

1848(d) of the Social Security Act and includes financial incentives for physicians to improve the quality and efficiency of items and services furnished to Medicare beneficiaries through the use of consensus-based quality measures. Section 304(b)(2) authorizes the revisions provided that such legislation not worsen the deficit over the period of the total of fiscal years 2007 through 2012 or the period of the total of fiscal years 2007 through 2017.

Further, section 320(a) of S. Con. Res. 21 permits the chairman of the Senate Budget Committee to revise the allocations, aggregates, and other appropriate levels for legislation that provides for a delay in the implementation of the proposed rule published on January 18, 2007, on pages 2236 through 2248 of volume 72, Federal Register, or any other rule that would affect the Medicaid program or SCHIP in a similar manner, or place restrictions on coverage of or payment for graduate medical education, rehabilitation services, or school-based administration, transportation, or medical services under title XIX of the Social Security Act. The adjustment is contingent on such legislation not worsening the deficit over the period of the total of fiscal years 2007 through 2012 or the period of the total of fiscal years 2007 through 2017.

Finally, section 320(c) of S. Con. Res. 21 permits the chairman of the Senate Budget Committee to revise the allocations, aggregates, and other appropriate levels for legislation that extends the Transitional Medical Assistance program, provided that such legislation not worsen the deficit over the period of the total of fiscal years 2007 through 2012 or the period of the total of fiscal years 2007 through 2017.

Mr. President, I find that the Medicare, Medicaid, and SCHIP Extension Act of 2007, which was introduced today by Senators BAUCUS and GRASSLEY, satisfies the conditions of the four deficit-neutral reserve funds mentioned above. Therefore, pursuant to sections 301(a), 304(b)(2), 320(a), and 320(c) of S. Con. Res. 21, I am adjusting the aggregates in the 2008 budget resolution, as well as the allocation provided to the Senate Finance Committee.

I ask unanimous consent that the following revisions to S. Con. Res. 21 be printed in the RECORD.

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

Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 301(a) Deficit-Neutral Reserve Fund for SCHIP Legislation, Section 304(b)(2) Deficit-Neutral Reserve Fund, for Physician Payments, Section 320(a) Deficit-Neutral Reserve Fund for Delay of Rule, and Section 320(c) Deficit-Neutral Reserve Fund for Transitional Medical Assistance

[In billions of dollars]

Section 101

(1)(A) Federal Revenues:

FY 2007	1,900.340
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Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 301(a) Deficit-Neutral Reserve Fund for SCHIP Legislation, Section 304(b)(2) Deficit-Neutral Reserve Fund, for Physician Payments, Section 320(a) Deficit-Neutral Reserve Fund for Delay of Rule, and Section 320(c) Deficit-Neutral Reserve Fund for Transitional Medical Assistance—Continued

FY 2008	2,025.853
FY 2009	2,121.872
FY 2010	2,175.881
FY 2011	2,357.045
FY 2012	2,499.046

(1)(B) Change in Federal Revenues:

FY 2007	-4.366
FY 2008	-24.943
FY 2009	14.946
FY 2010	12.160
FY 2011	-37.505
FY 2012	-98.050

(2) New Budget Authority:

FY 2007	2,371.470
FY 2008	2,512.349
FY 2009	2,526.893
FY 2010	2,580.802
FY 2011	2,695.912
FY 2012	2,735.561

(3) Budget Outlays:

FY 2007	2,294.862
FY 2008	2,476.144
FY 2009	2,573.701
FY 2010	2,608.687
FY 2011	2,701.268
FY 2012	2,714.335

Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 301(a) Deficit-Neutral Reserve Fund for SCHIP Legislation, Section 304(b)(2) Deficit-Neutral Reserve Fund for Physician Payments, Section 320(a) Deficit-Neutral Reserve Fund for Delay of Rule, and Section 320(c) Deficit-Neutral Reserve Fund for Transitional Medical Assistance

[In millions of dollars]

Current Allocation to Senate Finance Committee

FY 2007 Budget Authority	1,011,527
FY 2007 Outlays	1,017,808
FY 2008 Budget Authority	1,088,237
FY 2008 Outlays	1,082,300
FY 2008-2012 Budget Authority	6,067,090
FY 2008-2012 Outlays	6,057,094

Adjustments

FY 2007 Budget Authority	0
FY 2007 Outlays	0
FY 2008 Budget Authority	3,465
FY 2008 Outlays	4,644
FY 2008-2012 Budget Authority	-71
FY 2008-2012 Outlays	-80

Revised Allocation to Senate Finance Committee

FY 2007 Budget Authority	1,011,527
FY 2007 Outlays	1,017,808
FY 2008 Budget Authority	1,091,702
FY 2008 Outlays	1,086,944
FY 2008-2012 Budget Authority	6,067,019
FY 2008-2012 Outlays	6,057,014

CHANGES TO S. CON. RES. 21

Mr. CONRAD. Mr. President, section 310 of S. Con. Res. 21, the 2008 budget resolution, permits the chairman of the Senate Budget Committee to revise the allocations, aggregates, and other levels for legislation that reauthorizes terrorism risk insurance, provided that such legislation does not worsen the deficit over the period of the total of fiscal years 2007 through 2012 or the pe-

riod of the total of fiscal years 2007 through 2017.

I find that H.R. 2761, the Terrorism Risk Insurance Program Reauthorization Act of 2007, which cleared the House of Representatives today, satisfies the conditions of the deficit-neutral reserve fund for terrorism risk insurance reauthorization. Therefore, pursuant to section 310, I am adjusting the aggregates in the 2008 budget resolution, as well as the allocation provided to the Senate Banking, Housing, and Urban Affairs Committee.

I ask unanimous consent that the following revisions to S. Con. Res. 21 be printed in the RECORD.

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

Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 310 Deficit-neutral Reserve Fund for Terrorism Risk Insurance Reauthorization

[In billions of dollars]

Section 101

(1)(A) Federal Revenues:

FY 2007	1,900.340
FY 2008	2,025.853
FY 2009	2,122.272
FY 2010	2,176.581
FY 2011	2,357.845
FY 2012	2,500.246

(1)(B) Change in Federal Revenues:

FY 2007	-4.366
FY 2008	-24.943
FY 2009	15.346
FY 2010	12.860
FY 2011	-36.705
FY 2012	-96.850

(2) New Budget Authority:

FY 2007	2,371.470
FY 2008	2,512.549
FY 2009	2,527.393
FY 2010	2,581.502
FY 2011	2,696.712
FY 2012	2,736.461

(3) Budget Outlays:

FY 2007	2,294.862
FY 2008	2,476.344
FY 2009	2,574.201
FY 2010	2,609.387
FY 2011	2,702.068
FY 2012	2,715.235

Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 310 Deficit-neutral Reserve Fund for Terrorism Risk Insurance Reauthorization

[In millions of dollars]

Current Allocation to Senate Banking, Housing, and Urban Affairs Committee

FY 2007 Budget Authority	11,641
FY 2007 Outlays	-1,788
FY 2008 Budget Authority	13,296
FY 2008 Outlays	-1,878
FY 2008-2012 Budget Authority	64,093
FY 2008-2012 Outlays	-18,543

Adjustments

FY 2007 Budget Authority	0
FY 2007 Outlays	0
FY 2008 Budget Authority	200
FY 2008 Outlays	200
FY 2008-2012 Budget Authority	3,100
FY 2008-2012 Outlays	3,100

Revised Allocation to Senate Banking, Housing, and Urban Affairs Committee

FY 2007 Budget Authority	11,641
FY 2007 Outlays	-1,788

Concurrent Resolution on the Budget for Fiscal Year 2008—S. Con. Res. 21; Revisions to the Conference Agreement Pursuant to Section 310 Deficit-neutral Reserve Fund for Terrorism Risk Insurance Reauthorization—Continued

FY 2008 Budget Authority	13,496
FY 2008 Outlays	-1,678
FY 2008-2012 Budget Authority	67,193
FY 2008-2012 Outlays	-15,443

DOCTOR'S PAYMENT FIX

Mr. MARTINEZ. Mr. President, I wish to address the issue of what is commonly referred to as the Medicare "doctor fix." Unless Congress acts, there will be a 10-percent reduction to Medicare reimbursement rates in the coming year; putting good doctors further at odds with Medicare payments for their service.

This is a problem that not only affects patients with Medicare but also our military veterans, many of whom rely on Medicare as their primary health care provider.

Delaying the issue will put our veterans relying—on Tricare until the age of 65 and Medicare after retirement—at increased risk of additional health problems if their ability to see a doctor remains in question.

If not addressed, millions of Americans could be denied immediate access to treatment when they need it most. It would also put an even greater strain on doctors, who are already forced to be selective in determining which Medicare patients they can treat.

This is a choice no doctor should have to make, and our seniors and doctors deserve better. We have the opportunity to act before we leave in the coming days, and I urge my colleagues to consider the consequences that would result from an additional cut to the program.

In my home State of Florida, the dilemma has reached a critical mass, with an increasing number of doctors leaving the program—refusing to continue treating a very vulnerable population. All because the bureaucracy is too much and reimbursement is too low.

These are doctors that play important roles in treating seniors in their communities. These are doctors like Dr. Troy Tippett, a neurosurgeon in Pensacola, who is often faced with the choice of continuing to treat Medicare patients at a loss or refuse them because of declining reimbursements from Medicare.

Dr. Tippett was so worried about the threat of further cuts to the Medicare reimbursements he receives, he recently called to let me know the detrimental impact the declining reimbursement rate would have on his ability to continue treating Medicare patients.

I hope for the sake of good doctors like Dr. Tippett we can develop a comprehensive, long-term solution that fixes this problem once and for all.

This is a problem, I believe, that we must fix soon, rather than kicking the

can down the road and hoping the next Congress will provide an answer to the more than 40-million Medicare patients. But today, we can do our part by opposing a cut to the broken payment system that penalizes our doctors for treating Medicare patients.

We owe it to the people who have worked so hard in life and need quality care now more than ever. We also owe it to the doctors who treat them on a regular basis.

I urge my colleagues to support fixing the reimbursement rate that so many doctors in my State—and around the country—depend on, especially in the face of rising medical costs and skyrocketing medical malpractice insurance premiums.

It is my understanding that we are very close to coming to agreement on a doctor fix and that floor action could occur very soon. I am hopeful we will have the opportunity to approve that fix. We must act because our physicians and their patients are counting on us.

And while I am pleased we are about to address the problem—let's not make the mistake of leaving it as a short-term fix. The American people deserve a long-term solution. I look forward to coming back next year and working on a permanent "doctor fix."

RENEWABLE CONSUMER AND ENERGY EFFICIENCY ACT

Mr. INOUE. Mr. President, today, I am pleased that the Congress is sending energy legislation to the President. For too long, the United States has taken a back seat in the fight against global warming. This bill is a good first step in moving our Nation's energy policy in the right direction.

Without the support of a number of Senators, this legislation, and title I in particular, would not have been possible. I wish to extend particular thanks to Senators FEINSTEIN, STEVENS, LEVIN, SNOWE, KERRY, DORGAN, LOTT, CARPER, BOXER, DURBIN, ALEXANDER, CORKER, and CANTWELL for their work in increasing automobile fuel economy standards.

In addition, the tireless efforts of groups dedicated to conservation and improving national security were vital to enacting this legislation. Of special note is the support of a nonpartisan group of business executives and retired senior military leaders concerned about global energy security, known as Securing America's Future Energy, SAFE. I am grateful for the support and hard work of its leaders, Frederick W. Smith and General P.X. Kelley, as well as Robbie Diamond, who served as their liaison. The Union of Concerned Scientists—David Friedman in particular—provided significant technical support and advocacy for the Ten-in-Ten Fuel Economy Act.

The White House says that the President will sign the bill tomorrow. I thank him for taking swift action on this landmark legislation.

NEW CENTURY FARM PROGRAMS

Mr. HARKIN. Mr. President, I certify that neither I nor any of my family members have a pecuniary interest in the New Century Farm Programs for which I requested congressionally directed spending via floor action on Harkin amendment No. 3500, a substitute to H.R. 2419.

NATIONAL DEFENSE AUTHORIZATION ACT

Mrs. MCCASKILL. Mr. President, this chamber approved the fiscal year 2008 National Defense Authorization Act. I am particularly pleased with the inclusion of an important provision contained in section 846 of the legislation to modernize the whistleblower protections afforded to defense contractor employees. At a time when reports of fraud, waste, and abuse in defense contracts are rampant, it is absolutely vital that we have in place the types of whistleblower protections for contractor employees that I will empower them in reporting such abuse and therefore will protect those who wish to protect American taxpayer dollars.

I would like to thank Senator COLLINS for working with me on this important provision and further thank Senators LEVIN and MCCAIN for their leadership and stewardship of this provision through the Senate and conference-considerations of the Defense Authorization Act.

I come to the floor, however, to make one explanatory clarification as to the final language of this amendment because I think it critical that the record be clear as to the intent of the Congress. Last year in *Garcetti v. Ceballos*, the Supreme Court canceled constitutional protection for speech made within the normal course of an employee's execution of his or her job duties, specifically because those disclosures are covered by other whistleblower statutes. There should be absolutely no confusion that the Congress believes that the logic and holding of *Garcetti* is inapplicable to the defense contractor whistleblower protection statute, 10 U.S.C. 2409, as amended by section 846 of this act.

Disclosures taken to carry out job responsibilities, within the normal course of an employee's duties, are protected by this provision for three core reasons. First, they are essential preliminary steps for a responsible disclosure to the government. Second, often they in fact are indirect disclosures to Government inspectors, auditors, and investigators who must study associated internal corporate records to engage in informed oversight. Third, the purpose of whistleblower statutes is to reduce waste. But waste would be maximized if employees had to avoid their own organizations and go straight to the Government in order to avoid waiving their whistleblower rights. The law's goal is maximized by employees being empowered to safely