

taken" to bring the Department into compliance every three months until the law has been fully enacted.

I fully expect that these requirements will compel CDC and FDA to enact these important laws and the Department will not deliver "the dog ate my homework" excuses. Laws, after all, are not optional for citizens, for members of Congress or even for government agencies and bureaucrats.

Again, I am pleased that the Senate is directing federal health agencies to do their part to help educate and prevent gynecological and cervical cancer and that this time we will hold them accountable to ensure that not another one of our sisters, daughters, mothers, or friends falls victim to this silent epidemic.

Mr. ENZI. I ask unanimous consent that the amendment at the desk be agreed to, the bill as amended be read a third time and passed, the motion to reconsider be laid upon the table, and any statements be printed.

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

The amendment (No. 5235) was agreed to, as follows:

(Purpose: To provide a complete substitute)

Strike after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Gynecologic Cancer Education and Awareness Act of 2005" or "Johanna's Law".

#### SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Section 317P of the Public Health Service Act (42 U.S.C. 247b-17) is amended—

(1) in the section heading by adding "(JOHANNA'S LAW)" at the end; and

(2) by adding at the end the following:

"(d) JOHANNA'S LAW.—

"(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

"(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and women with respect to gynecologic cancers.

"(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

"(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers; and

"(ii) distributing the materials to members of the public upon request.

"(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include developing and placing, in telecommunications media, public service announcements intended to encourage women to discuss with their physicians their risks of gynecologic cancers. Such announcements shall inform the public on the manner in which the written materials referred to in subparagraph (B) can be obtained upon request, and shall call attention to early warning signs and risk factors based on the best available medical information.

"(2) REPORT AND STRATEGY.—

"(A) REPORT.—Not later than 6 months after the date of the enactment of this subsection, the Secretary shall submit to the Congress a report including the following:

"(i) A description of the past and present activities of the Department of Health and Human Services to increase awareness and

knowledge of the public with respect to different types of cancer, including gynecologic cancers.

"(ii) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of health care providers with respect to different types of cancer, including gynecologic cancers.

"(iii) For each activity described pursuant to clauses (i) or (ii), a description of the following:

"(I) The funding for such activity for fiscal year 2006 and the cumulative funding for such activity for previous fiscal years.

"(II) The background and history of such activity, including—

"(aa) the goals of such activity;

"(bb) the communications objectives of such activity;

"(cc) the identity of each agency within the Department of Health and Human Services responsible for any aspect of the activity; and

"(dd) how such activity is or was expected to result in change.

"(III) How long the activity lasted or is expected to last.

"(IV) The outcomes observed and the evaluation methods, if any, that have been, are being, or will be used with respect to such activity.

"(V) For each such outcome or evaluation method, a description of the associated results, analyses, and conclusions.

"(B) STRATEGY.—

"(i) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 3 months after submitting the report required by subparagraph (A), the Secretary shall develop and submit to the Congress a strategy for improving efforts to increase awareness and knowledge of the public and health care providers with respect to different types of cancer, including gynecological cancers.

"(ii) CONSULTATION.—In developing the strategy under clause (i), the Secretary should consult with qualified private sector groups, including nonprofit organizations.

"(3) FULL COMPLIANCE.—

"(A) IN GENERAL.—Not later than March 1, 2008, the Secretary shall ensure that all provisions of this section, including activities directed to be carried out by the Centers for Disease Control and Prevention and the Food and Drug Administration, are fully implemented and being complied with. Not later than April 30, 2008, the Secretary shall submit to Congress a report that certifies compliance with the preceding sentence and that contains a description of all activities undertaken to achieve such compliance.

"(B) If the Secretary fails to submit the certification as provided for under subparagraph (A), the Secretary shall, not later than 3 months after the date on which the report is to be submitted under subparagraph (A), and every 3 months thereafter, submit to Congress an explanation as to why the Secretary has not yet complied with the first sentence of subparagraph (A), a detailed description of all actions undertaken within the month for which the report is being submitted to bring the Secretary into compliance with such sentence, and the anticipated date the Secretary expects to be in full compliance with such sentence.

"(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$16,500,000 for the period of fiscal years 2007 through 2009."

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill (H.R. 1245), as amended, was read the third time, and passed.

#### AMENDING THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

Mr. ENZI. I ask unanimous consent that the Senate proceed to the immediate consideration of S. 4113, the Native American Methamphetamine Act, introduced earlier today.

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

The assistant legislative clerk read as follows:

A bill (S. 4113) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to clarify that territories and Indian tribes are eligible to receive grants for confronting the use of methamphetamine.

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

Mr. ENZI. I ask unanimous consent the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements be printed in the RECORD.

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

The bill (S. 4113) was ordered to a third reading, was read the third time, and passed, as follows:

S. 4113

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

#### SECTION 1. NATIVE AMERICAN PARTICIPATION IN METHAMPHETAMINE GRANTS.

(a) IN GENERAL.—Section 2996(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc(a)) is amended—

(1) in paragraph (1)—

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

(B) in subparagraph (B), by striking "and local" and inserting "territorial, Tribal, and local";

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

(3) in paragraph (3)(C), by inserting ", Tribal," after "support State"; and

(4) by adding at the end the following:

"(4) EFFECT OF SUBSECTION.—Nothing in this subsection, or in the award or denial of any grant pursuant to this subsection—

"(A) allows grants authorized under paragraph (3)(A) to be made to, or used by, an entity for law enforcement activities that the entity lacks jurisdiction to perform; or

"(B) has any effect other than to authorize, award, or deny a grant of funds to a State, territory, or Indian tribe for the purposes described in this subsection."

(b) GRANT PROGRAMS FOR DRUG ENDANGERED CHILDREN.—Section 755(a) of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177; 120 Stat. 192) is amended by inserting ", territories, 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 PARIENTING WOMEN OFFENDERS.—Section 756 of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177; 120 Stat. 192) 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 meaning given the term 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 Indian 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”.

#### LIFESPAN RESPITE CARE ACT OF 2006

Mr. ENZI. I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 3248, which was received from the House. I ask unanimous consent there now be up to 60 minutes of debate equally divided between Senators ENZI and COBURN or their designees with no amendments in order, and that following the use or yielding back of the time the bill be read a third time and the Senate proceed to a vote on passage without any intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 3248) to amend the Public Health Service Act to establish a program to assist family caregivers in accessing affordable and high-quality respite care, and for other purposes.

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

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I would like to make a few brief comments. Then there will be others who will join me and Senator COBURN as well.

Currently there are over 40 million caregivers in the United States providing informal care or support to a disabled elderly relative. This represents about one out of every five homes in the United States. The Lifespan Respite Care Act would help these caregivers by authorizing competitive grants to aging and disability resource centers in collaboration with State respite coalitions and organizations. That would make quality respite care accessible to family caregivers regardless of age or disability.

Respite care provides family caregivers with the time to maintain their

own health, bolster family stability, and keep marriages intact. It also allows family caregivers to avoid or delay police intervention and nursing home or foster care placements.

Over 180 national and State organizations have endorsed this important legislation, including the Alzheimer’s Association, the MS Society, Easter Seals, Christopher Reeve Paralysis Foundation, the ALS Association, and the National Patient Advocate Foundation, to mention but a few.

The House of Representatives passed the Lifespan Respite Act by voice vote without objection on December 5, 2006. In the Senate, a similar version passed unanimously in 2003 and has twice passed the Health, Education, Labor and Pensions Committee in previous Congresses. The bill has strong bipartisan support in the Senate.

I thank my good colleague, Senator WARNER, for his leadership and work on this important legislation during this Congress and previous Congresses. It was his bill that we moved through the Health, Education, Labor and Pensions Committee. Without his perseverance we would not be here today to pass this bill and send it to the President for his signature.

I would also like to thank Senator CLINTON, the cosponsor of this important legislation, who has worked diligently on it.

I respectfully ask my Senate colleagues to approve this legislation and send it to the President to be signed into law.

• Mr. WARNER. Mr. President, I rise in support of the Lifespan Respite Care Act.

I have long been a major supporter of providing community-based respite care services for family caregivers of children and adults with special needs. In fact, as the lead Republican sponsor of the Senate bill for several years, I am pleased that in previous years the bill has been approved by the HELP Committee twice and by the full Senate once.

This legislation was first brought to my attention by a number of Virginians suffering from ALS, also known as Lou Gehrig’s disease, and by their family caregivers. The Lifespan Respite Care bill is important because diseases such as ALS, MS, Alzheimer’s, cancer, and others afflict far too many Americans.

While substantial investments have been made to help find cures for these diseases, we all know that until cured, these diseases will continue to have a substantial effect on far more people than the individuals who are diagnosed with them. ALS, MS, Alzheimers, and other diseases all have a tremendous impact on the family and particularly on family members who, out of love and compassion, take care of their loved ones who are terminally ill.

Serving as a family caregiver, though, often results in substantial emotional, physical, and financial hardship. It can take a tremendous toll

on the family. Respite care services can provide assistance.

Currently, the Federal Government does provide some respite care assistance to some family caregivers. However, these programs are directed primarily at lower-income populations and at family caregivers of older Americans. Thus, existing programs of respite care are insufficient to meet the need. This legislation is intended to fill the gap.

This important legislation will authorize competitive grants to Aging and Disability Resource Centers in collaboration with a public or private nonprofit State respite coalition to make quality respite available and accessible to family caregivers, regardless of age or disability.

In so doing, this bill will be a win-win-win for everybody involved. Patients will be able to receive care in the home from loving, caring family members rather than in a nursing home. Family members will be even further encouraged to serve as a family caregiver knowing that services will be available to assist them. And, finally, the Federal Government and our health care system will recognize fiscal savings as—more care will be given in the home by a family member rather than in the more costly nursing home setting. As we all know, given the aging baby boomer generation, the cost of Medicaid nursing home care is expected to be a primary reason of increased healthcare costs in the years to come. The Lifespan Respite Care bill is one step in the right direction towards controlling these costs.

I would like to thank Republican Congressman MIKE FERGUSON of New Jersey for his work and dedication to this cause. He has been a champion on this issue for years and recognizes its importance based on his very personal experience, as he witnessed his father serve as a family caregiver. I would also like to thank the National Respite Care Coalition and its Chair, Jill Kagan, who has worked tirelessly on behalf of the Nation’s family caregivers on this issue.

I also thank Senator SNOWE, Senator ENZI, and Senator GREGG for their support. Finally, I thank Senator CLINTON and her professional staff for partnering with me and my staff for the past 5 years on this important legislation. •

• Mr. HATCH. Mr. President, I rise in strong support of S. 1245, the Gynecologic Cancer Education and Awareness Act, better known as Johanna’s Law. This bill needs to be signed into law as quickly as possible.

Johanna’s Law creates a national public awareness campaign to increase the knowledge of both women and their health care providers concerning gynecologic cancers. This national campaign will include written materials for the public on gynecologic cancers and public service announcements to encourage women to discuss with their physicians their risks of