessary to carry out this section.

(f) REPORT TO CONGRESS.—Not later than October 1, 2011, the Secretary shall submit to Congress a report describing the extent to which projects under subsection (a) have been successful in reducing the rate of teen pregnancies in the communities in which the projects have been carried out. Such reports shall describe the various approaches used under subsection (a) and the effectiveness of each of the approaches.

(g) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of the fiscal years [2007 through 2011].

By Mr. DURBIN (for himself, Mrs. LINCOLN, Mr. REID, Mr. BAUCUS, Mr. KENNEDY, Mr. KERRY, Mr. BINGAMAN, Mr. CARPER, Mr. DAYTON, Mr. HARKIN, Mr. KOHL, Mr. NELSON of Florida, Ms. CANTWELL, Mrs. CLINTON, Mr. DODD, Mr. LEAHY, Ms. MIKULSKI, Mr. PRYOR, Mr. LIEBERMAN, Mr. LAUTENBERG, Mr. JOHNSON, Mr. MENENDEZ, Mr. ROCKEFELLER, and Mrs. BOXER.

S. 2510. A bill to establish a national health program administered by the Office of Personnel Management to offer health benefits plans to individuals who are not Federal employees, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President. I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2510

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 ''Small Employers Health Benefits Program Act of 2006''.

SEC. 2. DEFINITIONS.

(a) IN GENERAL.—In this Act, the terms ''member of family'', ''health benefits plan'', ''carrier'', ''employee organizations'', and ''dependent'' have the meanings given such terms in section 8901 of title 5, United States Code.

(b) OTHER TERMS.—In this Act:

(1) EMPLOYEE.—The term ''employee'' has the meaning given such term under section 3(6) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(6)). Such term shall not include an employee of the Federal Government.

(2) EMPLOYER.—The term ''employer'' has the meaning given such term under section 3(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(5)), except that such term shall include only employers who employed an average of at least 1 but not more than 100 employees on business days during the year preceding the date of application. Such term shall not include the Federal Government.

(3) HEALTH STATUS-RELATED FACTOR.—The term ''health status-related factor'' has the meaning given such term in section 2791(d)(9) of the Public Health Service Act (42 U.S.C. 300gg–91(d)(9)).

(4) OFFICE.—The term ''Office'' means the Office of Personnel Management.

(5) PARTICIPATING EMPLOYER.—The term ''participating employer'' means an employer that—

(A) elects to provide health insurance coverage under this Act to its employees; and

(B) is not offering other comprehensive health insurance coverage to such employees.

(c) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of subsection (b)(2):

(1) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as 1 employer.

(2) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence for the full year prior to the date on which the employer applies to participate, the determination of whether such employer meets the requirements of subsection (b)(2) shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the employer's first full year.

(3) PREDECESSORS.—Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

(d) WAIVER AND CONTINUATION OF PARTICIPATION.—

(1) WAIVER.—The Office may waive the limitations relating to the size of an employer which may participate in the health insurance program established under this Act on a case by case basis if the Office determines that such employer makes a compelling case for such a waiver. In making determinations under this paragraph, the Office may consider the effects of the employment of temporary and seasonal workers and other factors.

(2) CONTINUATION OF PARTICIPATION.—An employer participating in the program under this Act that experiences an increase in the number of employees so that such employer has in excess of 100 employees, may not be excluded from participation solely as a result of such increase in employees.

(e) TREATMENT OF HEALTH BENEFITS PLAN AS GROUP HEALTH PLAN.—A health benefits plan offered under this Act shall be treated as a group health plan for purposes of applying the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) except to the extent that a provision of this Act expressly provides otherwise.

SEC. 3. HEALTH INSURANCE COVERAGE FOR NON-FEDERAL EMPLOYEES.

(a) ADMINISTRATION.—The Office shall administer a health insurance program for non-Federal employees and employers in accordance with this Act.

(b) REGULATIONS.—Except as provided under this Act, the Office shall prescribe regulations to apply the provisions of chapter 89 of title 5, United States Code, to the greatest extent practicable to participating carriers, employers, and employees covered under this Act.

(c) LIMITATIONS.—In no event shall the enactment of this Act result in—

(1) any increase in the level of individual or Federal Government contributions required under chapter 89 of title 5, United States Code, including copayments or deductibles;

(2) any decrease in the types of benefits offered under such chapter 89; or

(3) any other change that would adversely affect the coverage afforded under such chapter 89 to employees and annuitants and members of family under that chapter.

(d) ENROLLMENT.—The Office shall develop methods to facilitate enrollment under this Act, including the use of the Internet.

(e) CONTRACTS FOR ADMINISTRATION.—The Office may enter into contracts for the performance of appropriate administrative functions under this Act.

(f) SEPARATE RISK POOL.—In the administration of this Act, the Office shall ensure that covered employees under this Act are in a risk pool that is separate from the risk pool maintained for covered individuals under chapter 89 of title 5, United States Code.

(g) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to require a carrier that is participating in the program under chapter 89 of title 5, United States Code, to provide health benefits plan coverage under this Act.

SEC. 4. CONTRACT REQUIREMENT.

(a) IN GENERAL.—The Office may enter into contracts with qualified carriers offering health benefits plans of the type described in section 8903 or 8903a of title 5, United States Code, without regard to section 5 of title 41, United States Code, or other statutes requiring competitive bidding, to provide health insurance coverage to employees of participating employers under this Act. Each contract shall be for a uniform term of at least 1 year, but may be made automatically renewable from term to term in the absence of notice of termination by either party. In entering into such contracts, the Office shall ensure that health benefits coverage is provided for individuals only, individuals with one or more children, married individuals without children, and married individuals with one or more children.

(b) ELIGIBILITY.—A carrier shall be eligible to enter into a contract under subsection (a) if such carrier—

(1) is licensed to offer health benefits plan coverage in each State in which the plan is offered; and

(2) meets such other requirements as determined appropriate by the Office.

(c) STATEMENT OF BENEFITS.—

(1) IN GENERAL.—Each contract under this Act shall contain a detailed statement of

benefits offered and shall include information concerning such maximums, limitations, exclusions, and other definitions of benefits as the Office considers necessary or desirable.

(2) ENSURING A RANGE OF PLANS.—The Office shall ensure that a range of health benefits plans are available to participating employers under this Act.

(3) PARTICIPATING PLANS.—The Office shall not prohibit the offering of any health benefits plan to a participating employer if such plan is eligible to participate in the Federal Employees Health Benefits Program.

(4) NATIONWIDE PLAN.—With respect to all nationwide plans, the Office shall develop a benefit package that shall be offered in the case of a contract for a health benefit plan that is to be offered on a nationwide basis that meets all State benefit mandates.

(d) STANDARDS.—The minimum standards prescribed for health benefits plans under section 8902(e) of title 5, United States Code, and for carriers offering plans, shall apply to plans and carriers under this Act. Approval of a plan may be withdrawn by the Office only after notice and opportunity for hearing to the carrier concerned without regard to subchapter II of chapter 5 and chapter 7 of title 5, United States Code.

(e) CONVERSION.—

(1) IN GENERAL.—A contract may not be made or a plan approved under this section if the carrier under such contract or plan does not offer to each enrollee whose enrollment in the plan is ended, except by a cancellation of enrollment, a temporary extension of coverage during which the individual may exercise the option to convert, without evidence of good health, to a nongroup contract providing health benefits. An enrollee who exercises this option shall pay the full periodic charges of the nongroup contract.

(2) NONCANCELLABLE.—The benefits and coverage made available under paragraph (1) may not be canceled by the carrier except for fraud, over-insurance, or nonpayment of periodic charges.

(f) REQUIREMENT OF PAYMENT FOR OR PROVISION OF HEALTH SERVICE.—Each contract entered into under this Act shall require the carrier to agree to pay for or provide a health service or supply in an individual case if the Office finds that the employee, annuitant, family member, former spouse, or person having continued coverage under section 8905a of title 5, United States Code, is entitled thereto under the terms of the contract.

SEC. 5. ELIGIBILITY.

An individual shall be eligible to enroll in a plan under this Act if such individual—

(1) is an employee of an employer described in section 2(b)(2), or is a self employed individual as defined in section 401(c)(1)(B) of the Internal Revenue Code of 1986; and

(2) is not otherwise enrolled or eligible for enrollment in a plan under chapter 89 of title 5, United States Code.

SEC. 6. ALTERNATIVE CONDITIONS TO FEDERAL EMPLOYEE PLANS.

(a) TREATMENT OF EMPLOYEE.—For purposes of enrollment in a health benefits plan under this Act, an individual who had coverage under a health insurance plan and is not a qualified beneficiary as defined under section 4980B(g)(1) of the Internal Revenue Code of 1986 shall be treated in a similar manner as an individual who begins employment as an employee under chapter 89 of title 5, United States Code.

(b) PREEXISTING CONDITION EXCLUSIONS.—

(1) IN GENERAL.—Each contract under this Act may include a preexisting condition exclusion as defined under section 9801(b)(1) of the Internal Revenue Code of 1986.

(2) EXCLUSION PERIOD.—A preexisting condition exclusion under this subsection shall provide for coverage of a preexisting condition to begin not later than 6 months after the date on which the coverage of the individual under a health benefits plan commences, reduced by the aggregate 1 day for each day that the individual was covered under a health insurance plan immediately preceding the date the individual submitted an application for coverage under this Act. This provision shall be applied notwithstanding the applicable provision for the reduction of the exclusion period provided for in section 701(a)(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(a)(3)).

(c) RATES AND PREMIUMS.—

(1) IN GENERAL.—Rates charged and premiums paid for a health benefits plan under this Act—

(A) shall be determined in accordance with this subsection;

(B) may be annually adjusted subject to paragraph (3);

(C) shall be negotiated in the same manner as rates and premiums are negotiated under such chapter 89; and

(D) shall be adjusted to cover the administrative costs of the Office under this Act.

(2) DETERMINATIONS.—In determining rates and premiums under this Act, the following provisions shall apply:

(A) IN GENERAL.—A carrier that enters into a contract under this Act shall determine that amount of premiums to assess for coverage under a health benefits plan based on an community rate that may be annually adjusted—

(i) for the geographic area involved if the adjustment is based on geographical divisions that are not smaller than a metropolitan statistical area and the carrier provides evidence of geographic variation in cost of services;

(ii) based on whether such coverage is for an individual, two adults, one adult and one or more children, or a family; and

(iii) based on the age of covered individuals (subject to subparagraph (C)).

(B) LIMITATION.—Premium rates charged for coverage under this Act shall not vary based on health-status related factors, gender, class of business, or claims experience

(C) AGE ADJUSTMENTS.—

(i) IN GENERAL.—With respect to subparagraph (A)(iii), in making adjustments based on age, the Office shall establish no more than 5 age brackets to be used by the carrier in establishing rates. The rates for any age bracket may not vary by more than 50 percent above or below the community rate on the basis of attained age. Age-related premiums may not vary within age brackets.

(ii) AGE 65 AND OLDER.—With respect to subparagraph (A)(iii), a carrier may develop separate rates for covered individuals who are 65 years of age or older for whom medicare is the primary payor for health benefits coverage which is not covered under medicare.

(3) READJUSTMENTS.—Any readjustment in rates charged or premiums paid for a health benefits plan under this Act shall be made in advance of the contract term in which they will apply and on a basis which, in the judgment of the Office, is consistent with the practice of the Office for the Federal Employees Health Benefits Program.

(d) TERMINATION AND REENROLLMENT.—If an individual who is enrolled in a health benefits plan under this Act terminates the enrollment, the individual shall not be eligible for reenrollment until the first open enrollment period following the expiration of 6 months after the date of such termination.

(f) CONTINUED APPLICABILITY OF STATE LAW.—

(1) HEALTH INSURANCE OR PLANS.—

(A) PLANS.—With respect to a contract entered into under this Act under which a carrier will offer health benefits plan coverage, State mandated benefit laws in effect in the State in which the plan is offered shall continue to apply.

(B) RATING RULES.—The rating requirements under subparagraphs (A) and (B) of subsection (c)(2) shall supercede State rating rules for qualified plans under this Act, except with respect to States that provide a rating variance with respect to age that is less than the Federal limit or that provide for some form of community rating.

(2) LIMITATION.—Nothing in this subsection shall be construed to preempt—

(A) any State or local law or regulation except those laws and regulations described in subparagraph (B) of paragraph (1);

(B) any State grievance, claims, and appeals procedure law, except to the extent that such law is preempted under section 514 of the Employee Retirement Income Security Act of 1974; and

(C) State network adequacy laws.

(g) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to limit the application of the service-charge system used by the Office for determining profits for participating carriers under chapter 89 of title 5, United States Code.

SEC. 7. ENCOURAGING PARTICIPATION BY CARRIERS THROUGH ADJUSTMENTS FOR RISK.

(a) APPLICATION OF RISK CORRIDORS.—

(1) IN GENERAL.—This section shall only apply to carriers with respect to health benefits plans offered under this Act during any of calendar years 2007 through 2009.

(2) NOTIFICATION OF COSTS UNDER THE PLAN.—In the case of a carrier that offers a health benefits plan under this Act in any of calendar years 2007 through 2009, the carrier shall notify the Office, before such date in the succeeding year as the Office specifies, of the total amount of costs incurred in providing benefits under the health benefits plan for the year involved and the portion of such costs that is attributable to administrative expenses.

(3) ALLOWABLE COSTS DEFINED.—For purposes of this section, the term ''allowable costs'' means, with respect to a health benefits plan offered by a carrier under this Act, for a year, the total amount of costs described in paragraph (2) for the plan and year, reduced by the portion of such costs attributable to administrative expenses incurred in providing the benefits described in such paragraph.

(b) ADJUSTMENT OF PAYMENT.—

(1) NO ADJUSTMENT IF ALLOWABLE COSTS WITHIN 3 PERCENT OF TARGET AMOUNT.—If the allowable costs for the carrier with respect to the health benefits plan involved for a calendar year are at least 97 percent, but do not exceed 103 percent, of the target amount for the plan and year involved, there shall be no payment adjustment under this section for the plan and year.

(2) INCREASE IN PAYMENT IF ALLOWABLE COSTS ABOVE 103 PERCENT OF TARGET AMOUNT.—

(A) COSTS BETWEEN 103 AND 108 PERCENT OF TARGET AMOUNT.—If the allowable costs for the carrier with respect to the health benefits plan involved for the year are greater than 103 percent, but not greater than 108 percent, of the target amount for the plan and year, the Office shall reimburse the carrier for such excess costs through payment to the carrier of an amount equal to 75 percent of the difference between such allowable costs and 103 percent of such target amount.

(B) COSTS ABOVE 108 PERCENT OF TARGET AMOUNT.—If the allowable costs for the carrier with respect to the health benefits plan involved for the year are greater than 108

percent of the target amount for the plan and year, the Office shall reimburse the carrier for such excess costs through payment to the carrier in an amount equal to the sum of—

(i) 3.75 percent of such target amount; and

(ii) 90 percent of the difference between such allowable costs and 108 percent of such target amount.

(3) REDUCTION IN PAYMENT IF ALLOWABLE COSTS BELOW 97 PERCENT OF TARGET AMOUNT.—

(A) COSTS BETWEEN 92 AND 97 PERCENT OF TARGET AMOUNT.—If the allowable costs for the carrier with respect to the health benefits plan involved for the year are less than 97 percent, but greater than or equal to 92 percent, of the target amount for the plan and year, the carrier shall be required to pay into the contingency reserve fund maintained under section 8909(b)(2) of title 5, United States Code, an amount equal to 75 percent of the difference between 97 percent of the target amount and such allowable costs.

(B) COSTS BELOW 92 PERCENT OF TARGET AMOUNT.—If the allowable costs for the carrier with respect to the health benefits plan involved for the year are less than 92 percent of the target amount for the plan and year, the carrier shall be required to pay into the stabilization fund under section 8909(b)(2) of title 5, United States Code, an amount equal to the sum of—

(i) 3.75 percent of such target amount; and

(ii) 90 percent of the difference between 92 percent of such target amount and such allowable costs.

(4) TARGET AMOUNT DESCRIBED.—

(A) IN GENERAL.—For purposes of this subsection, the term ''target amount'' means, with respect to a health benefits plan offered by a carrier under this Act in any of calendar years 2007 through 2011, an amount equal to—

(i) the total of the monthly premiums estimated by the carrier and approved by the Office to be paid for enrollees in the plan under this Act for the calendar year involved; reduced by

(ii) the amount of administrative expenses that the carrier estimates, and the Office approves, will be incurred by the carrier with respect to the plan for such calendar year.

(B) SUBMISSION OF TARGET AMOUNT.—Not later than December 31, 2006, and each December 31 thereafter through calendar year 2010, a carrier shall submit to the Office a description of the target amount for such carrier with respect to health benefits plans provided by the carrier under this Act.

(c) DISCLOSURE OF INFORMATION.—

(1) IN GENERAL.—Each contract under this Act shall provide—

(A) that a carrier offering a health benefits plan under this Act shall provide the Office with such information as the Office determines is necessary to carry out this subsection including the notification of costs under subsection (a)(2) and the target amount under subsection (b)(4)(B); and

(B) that the Office has the right to inspect and audit any books and records of the organization that pertain to the information regarding costs provided to the Office under such subsections.

(2) RESTRICTION ON USE OF INFORMATION.—Information disclosed or obtained pursuant to the provisions of this subsection may be used by officers, employees, and contractors of the Office only for the purposes of, and to the extent necessary in, carrying out this section.

SEC. 8. ENCOURAGING PARTICIPATION BY CARRIERS THROUGH REINSURANCE.

(a) ESTABLISHMENT.—The Office shall establish a reinsurance fund to provide payments to carriers that experience one or more catastrophic claims during a year for health benefits provided to individuals enrolled in a health benefits plan under this Act.

(b) ELIGIBILITY FOR PAYMENTS.—To be eligible for a payment from the reinsurance fund for a plan year, a carrier under this Act shall submit to the Office an application that contains—

(1) a certification by the carrier that the carrier paid for at least one episode of care during the year for covered health benefits for an individual in an amount that is in excess of $50,000; and

(2) such other information determined appropriate by the Office.

(c) PAYMENT.—

(1) IN GENERAL.—The amount of a payment from the reinsurance fund to a carrier under this section for a catastrophic episode of care shall be determined by the Office but shall not exceed an amount equal to 80 percent of the applicable catastrophic claim amount.

(2) APPLICABLE CATASTROPHIC CLAIM AMOUNT.—For purposes of paragraph (1), the applicable catastrophic episode of care amount shall be equal to the difference between—

(A) the amount of the catastrophic claim; and

(B) $50,000.

(3) LIMITATION.—In determining the amount of a payment under paragraph (1), if the amount of the catastrophic claim exceeds the amount that would be paid for the healthcare items or services involved under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), the Office shall use the amount that would be paid under such title XVIII for purposes of paragraph (2)(A).

(d) DEFINITION.—In this section, the term ''catastrophic claim'' means a claim submitted to a carrier, by or on behalf of an enrollee in a health benefits plan under this Act, that is in excess of $50,000.

(e) TERMINATION OF FUND.—The reinsurance fund established under subsection (a) shall terminate on the date that is 2 years after the date on which the first contract period becomes effective under this Act.

SEC. 9. CONTINGENCY RESERVE FUND.

Beginning on October 1, 2010, the Office may use amounts appropriated under section 14(a) that remain unobligated to establish a contingency reserve fund to provide assistance to carriers offering health benefits plans under this Act that experience unanticipated financial hardships (as determined by the Office).

SEC. 10. EMPLOYER PARTICIPATION.

(a) REGULATIONS.—The Office shall prescribe regulations providing for employer participation under this Act, including the offering of health benefits plans under this Act to employees.

(b) ENROLLMENT AND OFFERING OF OTHER COVERAGE.—

(1) ENROLLMENT.—A participating employer shall ensure that each eligible employee has an opportunity to enroll in a plan under this Act.

(2) PROHIBITION ON OFFERING OTHER COMPREHENSIVE HEALTH BENEFIT COVERAGE.—A participating employer may not offer a health insurance plan providing comprehensive health benefit coverage to employees other than a health benefits plan that—

(A) meets the requirements described in section 4(a); and

(B) is offered only through the enrollment process established by the Office under section 3.

(3) OFFER OF SUPPLEMENTAL COVERAGE OPTIONS.—

(A) IN GENERAL.—A participating employer may offer supplementary coverage options to employees.

(B) DEFINITION.—In subparagraph (A), the term ''supplementary coverage'' means benefits described as ''excepted benefits'' under section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91(c)).

(c) RULE OF CONSTRUCTION.—Except as provided in section 15, nothing in this Act shall be construed to require that an employer make premium contributions on behalf of employees.

SEC. 11. ADMINISTRATION THROUGH REGIONAL ADMINISTRATIVE ENTITIES.

(a) IN GENERAL.—In order to provide for the administration of the benefits under this Act with maximum efficiency and convenience for participating employers and health care providers and other individuals and entities providing services to such employers, the Office is authorized to enter into contracts with eligible entities to perform, on a regional basis, one or more of the following:

(1) Collect and maintain all information relating to individuals, families, and employers participating in the program under this Act in the region served.

(2) Receive, disburse, and account for payments of premiums to participating employers by individuals in the region served, and for payments by participating employers to carriers.

(3) Serve as a channel of communication between carriers, participating employers, and individuals relating to the administration of this Act.

(4) Otherwise carry out such activities for the administration of this Act, in such manner, as may be provided for in the contract entered into under this section.

(5) The processing of grievances and appeals.

(b) APPLICATION.—To be eligible to receive a contract under subsection (a), an entity shall prepare and submit to the Office an application at such time, in such manner, and containing such information as the Office may require.

(c) PROCESS.—

(1) COMPETITIVE BIDDING.—All contracts under this section shall be awarded through a competitive bidding process on a bi-annual basis.

(2) REQUIREMENT.—No contract shall be entered into with any entity under this section unless the Office finds that such entity will perform its obligations under the contract efficiently and effectively and will meet such requirements as to financial responsibility, legal authority, and other matters as the Office finds pertinent.

(3) PUBLICATION OF STANDARDS AND CRITERIA.—The Office shall publish in the Federal Register standards and criteria for the efficient and effective performance of contract obligations under this section, and opportunity shall be provided for public comment prior to implementation. In establishing such standards and criteria, the Office shall provide for a system to measure an entity's performance of responsibilities.

(4) TERM.—Each contract under this section shall be for a term of at least 1 year, and may be made automatically renewable from term to term in the absence of notice by either party of intention to terminate at the end of the current term, except that the Office may terminate any such contract at any time (after such reasonable notice and opportunity for hearing to the entity involved as the Office may provide in regulations) if the Office finds that the entity has failed substantially to carry out the contract or is carrying out the contract in a manner inconsistent with the efficient and effective administration of the program established by this Act.

(d) TERMS OF CONTRACT.—A contract entered into under this section shall include—

(1) a description of the duties of the contracting entity;

(2) an assurance that the entity will furnish to the Office such timely information and reports as the Office determines appropriate;

(3) an assurance that the entity will maintain such records and afford such access thereto as the Office finds necessary to assure the correctness and verification of the information and reports under paragraph (2) and otherwise to carry out the purposes of this Act;

(4) an assurance that the entity shall comply with such confidentiality and privacy protection guidelines and procedures as the Office may require; and

(5) such other terms and conditions not inconsistent with this section as the Office may find necessary or appropriate.

SEC. 12. COORDINATION WITH SOCIAL SECURITY BENEFITS.

Benefits under this Act shall, with respect to an individual who is entitled to benefits under part A of title XVIII of the Social Security Act, be offered (for use in coordination with those medicare benefits) to the same extent and in the same manner as if coverage were under chapter 89 of title 5, United States Code.

SEC. 13. PUBLIC EDUCATION CAMPAIGN.

(a) IN GENERAL.—In carrying out this Act, the Office shall develop and implement an educational campaign to provide information to employers and the general public concerning the health insurance program developed under this Act.

(b) ANNUAL PROGRESS REPORTS.—Not later than 1 year and 2 years after the implementation of the campaign under subsection (a), the Office shall submit to the appropriate committees of Congress a report that describes the activities of the Office under subsection (a), including a determination by the office of the percentage of employers with knowledge of the health benefits programs provided for under this Act.

(c) PUBLIC EDUCATION CAMPAIGN.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2007 and 2008.

SEC. 14. APPROPRIATIONS.

There are authorized to be appropriated to the Office, such sums as may be necessary in each fiscal year for the development and administration of the program under this Act.

SEC. 15. REFUNDABLE CREDIT FOR SMALL BUSINESS EMPLOYEE HEALTH INSURANCE EXPENSES.

(a) IN GENERAL.—Subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to refundable credits) is amended by redesignating section 36 as section 37 and inserting after section 35 the following new section:

"SEC. 36. SMALL BUSINESS EMPLOYEE HEALTH INSURANCE EXPENSES.

''(a) DETERMINATION OF AMOUNT.—In the case of a qualified small employer, there shall be allowed as a credit against the tax imposed by this subtitle for the taxable year an amount equal to the sum of—

''(1) the expense amount described in subsection (b), and

''(2) the expense amount described in subsection (c), paid by the taxpayer during the taxable year.

''(b) SUBSECTION (b) EXPENSE AMOUNT.—For purposes of this section—

''(1) IN GENERAL.—The expense amount described in this subsection is the applicable percentage of the amount of qualified employee health insurance expenses of each qualified employee.

''(2) APPLICABLE PERCENTAGE.—For purposes of paragraph (1)—

''(A) IN GENERAL.—The applicable percentage is equal to—

''(i) 25 percent in the case of self-only coverage,

''(ii) 35 percent in the case of family coverage (as defined in section 220(c)(5)), and

''(iii) 30 percent in the case of coverage for two adults or one adult and one or more children.

''(B) BONUS FOR PAYMENT OF GREATER PERCENTAGE OF PREMIUMS.—The applicable percentage otherwise specified in subparagraph (A) shall be increased by 5 percentage points for each additional 10 percent of the qualified employee health insurance expenses of each qualified employee exceeding 60 percent which are paid by the qualified small employer.

''(c) SUBSECTION (c) EXPENSE AMOUNT.—For purposes of this section—

''(1) IN GENERAL.—The expense amount described in this subsection is, with respect to the first credit year of a qualified small employer which is an eligible employer, 10 percent of the qualified employee health insurance expenses of each qualified employee.

''(2) FIRST CREDIT YEAR.—For purposes of paragraph (1), the term 'first credit year' means the taxable year which includes the date that the health insurance coverage to which the qualified employee health insurance expenses relate becomes effective.

''(d) LIMITATION BASED ON WAGES.— With respect to a qualified employee whose wages at an annual rate during the taxable year exceed $25,000, the percentage which would (but for this section) be taken into account as the percentage for purposes of subsection (b)(2) or (c)(1) for the taxable year shall be reduced by an amount equal to the product of such percentage and the percentage that such qualified employee's wages in excess of $25,000 bears to $5,000.

''(e) DEFINITIONS.—For purposes of this section—

''(1) QUALIFIED SMALL EMPLOYER.—The term 'qualified small employer' means any employer (as defined in section 2(b)(2) of the Small Employers Health Benefits Program Act of 2006) which—

''(A) is a participating employer (as defined in section 2(b)(5) of such Act),

''(B) pays or incurs at least 60 percent of the qualified employee health insurance expenses of each qualified employee for self-only coverage, and

''(C) pays or incurs at least 50 percent of the qualified employee health insurance expenses of each qualified employee for all other categories of coverage.

''(2) QUALIFIED EMPLOYEE HEALTH INSURANCE EXPENSES.—

''(A) IN GENERAL.—The term 'qualified employee health insurance expenses' means any amount paid by an employer for health insurance coverage under such Act to the extent such amount is attributable to coverage provided to any employee while such employee is a qualified employee.

''(B) EXCEPTION FOR AMOUNTS PAID UNDER SALARY REDUCTION ARRANGEMENTS.—No amount paid or incurred for health insurance coverage pursuant to a salary reduction arrangement shall be taken into account under subparagraph (A).

''(3) QUALIFIED EMPLOYEE.—

''(A) DEFINITION.—

''(i) IN GENERAL.—The term 'qualified employee' means, with respect to any period, an employee (as defined in section 2(b)(1) of such Act) of an employer if the total amount of wages paid or incurred by such employer to such employee at an annual rate during the taxable year exceeds $5,000 but does not exceed $30,000.

''(ii) ANNUAL ADJUSTMENT.—For each taxable year after 2007, the dollar amounts specified for the preceding taxable year (after the application of this subparagraph) shall be increased by the same percentage as the average percentage increase in premiums under the Federal Employees Health Benefits Program under chapter 89 of title 5, United States Code for the calendar year in which such taxable year begins over the preceding calendar year.

''(B) WAGES.—The term 'wages' has the meaning given such term by section 3121(a) (determined without regard to any dollar limitation contained in such section).

''(f) CERTAIN RULES MADE APPLICABLE.—For purposes of this section, rules similar to the rules of section 52 shall apply.

''(g) CREDITS FOR NONPROFIT ORGANIZATIONS.—Any credit which would be allowable under subsection (a) with respect to a qualified small business if such qualified small business were not exempt from tax under this chapter shall be treated as a credit allowable under this subpart to such qualified small business.''.

(b) CONFORMING AMENDMENTS.—

(1) Paragraph (2) of section 1324(b) of title 31, United States Code, is amended by inserting before the period '', or from section 36 of such Code''.

(2) The table of sections for subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by striking the last item and inserting the following new items:

''Sec. 36. Small business employee health insurance expenses

''Sec. 37. Overpayments of tax''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to amounts paid or incurred in taxable years beginning after December 31, 2006.

SEC. 16. EFFECTIVE DATE.

Except as provided in section 10(e), this Act shall take effect on the date of enactment of this Act and shall apply to contracts that take effect with respect to calendar year 2007 and each calendar year thereafter.

By Mr. DEWINE (for himself, Mr. LEVIN, Ms. STABENOW, Mr. VOINOVICH, Mrs. CLINTON, and Mr. SCHUMER):

S. 2545. A bill to establish a collaborative program to protect the Great Lakes, and for other purposes; to the Committee on Environment and Public Works.

Mr. DEWINE. Mr. President, today I am proud to introduce the Great Lakes Collaboration Implementation Act with my colleague, Senator LEVIN. I would like to thank him for all of his hard work on this legislation and the Great Lakes.

The Great Lakes are a unique natural resource that need to be protected for future generations. The Great Lakes hold one-fifth of the world's surface freshwater, cover more than 94,000 square miles, and drain more than twice as much land. Over thirty of the basin's biological communities—and over 100 species—are globally rare or found only in the Great Lakes basin. The 637 State parks in the region accommodate more than 250 million visitors each year. The Great Lakes are significant to the eight States and two Canadian provinces that border them, as well as to the millions of other people around the country who fish, visit the surrounding parks, or use products that are affordably shipped to them via the lakes.

Unfortunately, the Great Lakes remain in a degraded state. A 2003 GAO

report said, ''Despite early success in improving conditions in the Great Lakes Basin, significant environmental challenges remain, including increased threats from invasive species and cleanup of areas contaminated with toxic substances that pose human health threats.'' Many scientists affirm that the Great Lakes are exhibiting signs of stress due to a combination of sources, including toxic contaminants, invasive species, nutrient loading, shoreline and upland land use changes, and hydrologic modifications. A 2005 report from a group of Great Lakes scientific experts states that ''historical sources of stress have combined with new ones to reach a tipping point, the point at which ecosystem-level changes occur rapidly and unexpectedly, confounding the traditional relationships between sources of stress and the expected ecosystem response.''

One cannot see the many threats to the Lakes simply by looking at them. The zebra mussel, an aquatic invasive species, causes $500 million per year in economic and environmental damage to the Great Lakes. One study found that since 1990—the year that zebra mussels really began to make an impact—Lake Michigan's yellow perch population has decreased by about 80 percent. In 2000, seven people died after pathogens entered the Walkerton, Ontario drinking water supply from the lakes. In May of 2004, more than ten billion gallons of raw sewage and storm water were dumped into the Great Lakes. In that same year, over 1,850 beaches in the Great Lakes were closed. Each summer, Lake Erie develops a 6,300 square mile dead zone. There is no appreciable natural reproduction of lake trout in the lower four lakes. More than half of the Great Lakes region's original wetlands have been lost, along with 60 percent of the forests. Wildlife habitat has been destroyed, thus diminishing opportunities necessary for fishing, hunting and other forms of outdoor recreation.

For several years, I have been calling for a plan to restore the Lakes and have been urging governors, mayors, environmental community and other regional interests to agree on a vision for the Great Lakes—not just immediately, but for the long-term future.

Last year, over 1,500 people worked to draft a plan through a process called Great Lakes Regional Collaboration. The Collaboration strategy includes dozens of recommendations for action at the federal, state, local, and tribal actions that will help restore the Great Lakes. Senator CARL LEVIN and I—as well as our colleagues in the House—have crafted a bill to implement these recommendations.

This bill would reduce the threat of non-native species invading the Great Lakes through ballast water and other pathways. The bill targets the Asian carp by authorizing the Corps of Engineers to improve the dispersal barrier project and prohibiting the importation or interstate commerce of live Asian carp.

The bill addresses threats to fish and wildlife habitat by reauthorizing the Great Lakes Fish & Wildlife Restoration Act, a current program that provides grants to states and tribes.

The bill reauthorizes the State Revolving Loan Fund and provides $20 billion over five years to assist communities with the critical task of upgrading and improving their wastewater infrastructure.

The bill authorizes $150 million per year for contaminated sediment cleanup at Areas of Concern under the Great Lakes Legacy program. It also provides the EPA with greater flexibility in implementing the program by allowing the Great Lakes National Program Office to disburse funds to the non-federal sponsor of a Legacy Act project.

The bill establishes a new grant program within EPA, called the Great Lakes Mercury Product Stewardship Strategy Grant Program, to phase out mercury in products.

The bill improves existing research programs and fills the gap where work is needed. We need baseline data to understand how the lakes are changing and where improvements are succeeding.

The bill authorizes NOAA to restore and remediate waterfront areas. Projects will require a non-federal partner who will provide at least a 35% cost-share. Individual projects may not cost more than $5 million.

Lastly, the bill establishes the Great Lakes Interagency Task Force and the Great Lakes Regional Collaboration process in order to coordinate and improve Great Lakes programs.

Restoring the Great Lakes to a healthy ecosystem is not something that will happen overnight. This is a long-term process, but Congress needs to act now. Our bill is a major step in the right direction. We need to continue to refocus and improve our efforts in order to reverse the trend of degradation of the Great Lakes. They are a unique natural resource for Ohio, the entire region, and the country—a resource that must be protected for future generations. I ask my colleagues to join me in support of this bill and in our efforts to help preserve and protect the long-term viability of our Great Lakes.

Mr. LAUTENBERG. Mr. President, I rise to submit a concurrent resolution to honor the fallen soldiers we have lost in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). My resolution, which Congressman RAHM EMANUEL is introducing in the House of Representatives, directs the Architect of the Capitol to display an exhibit to honor the memory of these brave men and women in the Rotunda of the Capitol building during the period beginning on May 29, 2006, and ending on July 4, 2006. The exhibit will display the name, photograph, and biographical information of each individual member of the United States Armed Forces who has been killed in Afghanistan and Iraq. Visitors will also have the opportunity to write messages of support and sympathy to the families of the fallen.

On March 20, 2006, we observed the third anniversary of the war of Iraq. Since the start of the war, more than 2,500 American soldiers have been killed serving their country. As we continue our efforts in Iraq and Afghanistan, we must recognize the ultimate sacrifice made by these troops. This temporary display will show the families of these heroes that they will always be remembered by a grateful nation.

I want to thank Senators CLINTON, BINGAMAN, KENNEDY, JOHNSON, BOXER, MENENDEZ, LANDRIEU, KERRY, and FEINSTEIN for co-sponsoring this important resolution. I hope that the rest of the Senate will support its passage, too.

Ms. STABENOW. Mr. President, I rise today to join my colleagues, Senator LEVIN an Senator DEWINE, in offering the Great Lakes Collaboration Implementation Act of 2006. I am a cosponsor of this bipartisan bill, introduced on behalf of the Great Lakes Senators by the co-chairs of our Great Lakes Task Force. Our bill is also cosponsored by Senator CLINTON, Senator VOINOVICH, and Senator SCHUMER.

The health and sustainability of the Great Lakes are something I feel passionately about. There is no more important issue to Michigan and our region of the country than the Great Lakes.

I want to take just a moment to recognize someone else who is equally passionate about Great Lakes protection and restoration. No single person has devoted more time, energy, and personal resources to the Great Lakes than Peter Wege of Grand Rapids, Michigan.

Peter Wege has been a leader and visionary for Great Lakes restoration for decades. Through the Wege Foundation, which he founded in 1967, he has made generous gifts to the people of Grand Rapids and communities all over Western Michigan for community development. I believe that part of the reason we are standing here today with a comprehensive bill to restore the Lakes is due to the work of Peter Wege. In 2005, a gift from the Wege Foundation created the Healing Our Waters Coalition, a coalition of grassroots groups dedicated to securing a sustainable restoration plan and Federal and State funding to carry it out. The Healing Our Waters Coalition and Peter Wege have been instrumental in bringing Great Lakes restoration to the forefront of national policy.

For the people of Michigan the Great Lakes are more than just one-fifth of the world's fresh water and a unique ecosystem—they are part of our identity. The Lakes are where we spend summers with our families, where we boat and swim, and where we fish and hunt. The Lakes also sustain our State and local economies by providing a

major route for intrastate and international commerce. The health and future of Michigan is directly linked to the health and future of the Great Lakes.

We in Michigan are blessed with a beautiful State full of lakes, rivers, forests, and streams. We have more public access to waterways than all of the other 49 States combined. We are surrounded by four of the five Great Lakes and more than 40,000 interior lakes, streams, and trails. This rich abundance of natural resources has made the outdoors a critical part of Michigan's economy and our way-of-life. The Great Lakes are key in this. Consider that the total revenue from Michigan's fishing, hunting and wildlife watching is nearly $5 billion every year. Fishing brings $2 billion annually to our State economy. Michigan has the most registered boaters of any State, nearly one million, and recreational boating brings $2 billion annually to the state. It's easy to see what restoring the Great Lakes is so important to us.

There are currently between 140 and 200 separate Great Lakes environmental programs administered by 10 Federal agencies. Each of these is important and has helped us significantly improve the health of the Great Lakes over the past 35 years. That said true restoration will take local, regional, and national coordination on projects that address all of the critical challenges facing the health of the Great Lakes.

In May 2004, President Bush signed a Presidential Executive Order creating the Great Lakes Regional Collaboration, also called the GLRC. The group is composed of Federal agencies, Great Lakes governors and mayors, local communities, Native American Tribes, and other stakeholders from the Great Lakes Basin. In December of last year the GLRC released a report outlining comprehensive and collaborative restoration of the Great Lakes ecosystem—the Great Lakes Regional Collaboration Strategy. The report calls for $20 billion in Federal, State, and local funding to clean up toxic hotspots, restore wetlands, prevent the introduction of new invasive species, and modernizing water treatment systems.

The GLRC Strategy has been endorsed through the Great Lakes Regional Collaboration Resolution by Great Lakes mayors, governors, tribes, the Congressional delegation, and the Interagency Task Force.

The bill that I am introducing today with my colleagues takes the next critical step and turns the strategy document into an on-the-ground reality.

Our commitment is strong. We have the will and the way, all we need now is the support of Congress to ensure the future of the Great Lakes—a magnificent natural resource that has been entrusted to our care.

Mr. LEVIN. Mr. President, I am pleased to introduce the ''Great Lakes Restoration Implementation Act'' with Senator MIKE DEWINE and our co-sponsors, Senators DEBBIE STABENOW, GEORGE VOINOVICH, and HILLARY RODHAM CLINTON. I also want to thank Representatives VERN EHLERS and RAHM EMANUEL for introducing similar Great Lakes restoration legislation in the House today.

The Great Lakes are vital not only to Michigan but to the Nation. Roughly one-tenth of the U.S. population lives in the Great Lakes basin and depends daily on the lakes. The Great Lakes provide drinking water to 33 million people. They provide the largest recreational resource for their neighboring States. They form the largest body of freshwater in the world, containing roughly 18 percent of the world's total; only the polar ice caps contain more freshwater. They are critical for our economy by helping move natural resources to the factory and to move products to market.

While the environmental protections that were put in place in the early 1970s have helped the Great Lakes make strides toward recovery, a 2003 GAO report made clear that there is much work still to do. That report stated: ''Despite early success in improving conditions in the Great Lakes Basin, significant environmental challenges remain, including increased threats from invasive species and cleanup of areas contaminated with toxic substances that pose human health threats.''

The Great Lakes problems have been well-known for several years, and, for the past year, 1,500 people through the Great Lakes region have worked together to compile recommendations for restoring the lakes. These recommendations were released last December, and, today, I am introducing this legislation to implement those recommendations.

This bill would reduce the threat of new invasive species by enacting comprehensive invasive species legislation and put ballast technology on board ships; it specifically targets Asian carp by authorizing the operation and maintenance of the dispersal barrier. The bill would restore fish and wildlife habitat by reauthorizing the Great Lakes Fish and Wildlife Restoration Act. It would provide additional resources to States and cities for their water infrastructure. It would provide additional funding for contaminated sediment cleanup and would give the EPA additional tools under the Great Lakes Legacy Act to move projects along faster. The bill would create a new grant program to phase-out mercury in products. It would authorize additional research through existing Federal programs as well as our non-Federal research institutions. And it would authorize coordination of federal programs.

The Great Lakes are a unique American treasure. We must recognize that we are only their temporary stewards. If Congress does not act to keep pace with the needs of the lakes, and the tens of millions of Americans dependent upon them and affected by their condition, the current problems will continue to build, and we may start to undo some of the good work that has already been done. We must be good stewards by ensuring that the federal government meets its ongoing obligation to protect and restore the Great Lakes. This legislation will help us meet that great responsibility to future generations.

By Mr. AKAKA (for himself and Mr. BINGAMAN):

S. 2550. A bill to provide for direct access to electronic tax return filing, and for other purposes; to the Committee on Finance.

Mr. AKAKA. Mr. President. As the tax filing deadline approaches, I am delighted to introduce the Free Internet Filing Act. The bill requires the Internal Revenue Service (IRS) to provide universal access to individual taxpayers filing their tax returns directly through the IRS Web site. I thank Senator BINGAMAN for cosponsoring this bill and working with me on so many issues that are important to taxpayers.

It is frustrating that individual taxpayers completing their own returns are not able to file directly with the IRS. Taxpayers are dependent on commercial preparers to electronically file their taxes. If a taxpayer takes the time necessary to prepare their returns by themselves, they must be provided with the option of electronically filing directly with the IRS. My legislation would make this direct filing possible.

The current system that provides a select group of taxpayers with the ability to file electronically for free using third party intermediaries, called the Free File Alliance, is a failure. In testimony before the Finance Committee yesterday, The National Taxpayer Advocate, Ms. Nina Olson, testified that ''As currently structured, Free File amounts to a Wild, Wild West of differing eligibility requirements, differing capabilities, differing availability of and fees for add-on products, and many sites that are difficult to use.'' Ms. Olson also stated that the ''IRS should place a basic, fill-in template on its website to allow any taxpayer who wants to self-prepare his or her return to do so and file directly with the IRS for free.'' I completely agree.

The current Free File Alliance agreement leaves out too many taxpayers. Taxpayers that make more than $50,000 are not eligible. In addition, tax preparation companies try to sell additional products and services, such as refund anticipation loans, to consumers that utilize their free file services that are accessed via the IRS Web site. Taxpayers should not be forced to access online filing through companies that peddle services and products to them. Taxpayers are directed to these companies via the IRS Web site. This should not happen. While paying their taxes

and fulfilling their obligations, taxpayers should be allowed to file directly without being subjected to sales pitches or ads. Taxpayers should not have the additional worry associated with sharing their private financial information with a tax preparation company. In the current environment where there have been so many electronic breeches of financial information, taxpayers should not be forced to hand over their private information if they want to electronically file their return with the IRS. Taxpayers should not lose out on the benefits of electronic filing simply because they are worried about sending their data to third parties.

My legislation will help increase the number of electronically filed returns. As Ms. Olson pointed out, nearly 45 million returns prepared using software are mailed in rather than electronically filed. With universal access to free e-file, this number could be substantially reduced. Electronic returns help taxpayers receive their refunds faster than mailing them in. This would also save the IRS resources and reduce possible errors that can occur when the mailed in returns are transcribed.

I want to take a moment to express my appreciation for all of the tremendous work that Ms. Olson has done in an attempt to improve the lives of taxpayers. It is a pleasure to work with Ms. Olson and her staff both in Washington and Hawaii. I look forward to continuing to work with the National Taxpayer Advocate, other Treasury officials, and my colleagues to expand access to Internet filing.

I ask unanimous consent that the full text of the bill be printed in the RECORD. I also ask unanimous consent that a letter of support from the Hawaii Alliance for Community-Based Economic Development be printed in the RECORD.

There being no objection, the materials were ordered to be printed in the RECORD as follows:

S. 2550

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 ''Free Internet Filing Act''.

SEC. 2. DIRECT ACCESS TO E-FILE FEDERAL INCOME TAX RETURNS.

(a) IN GENERAL.—The Secretary of the Treasury shall provide individual taxpayers with the ability to electronically file their Federal income tax returns through the Internal Revenue Service website without the use of an intermediary or with the use of an intermediary which is contracted by the Internal Revenue Service to provide free universal access for such filing (hereafter in this section referred to as the ''direct e-file program'') for taxable years beginning after the date which is not later than 3 years after the date of the enactment of this Act.

(b) DEVELOPMENT AND OPERATION OF PROGRAM.—In providing for the development and operation of the direct e-file program, the Secretary of the Treasury shall—

(1) consult with nonprofit organizations representing the interests of taxpayers as well as other private and nonprofit organizations and Federal, State, and local agencies as determined appropriate by the Secretary,

(2) promulgate such regulations as necessary to administer such program, and

(3) conduct a public information and consumer education campaign to encourage taxpayers to use the direct e-file program.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as are necessary to carry out the direct e-file program. Any sums so appropriated shall remain available until expended.

(d) REPORTS TO CONGRESS.—

(1) REPORT ON IMPLEMENTATION.—The Secretary of the Treasury shall report to the Committee on Finance of the Senate and the Committee on Ways and Means of the House of Representatives every 6 months regarding the status of the implementation of the direct e-file program.

(2) REPORT ON USAGE.—The Secretary of the Treasury, in consultation with the National Taxpayer Advocate, shall report to the Committee on Finance of the Senate and the Committee on Ways and Means of the House of Representatives annually on taxpayer usage of the direct e-file program.

HAWAI'I ALLIANCE FOR COMMUNITY-BASED ECONOMIC DEVELOPMENT,
Honolulu, HI, April 4, 2006.

Hon. DANIEL K. AKAKA,
U.S. Senate, 141 Hart Senate Office Building, Washington, DC.

DEAR SENATOR AKAKA: The Hawai'i Alliance for Community Based Economic Development (HACBED) is writing in support of the ''Free Internet Filing Act.''

HACBED is a statewide 501(c)3 organization established in 1992 to help maximize the impact of community-based economic development organizations (CBEDOs). We pursue our mission by helping CBEDOs to increase community control of their assets and means of production. We accomplish this in many ways—by providing technical support to help CBEDOs deal with organizational issues; by networking on a local and national basis for funding and financing for community-based efforts; and, by advocating for communities to play a more active role in the political process in order to effect systemic change. To this end, HACBED has been facilitating statewide conversations to develop a comprehensive asset policy agenda. Core to this agenda is the recognition of the importance of creating policies that assist individuals, families and the broader community to build wealth.

Tax season is an essential time for low income families to take advantage of their tax related benefits, including the earned income tax credit. Electronic filing of taxes is a quicker, more efficient way to process a tax return. In many cases, working families must pay a professional tax preparer to prepare their return and file electronically. By providing free universal access to electronic filing these low income working families would be able to keep more of their hard earned dollars in their pocket.

HACBED fully supports this bill and we look forward to working with you in the future to insure free and low cost tax related services for low income families.

Sincerely,

BRENT DILLABAUGH,
Public Policy Director.

By Mr. MENENDEZ (for himself and Mr. LAUTENBERG):

S. 2551. A bill to provide for prompt payment and interest on late payments of health care claims; to the Committee on Health, Education, Labor, and Pensions.

Mr. MENENDEZ. Mr. President, I rise today to introduce legislation, along with my colleague, Senator LAUTENBERG, to preserve seniors' and all patients' access to local pharmacies, doctors and hospitals. Since these providers are on the front lines of our communities' health care systems and often find themselves squeezed by insurance copies on the one hand and their obligation to take care of patients on the other, this bill aims to relieve their burden by requiring prescription drug managers, managed care plans and other private health insurers to pay health care claims in a timely fashion.

The Prompt Payment of Health Benefits Claims Act bill seeks to address the financial strains being faced by hospitals and physicians in my State of New Jersey and across the country. In addition, this legislation would address the new financial crisis pharmacies are facing in light of the new Medicare Prescription Drug benefit. Specifically, the legislation requires prescription drug managers, private health plans and other private health insurers to pay manually filed claims within 30 days and electronically filed claims within 14 days. Insurers that fail to meet these timeframes would be required to pay interest for every day the claims goes unpaid. Insurers that knowingly violate these prompt payment requirements would be subject to monetary penalties.

A Federal prompt pay law is critical to ensuring that our pharmacies and health care providers maintain adequate cash flows and are able to continue functioning. Seniors and all patients depend on their local pharmacists and preferred physicians. They are the providers that know their patients best and ensure that they receive the important care they need and deserve. The threat of local pharmacies, physicians and hospitals going out of business has serious consequences with regards to the kind of care the community will receive.

The need for this legislation cannot be understated. In my State of New Jersey, local pharmacies have never had a more challenging financial situation. They are encountering lower reimbursement rates from the prescription drug managers and a 60–90 day lag time in reimbursements, which are putting many on the brink of going out of business. Almost half of all hospitals are operating in the red, and that number is growing. Physicians and hospitals are experiencing rising health care operating costs and tight Federal and State budgets. Untimely payment of claims has only compounded these problems.

The problem of late payments has reached such a crisis that the majority of States, including New Jersey, have enacted ''prompt pay'' laws to require insurers to pay their bills within a specific timeframe. Unfortunately, New Jersey's law, like most similar State laws, is largely ineffective because it

lacks strong enforcement provisions and offers no incentives for private insurers to comply. Furthermore, State prompt-pay laws apply only to State-regulated plans, which only cover approximately half of New Jerseyans that are insured.

The bottom line is that pharmacies, physicians, hospitals and other health care providers should not have to shoulder the burden of unpaid claims. These local providers have fulfilled their commitment to care for patients, and my legislation will ensure that private insurers assume the financial responsibilities for the health coverage they are being paid to provide.

I ask unanimous consent that the text of the legislation be printed in the RECORD.

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

S. 2551

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 ''Prompt Payment of Health Benefits Claims Act of 2006''.

SEC. 2. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

''SEC. 714. PROMPT PAYMENT OF HEALTH BENEFITS CLAIMS.

''(a) TIMEFRAME FOR PAYMENT OF CLEAN CLAIM.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall pay all clean claims and uncontested claims—

''(1) in the case of a claim that is submitted electronically, within 14 days of the date on which the claim is submitted; or

''(2) in the case of a claim that is not submitted electronically, within 30 days of the date on which the claim is submitted.

''(b) PROCEDURES INVOLVING SUBMITTED CLAIMS.—

''(1) IN GENERAL.—Not later than 10 days after the date on which a clean claim is submitted, a group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall provide the claimant with a notice that acknowledges receipt of the claim by the plan or issuer. Such notice shall be considered to have been provided on the date on which the notice is mailed or electronically transferred.

''(2) CLAIM DEEMED TO BE CLEAN.—A claim is deemed to be a clean claim under this section if the group health plan or health insurance issuer involved does not provide notice to the claimant of any deficiency in the claim within 10 days of the date on which the claim is submitted.

''(3) CLAIM DETERMINED TO NOT BE A CLEAN CLAIM.—

''(A) IN GENERAL.—If a group health plan or health insurance issuer determines that a claim for health care expenses is not a clean claim, the plan or issuer shall, not later than the end of the period described in paragraph (2), notify the claimant of such determination. Such notification shall specify all deficiencies in the claim and shall list with specificity all additional information or documents necessary for the proper processing and payment of the claim.

''(B) DETERMINATION AFTER SUBMISSION OF ADDITIONAL INFORMATION.—A claim is deemed to be a clean claim under this paragraph if the group health plan or health insurance issuer involved does not provide notice to the claimant of any deficiency in the claim within 10 days of the date on which additional information is received pursuant to subparagraph (A).

''(C) PAYMENT OF UNCONTESTED PORTION OF A CLAIM.—A group health plan or health insurance issuer shall pay any uncontested portion of a claim in accordance with subsection (a).

''(4) OBLIGATION TO PAY.—A claim for health care expenses that is not paid or contested by a group health plan or health insurance issuer within the timeframes set forth in this subsection shall be deemed to be a clean claim and paid by the plan or issuer in accordance with subsection (a).

''(c) DATE OF PAYMENT OF CLAIM.—Payment of a clean claim under this section is considered to have been made on the date on which full payment is received by the health care provider.

''(d) INTEREST SCHEDULE.—

''(1) IN GENERAL.—With respect to a clean claim, a group health plan or health insurance issuer that fails to comply with subsection (a) shall pay the claimant interest on the amount of such claim, from the date on which such payment was due as provided in this section, at the following rates:

''(A) 1½ percent per month from the 1st day of nonpayment after payment is due through the 15th day of such nonpayment.

''(B) 2 percent per month from the 16th day of such nonpayment through the 45th day of such nonpayment.

''(C) 2½ percent per month after the 46th day of such nonpayment.

''(2) CONTESTED CLAIMS.—With respect to claims for health care expenses that are contested by the plan or issuer, once such claim is deemed clean under subsection (b), the interest rate applicable for noncompliance under this subsection shall apply consistent with paragraph (1).

''(e) PRIVATE RIGHT OF ACTION.—Nothing in this section shall be construed to prohibit or limit a claim or action not covered by the subject matter of this section that any claimant has against a group health plan, or a health insurance issuer.

''(f) ANTI-RETALIATION.—Consistent with applicable Federal or State law, a group health plan or health insurance issuer shall not retaliate against a claimant for exercising a right of action under this section.

''(g) FINES AND PENALTIES.—

''(1) FINES.—

''(A) IN GENERAL.—If a group health plan, or health insurance issuer offering group health insurance coverage, willfully and knowingly violates this section or has a pattern of repeated violations of this section, the Secretary shall impose a fine not to exceed $1,000 per claim for each day a response is delinquent beyond the date on which such response is required under this section.

''(B) REPEATED VIOLATIONS.—If 3 separate fines under subparagraph (A) are levied within a 5-year period, the Secretary is authorized to impose a penalty in an amount not to exceed $10,000 per claim.

''(2) REMEDIAL ACTION PLAN.—Where it is established that the group health plan or health insurance issuer willfully and knowingly violated this section or has a pattern of repeated violations, the Secretary shall require the group health plan or health insurance issuer to—

''(A) submit a remedial action plan to the Secretary; and

''(B) contact claimants regarding the delays in the processing of claims and inform claimants of steps being taken to improve such delays.

''(h) DEFINITIONS.—In this section:

''(1) CLAIMANT.—The term 'claimant' means a participant, beneficiary, pharmacy, or health care provider submitting a claim for payment of health care expenses.

''(2) CLEAN CLAIM.—The term 'clean claim' means a claim—

''(A) with respect to health care expenses for an individual who is covered under a group health plan on the date such expenses are incurred;

''(B) for such expenses that are covered under such plan at such time; and

''(C) that is submitted with all of the information requested by a group health plan or health insurance issuer offering group health insurance coverage in connection with a group health plan on the claim form or other instructions provided to the health care provider prior to submission of the claim.

''(3) CONTESTED CLAIM.—The term 'contested claim' means a claim for health care expenses that is denied by a group health plan or health insurance issuer during or after the benefit determination process.

''(4) HEALTH CARE PROVIDER.—The term 'health care provider' includes a physician or other individual who is licensed, accredited, or certified under State law to provide specified health care services and who is operating within the scope of such licensure, accreditation, or certification, as well as an institution or other facility or agency that provides health care services and is licensed, accredited, or certified to provide health care items and services under applicable State law.''.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) GROUP MARKET.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–4 et seq.) is amended by adding at the end the following:

''SEC. 2707. PROMPT PAYMENT OF HEALTH BENEFITS CLAIMS.

''(a) TIMEFRAME FOR PAYMENT OF CLEAN CLAIM.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall pay all clean claims and uncontested claims—

''(1) in the case of a claim that is submitted electronically, within 14 days of the date on which the claim is submitted; or

''(2) in the case of a claim that is not submitted electronically, within 30 days of the date on which the claim is submitted.

''(b) PROCEDURES INVOLVING SUBMITTED CLAIMS.—

''(1) IN GENERAL.—Not later than 10 days after the date on which a clean claim is submitted, a group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall provide the claimant with a notice that acknowledges receipt of the claim by the plan or issuer. Such notice shall be considered to have been provided on the date on which the notice is mailed or electronically transferred.

''(2) CLAIM DEEMED TO BE A CLEAN CLAIM.—A claim is deemed to be a clean claim under this section if the group health plan or health insurance issuer involved does not provide notice to the claimant of any deficiency in the claim within 10 days of the date on which the claim is submitted.

''(3) CLAIM DETERMINED TO NOT BE A CLEAN CLAIM.—

''(A) IN GENERAL.—If a group health plan or health insurance issuer determines that a claim for health care expenses is not clean, the plan or issuer shall, not later than the end of the period described in paragraph (2), notify the claimant of such determination.

Such notification shall specify all deficiencies in the claim and shall list with specificity all additional information or documents necessary for the proper processing and payment of the claim.

''(B) DETERMINATION AFTER SUBMISSION OF ADDITIONAL INFORMATION.—A claim is deemed to be a clean claim under this paragraph if the group health plan or health insurance issuer involved does not provide notice to the claimant of any deficiency in the claim within 10 days of the date on which the additional information is received pursuant to subparagraph (A).

''(C) PAYMENT OF UNCONTESTED PORTION OF A CLAIM.—A group health plan or health insurance issuer shall pay any uncontested portion of a claim in accordance with subsection (a).

''(4) OBLIGATION TO PAY.—A claim for health care expenses that is not paid or contested by a group health plan or health insurance issuer within the timeframes set forth in this subsection shall be deemed to be a clean claim and paid by the plan or issuer in accordance with subsection (a).

''(c) DATE OF PAYMENT OF CLAIM.—Payment of a clean claim under this section is considered to have been made on the date on which full payment is received by the health care provider.

''(d) INTEREST SCHEDULE.—

''(1) IN GENERAL.—With respect to a clean claim, a group health plan or health insurance issuer that fails to comply with subsection (a) shall pay the claimant interest on the amount of such claim, from the date on which such payment was due as provided in this section, at the following rates:

''(A) 1½ percent per month from the 1st day of nonpayment after payment is due through the 15th day of such nonpayment.

''(B) 2 percent per month from the 16th day of such nonpayment through the 45th day of such nonpayment.

''(C) 2½ percent per month after the 46th day of such nonpayment.

''(2) CONTESTED CLAIMS.—With respect to claims for health care expenses that are contested by the plan or issuer, once such claim is deemed clean under subsection (b), the interest rate applicable for noncompliance under this subsection shall apply consistent with paragraph (1).

''(e) PRIVATE RIGHT OF ACTION.—Nothing in this section shall be construed to prohibit or limit a claim or action not covered by the subject matter of this section that any claimant has against a group health plan, or a health insurance issuer.

''(f) ANTI-RETALIATION.—Consistent with applicable Federal or State law, a group health plan or health insurance issuer shall not retaliate against a claimant for exercising a right of action under this section.

''(g) FINES AND PENALTIES.—

''(1) FINES.—

''(A) IN GENERAL.—If a group health plan, or health insurance issuer offering group health insurance coverage, willfully and knowingly violates this section or has a pattern of repeated violations of this section, the Secretary shall impose a fine not to exceed $1,000 per claim for each day a response is delinquent beyond the date on which such response is required under this section.

''(B) REPEATED VIOLATIONS.—If 3 separate fines under subparagraph (A) are levied within a 5-year period, the Secretary is authorized to impose a penalty in an amount not to exceed $10,000 per claim.

''(2) REMEDIAL ACTION PLAN.—Where it is established that the group health plan or health insurance issuer willfully and knowingly violated this section or has a pattern of repeated violations, the Secretary shall require the health plan or health insurance issuer to—

''(A) submit a remedial action plan to the Secretary; and

''(B) contact claimants regarding the delays in the processing of claims and inform claimants of steps being taken to improve such delays.

''(h) DEFINITIONS.—In this section:

''(1) CLAIMANT.—The term 'claimant' means a participant, beneficiary, pharmacy, or health care provider submitting a claim for payment of health care expenses.

''(2) CLEAN CLAIM.—The term 'clean claim' means a claim—

''(A) with respect to health care expenses for an individual who is covered under a group health plan on the date such expenses are incurred;

''(B) for such expenses that are covered under such plan at such time; and

''(C) that is submitted with all of the information requested by a group health plan or health insurance issuer offering group health insurance coverage in connection with a group health plan on the claim form or other instructions provided to the health care provider prior to submission of the claim.

''(3) CONTESTED CLAIM.—The term 'contested claim' means a claim for health care expenses that is denied by a group health plan or health insurance issuer during or after the benefit determination process.

''(4) HEALTH CARE PROVIDER.—The term 'health care provider' includes a physician or other individual who is licensed, accredited, or certified under State law to provide specified health care services and who is operating within the scope of such licensure, accreditation, or certification, as well as an institution or other facility or agency that provides health care services and is licensed, accredited, or certified to provide health care items and services under applicable State law.''.

(b) INDIVIDUAL MARKET.—Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–41 et seq.) is amended—

(1) by redesignating the first subpart 3 (relating to other requirements) as subpart 2; and

(2) by adding at the end of subpart 2 the following:

''SEC. 2753. STANDARDS RELATING TO PROMPT PAYMENT OF HEALTH BENEFITS CLAIMS.

''The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.''.

SEC. 4. AMENDMENTS TO THE SOCIAL SECURITY ACT.

(a) PROMPT PAYMENT BY PRESCRIPTION DRUG PLANS.—Section 1860D–12(b) of the Social Security Act (42 U.S.C. 1395w–112(b)) is amended by adding at the end the following new paragraph:

''(4) PROMPT PAYMENT OF CLEAN CLAIMS.—

''(A) PROMPT PAYMENT.—

''(i) IN GENERAL.—Each contract entered into with a PDP sponsor under this section with respect to a prescription drug plan offered by such sponsor shall provide that payment shall be issued, mailed, or otherwise transmitted with respect to all clean claims submitted under this part within the applicable number of calendar days after the date on which the claim is received.

''(ii) CLEAN CLAIM DEFINED.—In this paragraph, the term 'clean claim' means a claim—

''(I) with respect to health care expenses for an individual who is covered under a group health plan on the date such expenses are incurred;

''(II) for such expenses that are covered under such plan at such time; and

''(III) that is submitted with all of the information requested by a group health plan or health insurance issuer offering group health insurance coverage in connection with a group health plan on the claim form or other instructions provided to the health care provider prior to submission of the claim.

''(B) APPLICABLE NUMBER OF CALENDAR DAYS DEFINED.—In this paragraph, the term 'applicable number of calendar days' means—

''(i) with respect to claims submitted electronically, 14 days; and

''(ii) with respect to claims submitted otherwise, 30 days.

''(C) INTEREST SCHEDULE.—

''(i) IN GENERAL.—With respect to a clean claim, a PDP sponsor that fails to comply with subparagraph (A) shall pay the claimant interest on the amount of such claim, from the date on which such payment was due as provided in this paragraph, at the following rates:

''(I) 1½ percent per month from the 1st day of nonpayment after payment is due through the 15th day of such nonpayment.

''(II) 2 percent per month from the 16th day of such nonpayment through the 45th day of such nonpayment.

''(III) 2½ percent per month after the 46th day of such nonpayment.

''(D) PROCEDURES INVOLVING CLAIMS.—

''(i) IN GENERAL.—A contract entered into with a PDP sponsor under this section with respect to a prescription drug plan offered by such sponsor shall provide that, not later than 10 days after the date on which a clean claim is submitted, the PDP sponsor shall provide the claimant with a notice that acknowledges receipt of the claim by such sponsor. Such notice shall be considered to have been provided on the date on which the notice is mailed or electronically transferred.

''(ii) CLAIM DEEMED TO BE A CLEAN CLAIM.—A claim is deemed to be a clean claim if the PDP sponsor involved does not provide notice to the claimant of any deficiency in the claim within 10 days of the date on which the claim is submitted.

''(iii) CLAIM DETERMINED TO NOT BE A CLEAN CLAIM.—

''(I) IN GENERAL.—If a PDP sponsor determines that a submitted claim is not a clean claim, the PDP sponsor shall, not later than the end of the period described in clause (ii), notify the claimant of such determination. Such notification shall specify all defects or improprieties in the claim and shall list with specificity all additional information or documents necessary for the proper processing and payment of the claim.

''(II) DETERMINATION AFTER SUBMISSION OF ADDITIONAL INFORMATION.—A claim is deemed to be a clean claim under this paragraph if the PDP sponsor involved does not provide notice to the claimant of any defect or impropriety in the claim within 10 days of the date on which additional information is received under subclause (I).

''(III) PAYMENT OF CLEAN PORTION OF A CLAIM.—A PDP sponsor shall, as appropriate, pay any portion of a claim that would be a clean claim but for a defect or impropriety in a separate portion of the claim in accordance with subparagraph (A).

''(iv) OBLIGATION TO PAY.—A claim submitted to a PDP sponsor that is not paid or contested by the provider within the applicable number of days (as defined in subparagraph (B)) shall be deemed to be a clean claim and shall be paid by the PDP sponsor in accordance with subparagraph (A).

''(v) DATE OF PAYMENT OF CLAIM.—Payment of a clean claim under such subparagraph is

considered to have been made on the date on which full payment is received by the provider.

''(E) PRIVATE RIGHT OF ACTION.—

''(i) IN GENERAL.—Nothing in this paragraph shall be construed to prohibit or limit a claim or action not covered by the subject matter of this section that any individual or organization has against a provider or a PDP sponsor.

''(ii) ANTI-RETALIATION.—Consistent with applicable Federal or State law, a PDP sponsor shall not retaliate against an individual or provider for exercising a right of action under this subparagraph.

''(F) FINES AND PENALTIES.—

''(i) FINES.—

''(I) IN GENERAL.—If a PDP sponsor willfully and knowingly violates this section or has a pattern of repeated violations of this section, the Secretary shall impose a fine not to exceed $1,000 per claim for each day a response is delinquent beyond the date on which such response is required under this paragraph.

''(II) REPEATED VIOLATIONS.—If 3 separate fines under subclause (I) are levied within a 5-year period, the Secretary is authorized to impose a penalty in an amount not to exceed $10,000 per claim.

''(ii) REMEDIAL ACTION PLAN.—Where it is established that the PDP sponsor willfully and knowingly violated this section or has a pattern of repeated violations, the Secretary shall require the PDP sponsor to—

''(I) submit a remedial action plan to the Secretary; and

''(II) contact claimants regarding the delays in the processing of claims and inform claimants of steps being taken to improve such delays.''.

(b) PROMPT PAYMENT BY MA-PD PLANS.—Section 1857(f) of the Social Security Act (42 U.S.C. 1395w–27) is amended by adding at the end the following new paragraph:

''(3) INCORPORATION OF CERTAIN PRESCRIPTION DRUG PLAN CONTRACT REQUIREMENTS.—The provisions of section 1860D–12(b)(4) shall apply to contracts with a Medicare Advantage organization in the same manner as they apply to contracts with a PDP sponsor offering a prescription drug plan under part D.''.

(c) MEDICAID.—Section 1932(f) of the Social Security Act (42 U.S.C. 1396u–2(f)) is amended by striking ''the claims payment procedures described in section 1902(a)(37)(A), unless the health care provider and the organization agree to an alternate payment schedule'' and inserting ''section 1860D–12(b)(4), in the same manner as the provisions of such section apply to a PDP sponsor offering a prescription drug plan under part D''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to contracts entered into or renewed on or after December 31, 2006.

SEC. 5. PREEMPTION.

The provisions of this Act shall not supersede any contrary provision of State law if the provision of State law imposes requirements, standards, or implementation specifications that are equal to or more stringent than the requirements, standards, or implementation specifications imposed under this Act, and any such requirements, standards, or implementation specifications under State law that are equal to or more stringent than the requirements, standards, or implementation specifications under this Act shall apply to group health plans and health insurance issuers as provided for under State law.

SEC. 6. EFFECTIVE DATE.

(a) IN GENERAL.—Except as provided in section 4 and subsection (b), the amendments made by this Act shall apply with respect to group health plans and health insurance issuers for plan years beginning after December 31, 2006.

(b) 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 Act shall not apply to plan years beginning before the later of—

(1) 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

(2) January 1, 2007.

For purposes of paragraph (1), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement of the amendments made by this section shall not be treated as a termination of such collective bargaining agreement.

SEC. 7. SEVERABILITY.

If any provision of this Act, or an amendment made by this Act, is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this Act, or amendments made by this Act.

By Mr. MCCAIN (for himself, Mr. DORGAN, and Ms. CANTWELL):

S. 2552. A bill to amend the Omnibus Control and Safe Streets Act of 1968 to clarify that Indian tribes are eligible to receive grants for confronting the use of methamphetamine, and for other purposes; to the Committee on the Judiciary.

Mr. MCCAIN. Mr. President, I am joined today by Senators DORGAN and CANTWELL in introducing a bill to amend the recently passed PATRIOT Act reauthorization to ensure that Indian tribes are eligible for Federal methamphetamine-related grants. The legislation would allow tribes, like States, to receive grants to reduce the availability of meth in hot spot areas; grants for programs for drug-endangered children; and grants to address methamphetamine use by pregnant and parenting women offenders.

The scourge of methamphetamine has afflicted much of our Nation, and it has had particularly devastating effects on Indian reservations. The problem of meth in Indian country, which the National Congress of American Indians identified this year as its top priority, is ubiquitous, and has strained already overburdened law enforcement, health, social welfare, housing, and child protective and placement services on Indian reservations. Last week a former tribal judge on the Wind River Reservation in Wyoming pled guilty to conspiracy to distribute methamphetamine and other drugs. The day before, the Navajo Nation police arrested an 81 year old grandmother, her daughter, and her granddaughter, for selling meth. One tribe in Arizona had over 60 babies born last year with meth in their systems. At a hearing in the Senate Indian Affairs Committee last month on child abuse, witnesses testified that methamphetamine is a significant cause of abuse and neglect of Indian children. Last year, the National Indian Housing Council expanded its training for dealing with meth in tribal housing: the average cost of decontaminating a single residence that has been used a meth lab is $10,000. Meth is affecting every aspect of tribal life and something must be done.

The measure I am introducing today takes but a small step on the long journey toward ridding Indian country of the blight of methamphetamine. I encourage my colleagues to support it. I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2552

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 ''Indian Tribes Methamphetamine Reduction Grants Act of 2006''.

SEC. 2. INDIAN TRIBES PARTICIPATION IN METHAMPHETAMINE GRANTS.

(a) IN GENERAL.—Section 2996(a) of the Omnibus Crime Control and Safe Streets Act of 1968 is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting ''and Indian tribes (as defined in section 2704)'' after ''to assist States''; and

(B) in subparagraph (B), by inserting '', Tribal,'' before ''and local'';

(2) in paragraph (2), by inserting ''and Indian tribes'' after ''make grants to States''; and

(3) in paragraph (3)(C), by inserting '', Tribal,'' after ''support State''.

(b) GRANT PROGRAMS FOR DRUG ENDANGERED CHILDREN.—Section 755(a) of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177) is amended by inserting ''and Indian tribes (as defined in section 2704 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797d))'' after ''make grants to States''.

(c) GRANT PROGRAMS TO ADDRESS METHAMPHETAMINE USE BY PREGNANT AND PARENTING WOMEN OFFENDERS.—Section 756 of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177) is amended—

(1) in subsection (a)(2), by inserting '', territorial, or Tribal'' after ''State'';

(2) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting '', territorial, or Tribal'' after ''State''; and

(ii) by striking ''and/or'' and inserting ''or'';

(B) in paragraph (2)—

(i) by inserting '', territory, or Indian tribe'' after ''agency of the State''; and

(ii) by inserting '', territory, or Indian tribe'' after ''criminal laws of that State''; and

(C) by adding at the end the following:

''(3) INDIAN TRIBE.—The term 'Indian tribe' has the same meaning as in section 2704 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797d)).''; and

(3) in subsection (c)—

(A) in paragraph (3), by striking ''Indian Tribe'' and inserting ''Indian tribe''; and

(B) in paragraph (4)—

(i) in the matter preceding subparagraph (A)—

(I) by striking ''State's services'' and inserting ''services of the State, territory, or Tribe''; and

(II) by striking ''and/or'' and inserting ''or'';

(ii) in subparagraph (A), by striking ''State'';

(iii) in subparagraph (C), by inserting '', Indian tribes,'' after ''involved counties''; and

(iv) in subparagraph (D), by inserting '', Tribal'' after ''Federal, State''.

By Mr. DURBIN (for himself and Mr. OBAMA):

S. 2555. A bill to designate the facility of the United States Postal Service located at 2633 11th Street in Rock Island, Illinois, as the ''Lane Evans Post Office Building''; to the Committee on Homeland Security and Governmental Affairs.

Mr. DURBIN. Mr. President, today I am pleased to introduce legislation to designate the U.S. Post Office at 2633 11th Street in Rock Island, Illinois, as the ''Lane Evans Post Office Building.''

This legislation honors my friend and fellow Illinoisan LANE EVANS who has decided to retire instead of seeking reelection to the House of Representatives in November. Congressman LANE EVANS, born and raised in Rock Island, represents Illinois' 17th Congressional District. He was first elected in 1982 and is serving his eleventh term in the U.S. House of Representatives. From the Quad Cities to Quincy, from Springfield to Decatur and Carlinville, in cities and towns throughout his district, LANE EVANS is deeply respected. His service will be greatly missed.

Congressman EVANS was a Vietnam-era veteran of the U.S. Marine Corps and rose to the position of Ranking Democratic Member of the House Veterans' Affairs Committee. He is recognized as a leading advocate of veterans in Congress. He successfully led legislative efforts to pass Agent Orange compensation and health and compensation benefits for children of veterans exposed to Agent Orange who were born with spina bifida, a crippling birth defect. Congressman EVANS also led the effort to secure benefits for Persian Gulf veterans and to provide full disclosure about their possible exposure to toxins during their service. He has also worked to expand services to women veterans, pushed for increased help for veterans suffering from post-traumatic stress disorder, and established important new programs to assist in the rehabilitation and health care treatment of thousands of homeless veterans.

Congressman EVANS is also a member of the House Armed Services Committee and is Chairman of the Vietnam Veterans in Congress Caucus. He is also Co-Chairman of the Alcohol Fuels Caucus, the Congressional Working Group on Parkinson's Disease, and the International Workers Rights Caucus. Congressman EVANS has been named an ''Environmental Hero'' for his pro-environment voting record by the League of Conservation Voters and awarded the Conservationist of the Year Award for 1995 by the Heart of Illinois Sierra Club, the first time the organization gave the honor to a non-volunteer.

Congressman EVANS was born in Rock Island on August 4, 1951. He attended grade school and high school in Rock Island. Following graduation from high school, he joined the Marine Corps and was stationed in Okinawa. He received an honorable discharge in 1971. Congressman EVANS received a B.A. (magna cum laude) in 1974 from Augustana College in Rock Island, Illinois. He also attended Black Hawk College in Moline, Illinois. He is a 1978 graduate of Georgetown University Law Center in Washington, D.C. Following his graduation from law school, he practiced law in Rock Island where he served children, the poor and working families.

For over 20 years, LANE EVANS has been my closest friend in the Illinois Congressional Delegation. We came to the House of Representatives together and he proved to be an indomitable force. Time and again, LANE EVANS has shown extraordinary political courage fighting for the values that brought him to public service. But his greatest show of courage has been over the last 10 years as he battled Parkinson's disease and those who tried to exploit his physical weakness. His determination to serve the 17th Congressional District he loves pushed him to work harder as Parkinson's became a heavier burden each day. His dignity and perseverance in the face of this relentless and cruel disease is an inspiration to everyone who knows LANE EVANS.

I am pleased to offer this legislation to permanently and publicly recognize LANE EVANS and his service to his Congressional District, our State of Illinois, and the entire United States by naming the Rock Island Post Office in his honor. It would be a most appropriate way for us to express our appreciation to Congressman EVANS and to commemorate his public life and work.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2555

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

SECTION 1. LANE EVANS POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 2633 11th Street in Rock Island, Illinois, shall be known and designated as the ''Lane Evans 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 ''Lane Evans Post Office Building''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 424—CONGRATULATING AND COMMENDING THE MEMBERS OF THE UNITED STATES OLYMPIC AND PARALYMPIC TEAMS, AND THE UNITED STATES OLYMPIC COMMITTEE, FOR THEIR SUCCESS AND INSPIRED LEADERSHIP

Mr. ALLARD submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. RES. 424

Whereas athletes of the United States Winter Olympic Team captured 9 gold medals, 9 silver medals, and 7 bronze medals at the Olympic Winter Games in Torino, Italy;

Whereas the total number of medals won by the competitors of the United States placed the United States ahead of all but 1 country, Germany, in total medals awarded to teams from any 1 country;

Whereas the paralympic athletes of the United States captured 7 gold medals, 2 silver medals, and 3 bronze medals at the Paralympic Winter Games, which were held immediately after the Olympic Winter Games in Torino, Italy;

Whereas the total medal count for the United States Winter Paralympic Team ranked the team 7th among all participating teams;

Whereas members of the United States Winter Olympic Team, such as skater Joey Cheek, who donated his considerable monetary earnings to relief efforts in Darfur, Sudan, and skier Lindsey Kildow, who exhibited considerable courage by returning to the field of competition only days after a painful and horrendous accident, demonstrated the true spirit of generosity and tenacity of the United States and the Olympic Winter Games; and

Whereas the leadership displayed by United States Olympic Committee Board Chairman Peter Ueberroth and Chief Executive Officer Jim Scherr has helped transform the committee into an organization that—

(1) upholds the highest ideals of the Olympic movement; and

(2) discharges the responsibilities of the committee to the athletes and the citizens of the United States in the manner that Congress intended when it chartered the committee in 1978: Now, therefore, be it

Resolved, That the Senate—

(1) commends and congratulates the members of the 2006 United States Winter Olympic and Paralympic Teams for their performance on and off the field of competition in Torino, Italy;

(2) expresses its appreciation for the firm, inspired, and ethical leadership displayed by the United States Olympic Committee; and

(3) extends its best wishes and encouragement to those athletes of the United States and their numerous supporters who are preparing to represent the United States at the 2008 Olympic Games, which are to be held in Beijing, China.