(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 gynecologic cancers. In addition, women will be directed on where to get additional information on the early warning signs and risk factors associated with gynecologic cancers.

The legislation also requires the Secretary of Health and Human Services, HHS, to submit a report to Congress on the past and present activities of the agency to increase awareness on all cancers, including gynecologic cancers. The report also would include information on what HHS is doing to educate health care professionals on these cancers. Once this report is submitted to Congress, the Secretary of HHS is required to develop and submit a strategy for improving efforts to increase awareness and public knowledge on gynecologic cancers. When developing this strategy, the Secretary is encouraged to consult with qualified public sector groups, including non-profit organizations.

Finally, this legislation authorizes $16.5 million to be appropriated for this program from fiscal year 2007 through fiscal year 2009.

I am extremely supportive of this legislation, and have worked to see its enactment this week.

Why is this bill important?

The stories of two very special women will answer that question. They have, I believe, made a huge difference in passing this legislation.

The first person is Grace Warren, who handled health care issues with great skill for Congressman RALPH HALL of Texas for many years. Ms. Warren is one of those Hill staffers who is well known for her institutional knowledge and her professionalism. She is widely respected and loved on both sides of the aisle.

Unfortunately, Grace's career on Capitol Hill was cut short in November 2003, when she was diagnosed with ovarian cancer. She retired from the House of Representatives last year, and passing this legislation became her passion.

Ms. Warren made a compelling case to both my office and the Senate HELP Committee on why this legislation needs to be signed into law this year. While Ms. Warren believes that this bill won't do anything for those women who have already been diagnosed with gynecologic cancers, she recognizes that it will make a huge difference for other women because it will help educate them on the early warning signs of gynecological cancers, such as abdominal swelling, gastrointestinal disturbances, lower back pain and abnormal bleeding.

The second person whom I would like to acknowledge is Ms. Fran Drescher who also must deserve great credit for getting this legislation through the Congress. Her commitment to having this bill signed into law has been very impressive to me.

Ms. Drescher has tirelessly visited with Members of Congress this entire week and will be staying in town until this legislation is passed by both Houses of Congress.

While I have known Fran for many years, it was gratifying to be reminded of her tremendous enthusiasm and her commitment to women's health. Ms. Drescher is extremely articulate when she is advocating for Johanna's law. And that is because as a cancer survivor herself, she is strongly committed to educating women about awareness and early detection of gynecologic cancers.

It was painful for me to hear her story. Over a period of 2 years, Ms. Drescher tried to get a diagnosis for her symptoms. She saw eight doctors before being told that she had uterine cancer.

This should never happen.

Ms. Drescher recognizes that women must know the early warning signs of all gynecologic cancers and which tests are available because women cannot assume that these tests will be offered to them.

In addition, she is the author of the book Cancer Schmancer which discusses how she beat uterine cancer. Her dedication and commitment have made a tremendous difference and we all greatly appreciate her efforts.

Both Ms. Warren and Ms. Drescher are truly amazing women who have shown a selfless dedication to making a difference in the lives of others.

It is for Grace Warren, and Fran Drescher, and the many, many other women who will be challenged by gynecological cancers that we must pass this legislation.

I strongly support this bill because I want women and their health care providers all to be educated about the early warning signs of these cancers.

I want a screening test to be developed so that it will be easier to diagnose gynecological cancers in the early stages of the disease.

I am tired of women having limited health care options because of late stage diagnosis. This must change.

But, I am hopeful that we can start to make a difference in the lives of all women the minute that this bill is signed into law. I urge my colleagues to support Johanna's Law.●

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

Mrs. CLINTON. Mr. President, I am proud that we are finally sending the Lifespan Respite Care Act to the President for his signature. After 4 years of bipartisan efforts, we are delivering a great victory for millions of American families providing care to a parent, child, or loved one.

Thank you to Senator SNOWE who was the first lead Republican on the legislation and has been a champion for this bill and family caregivers.

Thank you to Senator WARNER for his efforts on the bill. Your leadership will make a difference in the lives of so many American families.

I want to express my appreciation to Representatives MIKE FERGUSON as the primary sponsor of the House bill as well as Congressman LANGEVIN. We would not be on the verge of enacting this bill without their work.

Deep appreciation and thanks to the Lifespan Respite Task Force, a coalition of 180 national, state, and local organizations under the direction of the National Respite Coalition. A special thank you to Jill Kagan of the National Respite Coalition for her leadership and invaluable assistance.

Today's passage represents a tremendous win: for ailing seniors, children, and loved ones being cared for at home; for family members providing a time-consuming, emotionally exhausting, and physically demanding labor of love; for our health care system; for our values; and for decisions based on evidence, not ideology.

Each year, 44 million Americans care for an adult family member who has a chronic illness or disability. Almost 4 million Americans with developmental disabilities, of all ages, live at home with their families.

These are our friends, neighbors, coworkers, loved ones; their work represents real struggle and hardship; extraordinary acts of love and generosity that we have a duty to honor and support.

This legislation will expand and enhance access to respite care services to provide support and relief to these families providing care; to help ailing loved ones stay in their homes longer; and to control health care costs as respite care allows families to postpone or prevent expensive hospitalization and nursing care.

Today, the fastest growing illnesses in our country are chronic illnesses. And our health care system—already burdened by rising costs, aging infrastructure, a growing population of elderly, and upside-down incentives—is struggling to adapt systems designed to provide acute and immediate care.

Families have stepped into this breach. Family caregivers provide 80 percent of all long-term care in the U.S.—work that is virtually always unpaid but valued at more than $300 billion annually. That is more than the entire amount we spent on Medicare in 2004.

Today, we are sending a message to family caregivers: through extraordinary sacrifice, in a system plagued by problems, you are part of the solution—and today, finally, Congress is part of the solution, too.

Because of their responsibilities at home, studies have shown us that it is much more difficult for caregivers to find and maintain jobs. Many caregiving families are struggling to stay afloat. The cost to businesses is estimated in the tens of billions of dollars, including the cost for employees who leave jobs due to overwhelming responsibilities at home.

This labor of love often results in substantial physical and psychological hardship. Research suggests that caregivers often put their own health and well-being at risk while assisting loved ones. Many caregivers are exhausted and are more prone to illness themselves. One study found that caregivers are 51 percent more likely to experience sleeplessness and 61 percent more likely to experience depression.

Caregiving stress can even lead to marital discord and divorce.

Often, this incredible struggle—with little support despite the heroic efforts of the organizations advocating for and providing respite care—leads to more costly out-of-home placements as a family's only alternative.

Across our country quality respite care remains hard to find. Where community respite care services do exist, there are often long waiting lists. And until the Lifespan Respite Care Act, no Federal plan has focused on respite care to coordinate among disparate and fragmented services.

Now, after years of work on both sides of the aisle and between the Senate and House, we are finally going to begin meeting the growing needs of family caregivers.

Respite care provides some much needed relief—for a few hours or a few days—from the daily demands of caregiving, which are vast. And we know respite care works.

In one study, 88 percent of caregivers said that respite care allowed loved ones to remain at home.

Nearly 100 percent believed respite care made them better caregivers and helped them manage the stress of this incredible responsibility and 80 percent even said respite care helped their marriages.

This act is about real family values and it is exactly what we should be doing in this chamber—no partisanship; understanding hardships and taking steps to help; common sense solutions that put families in charge, that provide the tools to improve their own lives and honor their loved ones, that serve our health care system and our values.

Families have stepped into the breach—and now with the Lifespan Respite Care Act, Congress is sending these families a lifeline.

This legislation will expand access to respite care; improve local coordination of services; and help families find out about what is available and how to get the care they need.

This legislation will make respite services equally available to all age groups and prioritize those with special needs who do not qualify for any other respite services or who cannot find appropriate quality respite care in their communities.

It is critical that HHS ensures that the funds provided by this act are used by State agencies and ADRCs—which to date have primarily served the aging population—to serve all age groups and disability categories equally and without preference and without waiting periods or a phase in of age specific groups.

This legislation will also facilitate a coordinated approach at the Federal level. To ensure this critical component and maximize our investment, the grantees selected to implement Lifespan programs must be able to demonstrate unequivocally that they are working collaboratively at every level—with agencies in HHS that have respite resources, including the Administration on Aging, the Maternal and Child Health Bureau, other public health programs in the Health Resources and Services Administration, the Substance Abuse and Mental Health Administration, the Centers for Medicaid and Medicare, the Administration on Developmental Disabilities, and the Administration on Children and Families.

But improving the services at the local, State, and Federal levels is not enough. All family caregivers, regardless of the age, disability, or chronic condition of their loved ones, should be able to access information on how and where to find a respite provider that meets their needs and on how to pay for services. The lifespan respite program grantees will identify all the current respite funding streams in the State and assist a family in determining, their eligibility for any existing private, State or federally funded respite program. If that family does not qualify for any existing services, the lifespan respite program may use its funds to help families pay for respite. No family should struggle to obtain information on how or where to find or pay for respite care.

I thank chairman Senator ENZI for his leadership on the HELP Committee. It has been a privilege serving under him over these last several years, and I am very grateful to him for pushing forward a very positive agenda for the people of our country.

I am very proud that we are finally able to reach agreement on the Lifespan Respite Care Act and send it to the President for his signature. This has been a bipartisan effort from the very beginning. I am grateful to Senator WARNER who has made a real difference in his leadership on behalf of this bill. I am grateful to Senator SNOWE who was the first lead Republican on this legislation and has been a champion. I want to express my appreciation to Representative MIKE FERGUSON as the primary sponsor of the House bill, as well as Congressman JIM LANGEVIN. We would not be here on the verge of enacting this bill without their work.

Deep appreciation and thanks is due to the Lifespan Respite Task Force, a coalition of 180 national, State, and local organizations under the leadership and direction of the National Respite Coalition. A special thanks to Jill Kagan of the National Respite Coalition for her leadership and invaluable assistance.

As Senator ENZI said, this bill represents a tremendous acknowledgment of the families who are caring for their loved ones—for failing seniors, for children with disabilities, for a spouse who has been incapacitated by accident or chronic condition. Family members provide most of the support and the time-consuming physical labor and the emotionally exhausting input that really makes it possible to keep people at home.

You know, each year 44 million Americans care for an adult family member who has a chronic illness or disability. Almost 4 million Americans with developmental disabilities of all ages live at home with their families. Senator COBURN and I were talking earlier today—this is such a human issue that affects the lives and the fortunes and the feelings of so many of our fellow Americans.

What this legislation does is to expand and enhance access to respite care services. What are those for? Those are to give that wife who is caring for her ailing husband a few hours off a week. Those are for that father who devotes himself to his child with a disability, to have someplace to go to get a little bit of respite while his child is still well cared for.

Family caregivers provide 80 percent of all long-term care in the United States. But as Senator COBURN and I were discussing, you don't get real financial help unless you put your loved one in a nursing home. There is something wrong with that. That doesn't reflect our deepest values. The work that our loved ones do for all of us is unpaid but valued at more than $300 billion a year. That is more than the entire amount of money we spent on Medicare in 2004.

Today our Congress is sending a message to family caregivers: We recognize and we honor your commitment and in many instances your sacrifice. We know that because of this care many caregivers cannot keep their jobs.

It becomes too much of a burden. They struggle to stay afloat. They start selling off assets. This is a labor of love that often undermines the health of the very people who are providing it.

We found that many caregivers suffer physical symptoms, sleeplessness, depression. They feel like they are all alone.

This incredible struggle is one that we will see more and more of in our country because of our aging population. I am grateful that we are going to be passing this legislation and giving some assistance to these courageous men and women, these parents, these children, these grandparents, these spouses.

I hope, also, that in the new Congress we will address something else I talked to Senator COBURN about—that we can address this issue of caregiving, and particularly how to rearrange the incentives within our health care system, particularly through Medicaid, where 80 percent of the money is spent on 20 percent of the recipients; and that is mostly for long-term nursing care at the end of life. Many people would rather be home or rather be in a less-restrictive setting. If this is a statement of our concern, we need to follow that up.

This will provide what has been missing, improved coordination at the local level of services, helping families understand more about how to shoulder these burdens.

It is critical that Health and Human Services ensure that we serve all age groups, all disability categories, without preference, and that we begin to not just honor the love that we see and the sacrifices that are too often accompanying it but really provide some support.

I am deeply appreciative of all who have worked over the last year to make this legislation possible. I look forward to working with my colleagues on both sides of the aisle to continue to address these long-term needs and address how to help people stay at home, how to support their families who are doing the most important work there is.

The PRESIDING OFFICER. Who seeks time?

Mr. ENZI. Mr. President, I yield 8 minutes to the Senator from Maine.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Mrs. SNOWE. Mr. President, I thank Senator ENZI for the opportunity to speak today on this critical piece of legislation, as well as to commend the Senator from New York, Senator CLINTON, for her advocacy and leadership on this most critical issue which is paramount to millions of families across this country, and to Senator WARNER, who has also been a leading advocate and champion of this legislation. I certainly want to commend them both for making sure this legislation is coming to the forefront of the Congress in the final days and which, ultimately, will lead to its passage.

I, also, want to express my commendations to the sponsor in the House of Representatives, Congressman MIKE FERGUSON, because this is clearly a very critical issue. He understands firsthand, personally, from his own family circumstances, how important care giving and respite services are for caregivers and how it is so essential and vital to our Nation's families.

I know how important this is. In fact, I introduced the first legislation recognizing National Family Caregivers Week back in 1986. It is more than 20 years that I have been involved in such endeavors. There is no question—and it has been irrefutable across this country—about the necessity of providing more support to those who provide support to families, to ailing family members. The fact is the need is more than $300 billion a year. We, also, know that it takes a tremendous toll on families to provide that care day in and day out.

That is why I think we do have a Federal responsibility and obligation to ensure that we can coalesce those resources that can make it easier and to mitigate the impact on those family members who are providing around-the-clock care.

When I first became involved in this issue in the House more than 20 years ago, I took it upon myself to visit homes throughout my congressional district in the State of Maine. What I saw was incredible. I saw 80-year-olds taking care of 80-year-olds, doing the most incredible things, medically and otherwise, to provide round-the-clock care to their ailing family members. It was clear to me then that we needed to do more to provide the respite support for family members so they can have the ability to have support outside the family which is critical for them, so they can continue to keep their ailing family member at home but at the same time having the kind of care which is so essential to help them get better.

That is what this is all about. It is helping those who need our help. Certainly, to have the support of the type of facilities and services that exist in a particular community which can address their needs and who they can turn to for advice is absolutely instrumental. It, also, leads to a higher quality of life for many because they can be at home, where they can be provided home care. They can be at home and get the kind of support that otherwise would be necessary if they had been institutionalized or hospitalized.

In addition, such care can also result in substantial cost savings to the family, to the Government, and to the community, in fact.

I think it is in our national interest to provide these benefits. I think, frankly, the support of such care has been all too limited. This is long overdue. That is why I commend Senator CLINTON and Senator WARNER and some others who have given their support to this type of initiative.

We, clearly, have a Federal obligation and responsibility to focus on the kind of respite care that is so essential for allowing people to take care of their ailing family members in a home setting. It certainly eases and mitigates the impact on the Federal costs, whether it is on Medicaid or Medicare. It can save families thousands of dollars a year.

This is something that is in our national interest. I think it is also crucial that we ease the burden of this responsibility which is placed on caregivers as well. It is critical that they have access to better information on services and be able to provide it. They are heroes in every sense of the word.

We think about life expectancy today and how many years caregiving will be provided by the American family. It can be 17 years, at the minimum, for an elderly parent. I think it gives a dimension to the issue and the problems that are at stake if we fail to provide the kind of support which is necessary.

That is why I have introduced legislation, the Refundable Dependent Care Tax Credit. For example, I think we should provide the type of incentives and support to families that enables them to take care of their loved ones at home.

When I first visited homes where people were providing this kind of care, I was absolutely astonished at the level of care these individuals were providing their family members. It occurred to me then, and it is one that has remained with me ever since, that we have to do everything conceivably possible to amass the resources and the support for these family caregivers.

When you think of the dimensions of the problem, when you think about the demographics in America and the life expectancy, it is all the more crucial that the Federal Government play a role. That is exactly what this legislation is all about. It will provide the kind of resources that are going to be important, it will provide grant support, it will increase the availability of appropriately trained respite care providers and volunteers—again, another aspect to the entire spectrum of resources I think we need to provide these families who are providing the caregiving support.

Frankly, we need to have more respite care providers. It eases the burden on these family members so they can do other things in the day, what is required in daily living, that they have the ability to know they can fall back on the type of support which will provide the continuity of care and the level of care their family members certainly deserve. I think this legislation goes a long way in providing that kind of support and eases the burden on those family members who are so devoted to their loved ones.

I think, frankly, we will have to do more. That is why, as we are looking at a tax incentive in the overall tax package, we have to give some review to the notion of having a tax credit that is refundable for providing this kind of dependent care. I think it is going to be a wave of the future, frankly, given the dimensions of this problem which is certainly lurking on the horizon.

I want to, again, commend Senator CLINTON for her leadership in making this possible and to Senator WARNER and, of course, Congressman FERGUSON, in the House, and all those who supported it—and Chairman ENZI, as well, for his leadership in making sure that the passage of this legislation will become a reality when you consider I think the enormity and the magnitude of the care and support that it will give to families who most deserve it.

I yield the floor.

The PRESIDING OFFICER. Who yields time? The Senator from Oklahoma.

Mr. COBURN. Mr. President, I was asked to allow this bill to come up at this late hour in the Congress. This bill is going to pass. The goals of this bill are very worthy. As a practicing physician, and knowing the families whom I take care of and the family members they have, I know the burden that is placed on multitudes of people. When they do the better thing of keeping their loved ones in their own homes, in terms of quality of life, I have no argument with the intent and background of what is trying to be accomplished. But I want to make three points.

One is how this place operates. What we do at the end of the session is we try to run hundreds of bills through that very few people have thoroughly looked at, that drives all sorts of new spending, that does not get the privilege of the debate that the American people deserve on the priorities of how we spend their money. That needs to change. It is a terrible way to govern. It is inappropriate in the way we do it. It has more to do with the rules that we operate the Senate under than anything else. That ought to be changed. There is no question I am known for my desire to try to get our fiscal house in order. For example, this bill is great, but what the American people are never going to ask out of the almost $350 million that this bill authorizes, where is the money going to come from to pay for it? What priority is going to be decreased so that priority can be increased?

We have in the Social Security account a surplus this year. We have a $344 billion deficit. A lot of my friends would say that reflects the fact that we need to have pay-go and increase taxes. But during the last 2 years, I have held 49 hearings in the Federal Financial Subcommittee of the Committee on Governmental Affairs, where we have identified a pure $100 billion worth of waste, fraud or duplication in this Government, and no one wants to change that. It is easy for us to come out here and spend $300 million on a new program. But it is very hard for us to get together and do the hard work of eliminating the fraud, waste, and duplication.

There are two other programs that have money in them available for this, not the correct way, and not done as good as this bill does it. We haven't done anything in this bill to change those programs to redirect any of that money through. So now we are going to have three programs that have an impact in this area. Representative FERGUSON has done a great job of bringing this up. But unless we change the culture of how we operate, we are going to enhance what we call the birth tax. When you are born today in this country, counting the unfunded liabilities for Medicare, Medicaid, and Social Security, you are born having liabilities of $435,000 on you the day you are born. We are adding a little bit to that. We are adding a little bit more and a little bit more.

Until we get together and say we are going to review this Government and get rid of the waste, fraud, and abuse, we are going to care as much about the person who is born today as we care about those who need some respite care, legitimate rest from the care of parents of those people they love, we will do a great disservice. We are doing a great disservice in this country.

Two weekends ago, I delivered a 9 pound 4 ounce baby to a woman whom I had delivered a baby to before. I had very well controlled her gestational diabetes. She had delivered a 9-pound baby before that. I thought about the 2½ minutes it took me, from the time I decided I couldn't deliver a baby in a normal way for her. It took me 2½ minutes from the time of that crunch when there was no way to get a baby out, with a heartbeat of 50 beats per minute—which is about 40 percent of what it should be—we have a baby in trouble; it took me about 2½ minutes to go around and get that baby out of that momma. We saved that baby's life.

Now, the corollary is, I had warning signals. I had indications that said things aren't going right. And this body, this Congress, this Government is not paying attention to the warning signals. The baby is going to die. Our country is going to drown in debt.

The processes by which we operate include not paying attention to the waste, fraud, and abuse and not making the hard choices on priorities, not offsetting, not deauthorizing something else that is not working where there are billions of things that are not working, and adding another problem. We are adding to that.

As a Senate, we are not ill-intentioned; we just are not paying attention to the warning signs. We are not paying attention to the fetal monitor of our country and the future for the next generations. It is just as laudable to care as much about the next two or three generations that come down the road as we care for those who need our help today, except this bill doesn't do that.

This bill is going to go by voice vote—and I have allowed it; I will not even vote against it—but I wanted this time to make this statement.

What will follow this bill today is a tragedy. We are going to spend another $17.5 billion on the tax-extender package that is getting ready to come through this place. We are going to pick up the bills mining companies owe and we are going to charge that to the rest of the people in this country. We are going to overspend on lots of things. We are not going to cut doctor's fees—and I am a doctor—but we are not going to pay for it. We are going to pay for it through gimmicks, and we are going to tell everybody that we are doing great things. In fact, we are being dishonest.

There are two cultural problems that have to change: We have to quit authorizing new programs unless we deauthorize other programs, and we have to reach across the aisle and say that we need to review everything we have, and whatever is duplicative, let's get rid of it and save these costs. If one does not work as well, put the money in the other and save the money.

Let's get rid of the fraud. We are paying out $38 billion a year to things we should not be paying for right now, and that is an underestimate because we have only looked at 60 percent of the Government in terms of improper payments. We still have a law that is not being followed by 40 percent of the agencies. They are not reporting their improper payments. We had a Pentagon that paid $6 billion in the last 5 years for contractors for performance bonuses, and they did not come close to reaching the performance basis for the bonus. That is our fault. That is us. We are charged with the responsibility of doing what is necessary.

The final point I wish to make is that if we keep nibbling around the edges on health care, we are going to find ourself in the biggest jam in the world. We have two choices: We are going to either have government-run health care or we are going to control the costs by basically allocating it at end of life and telling people what they cannot have. That is how most other countries do it. Or we will fix health care. We spend 16.3 percent of our GDP on health care, and $2.2 trillion is what we will have spent at the end of this year. That is 16 percent of our GDP. The closest country in the world spends 11 percent of GDP on their health care, and they don't have a government-run health care program.

Fully $1 out of every $3 we spend on health care today does not go to help somebody get well or keep them healthy. Our prevention programs, which is the key to our success in solving our health care problems, are abysmal. They are wasteful. They are not effective. We talk about diabetes, we talk about obesity, but we are inept in any type of consensus as to where we can make a difference in prevention. We have to address that issue, and I believe this is a fix around the edge. We need a comprehensive fix and a look at health care in America. We need to do it knowing the motivation.

Most people are surprised to learn that out of that $2.2 billion we spend on health care every year, $152 million is spent on things that nobody needs except providers to protect themselves from lawsuits. Now, we need a good trial bar. We need to be held accountable. But it has gotten so far out of hand that we are adding to the birth tax.

I beg my colleagues and the American people who are listening to this, let's get our act together. Let's start not just authorizing, let's deauthorize before we authorize. Let's fix health care. Let's do oversight in a way that saves money for the future. If we have eliminated the waste, we have eliminated the fraud, we have eliminated the duplication in this Government, we have to go to the American people and say: Shouldn't we pay a little more taxes now rather than ask for this birth tax?

Remember, the birth tax is over $400,000 per baby right now. Every baby I deliver, the first thing I see is a beautiful young child, and then in the back of my mind I wonder, how are you ever going to get out of this mess we have left you?

I appreciate the concern and the intent of those supporting this bill. This bill has come to the Senate in the wrong way. This bill should have had its authorization offset. This bill does address a very real need, but there are a lot of very real needs out there that we need to do that we cannot do and we cannot fund because we are not doing our job.

Our country is at a crossroad. The fetal monitoring alarm is on. The baby's heartbeat is low. It is time to do what is necessary. The debt burden cannot be swallowed, the unfunded liabilities cannot be handled. It is up to us to change that. Let's lower that birth tax. Let's get rid of that. Let's work together to do the things we can do to lessen that impact on the generations to come.

I reserve the remainder of my time.

The PRESIDING OFFICER (Mr. DEMINT). The Senator from Wyoming.

Mr. ENZI. I am not aware of anyone on our side who wishes to speak.

I thank the Senator from Oklahoma, Mr. COBURN, for his concise and important comments, the warning signs he has given. I congratulate him for the times he has already constrained spending. He mentioned the preventive care doctors take. Maybe his comments have already resulted in people taking on a little bit more regarding preventive care. There is a lot more that can and should be done. I urge Members to review his words.

I thank the Senator for the cooperation on different bills as they have gone through and made changes.

I yield back the remainder of my time.

Mr. COBURN. I yield back the remainder of my time.

The PRESIDING OFFICER. All time is yielded back.

The question is on the third reading and passage of the bill.

The bill (H.R. 3248) was ordered to a third reading, was read the third time, and passed.

Mr. ENZI. I move to reconsider the vote.

Mrs. CLINTON. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. ENZI. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each, with the following lineup: 10 minutes for Senator DORGAN; 15 minutes, Senator DEMINT; 10 minutes, Senator LAUTENBERG; Senator DEWINE until 3:15; Senator LINCOLN at 3:15 for 45 minutes; Senator DURBIN for 15 minutes.

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

The Senator from North Dakota.

Mr. DORGAN. Mr. President, I ask unanimous consent that my 15 minutes be extended to 20 minutes.

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

INDIAN HEALTH CARE

Mr. DORGAN. Mr. President, I rise to talk about a piece of legislation that is not getting completed, and I will do that in a moment.

I thank my colleague from Wyoming and others for the work they have just completed with respect to the issue of family care and family support. It is a very important piece of legislation.

I listened to my colleague from Oklahoma talk about a number of important issues.

Regarding the issue of health care, clearly we have to deal with the health care issue. He mentioned the amount of money spent on health care. It is true, we spend more money per person than anybody in the world, by far. And by the way, we rank 48th in life expectancy. Yes, 48th—not 20th or 2nd but 48th in life expectancy, a country which spends far more than any other country per person in the world on health care. We have a lot to do on health care.

With respect to fiscal policy, my colleague raises an important point about things that come to the Senate—proposals, ideas—that are not paid for. He raises an important point. They should be paid for.

The largest area of that kind of expenditure, by the way, in recent years, has come at the request of the President. Nearly $400 billion, now, is the cost for the war in Iraq, Afghanistan, and the fight against terrorism. None of it is paid for. We have sent America's sons and daughters to war, wearing America's uniform, and essentially said to them: By the way, go fight; when you come back, you can pay the bills because the President has not asked and this Congress has not had the courage to decide we ought to pay for that which we spend. That does need to change.

I noticed this morning in the Washington Post an article by a man named Samuelson, apparently an economist. I have read some of what he has said over the years. He talks about the value of the dollar slipping, decreasing, and its consequences on our country. He described all the reasons except the real reason. The real reason our dollar has decreased in value is we have an unsustainable trade deficit of $800 billion a year, $2 billion a day, day after day after day. That is unsustainable and will, without question, jeopardize this country's future. It will have a profound influence on the value of the dollar with respect to the value of our currency. That will have an influence on virtually everything else in this country.

So we have to get our hands around this issue of international trade and start demanding and insisting on fair trade, start deciding with our trading partners—China and other countries, Japan, South Korea, Europe—that we are not going to allow these dramatic trade imbalances to occur. They will have dramatic impact on this country's economic future. I will have more to say about that at another time.

Because there was discussion about health care in the Senate, I wanted to speak about something that isn't getting done today, and it is a real tragedy. I use the word ''tragedy'' because it is the right word to use about this issue.

Senator JOHN McCAIN and I have worked as chairman and vice chairman of the Indian Affairs Committee all of this session of the Congress to try to pass a piece of legislation called the reauthorization of the Indian Health Care Improvement Act. We come to the end of the session without progress, unfortunately.

Senator McCAIN has done great work on this issue. My other colleagues—I notice my colleague from Wyoming, who is in the Chamber—have worked with us on this issue. The Indian Health Care Improvement Act should have been done, should have been passed. We come to the end of another session of the Congress and it is not getting done. There is a reason for that. We have written legislation that is bipartisan, and day after day after day, month after month, the agencies and the administration have objected.

Let me describe what we face with respect to Indian health care. A good many American Indians, Native Americans, live in Third World conditions. I have spoken about it many times on the floor of the Senate. They live in Third World conditions inside this country. I have spoken about the grandmother who lay down in this country on a cot in a house and froze to death. It is in this country. Read that story and then ask yourself: What backward Third World country did that occur in? It occurred in this country.

The fact is, whether it is health care or housing or education, we face a bona fide crisis on Indian reservations. We have a responsibility, what is called a trust responsibility, for Indian health care. We spend twice as much per person as a country to provide health care for Federal prisoners as we do for Native Americans for whom we have a trust responsibility. They get half the support we provide to Federal prisoners for health care.

Talk to the Indian Health Service. They will not give you this number willingly, but talk to them long enough and they will tell you, finally, that 40 percent of the health care needs of Native Americans living on Indian reservations is unmet. That is health care rationing.

Now, let me describe, if I might, just the consequences of that rationing, perhaps, by telling you of some real people. We had a tribal chairman who testified before our committee who said: On our reservation it is widely known, don't get sick after June first, because after June first, there is no more contract health money. And if you get sick after June first and show up at a hospital, and your problem is not ''life or limb,'' then you're not going to be treated, you're not going to be paid for.