

health plans. Today, the tax code subsidizes health care purchased through insurance but generally does not subsidize health care paid out-of-pocket. This encourages excessive reliance on insurance for even predictable, non-catastrophic care, which in turn reduces consumer sensitivity to the cost of health care. My proposal would help improve the efficiency and slow the growth of our nation's health care spending.

Studies estimate that the average retiree will require hundreds of thousands of dollars of savings for out-of-pocket old-age health costs. HSAs provide strong tax incentives to encourage such savings. On a side note, I have introduced legislation, the Long-Term Care Act that compliments this HSA proposal. Under the Long-Term Care Act, we would allow individuals to use their 401(k) savings to pay for long-term care insurance. Both proposals provide commonsense approaches that will encourage individuals to plan for their future health care needs and reduce individuals' reliance on programs such as Medicaid.

HSAs have proven to be an effective health cost containment tool. While there is a cost to the federal government associated with the tax benefit portion of HSA plans, we must weigh that cost against the cost of doing nothing and allowing cost shifting to those with insurance. Our health care system needs to switch to a preventive care system, which will keep future health care costs down rather than our current costly reactionary system. If we continue down our current path and make no significant changes to our health care system, the unfunded liability of entitlement spending will reach \$26 trillion by the year 2030, consuming the entire federal budget. We're at a crucial point, and I believe my legislation, and HSAs in general, offer a step in the right direction for personal responsibility in fostering affordable health care and savings.

By Mr. CONRAD (for himself and Mr. BROWNBACK):

S. 2425. A bill to apply amendments to the Immigration and Nationality Act related to providing medical services in underserved areas, and for other purposes; to the Committee on the Judiciary.

Mr. CONRAD Mr. President: Today, I am introducing a bill to permanently reauthorize the Conrad 30 visa waiver program to provide medical care to underserved rural America.

One of the top concerns of North Dakota community leaders and hospital officials is the challenge of recruiting and keeping capable, quality doctors. In response, I created this visa waiver program in 1994 to recruit highly qualified foreign physicians to medically underserved areas.

This program was meant to help many areas across the country, especially rural communities that have a difficult time recruiting doctors, get

access to primary health care. It has proven to be one of our Nation's top tools to recruit and keep doctors in our rural communities.

The Conrad 30 program allows a State agency to grant visa waivers to foreign medical graduates who are in the United States for their residencies on foreign exchange J-1 visas. To qualify for the waiver, the physician undergoes numerous background and security checks, and must agree to serve a medically underserved community for three years. In exchange, the physician's requirement to return to his home country for a period of time before applying for a work visa is waived so that we can utilize them in underserved areas.

Since the program was implemented in 1994, North Dakota has received a total of 90 Conrad State 30 J-1 visa waiver doctors in communities all over the State.

Nearly every rural hospital in the State—and many of clinics—have benefited from the program. For example, Oakes, (population 1,979) has had 6 doctors, Bottineau, (population 2,336), has had 4, and Tioga, (population 1,125), has had 3.

As you can see, many rural counties rely on the physicians they receive through the Conrad State 30 program to provide healthcare in their communities. This bipartisan program is critical to ensuring our rural health care needs are met for years to come.

States have come to rely on the program. It has proven to be successful in bringing physicians to underserved areas without displacing American physicians, because the foreign physicians are filling a large and obvious void.

It has been just over 14 months since the last reauthorization passed, and we're already working on another reauthorization. Clearly, two years has proven to be far too short. Since 1994, the Conrad 30 program has been reauthorized a number of times. The current authorization expires on June 1, 2006. I urge my colleagues to pass this bill making the program permanent.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 402—DESIGNATING THE FIRST DAY OF APRIL, 2006, AS "NATIONAL ASBESTOS AWARENESS DAY"

Mr. REID submitted the following resolution; which was considered and agreed to:

##### S. RES. 402

Whereas dangerous asbestos fibers are invisible and cannot be smelled or tasted;

Whereas the inhalation of airborne asbestos fibers can cause significant damage;

Whereas these fibers can cause mesothelioma, asbestosis, and other health problems;

Whereas asbestos-related diseases can take 10 to 50 years to present themselves;

Whereas the expected survival time for those diagnosed with mesothelioma is between 6 and 24 months;

Whereas generally little is known about late stage treatment and there is no cure for asbestos-related diseases;

Whereas early detection of asbestos-related diseases may give some patients increased treatment options and might improve their prognosis;

Whereas the United States has substantially reduced its consumption of asbestos yet continues to consume almost 7,000 metric tons of the fibrous mineral for use in certain products throughout the Nation;

Whereas asbestos-related diseases have killed thousands of people in the United States;

Whereas asbestos exposures continue and safety and prevention will reduce and has reduced significantly asbestos exposure and asbestos-related diseases;

Whereas asbestos has been a cause of occupational cancer;

Whereas thousands of workers in the United States face significant asbestos exposure;

Whereas thousands of Americans die from asbestos-related diseases every year;

Whereas a significant percentage of all asbestos-related disease victims were exposed to asbestos on naval ships and in shipyards;

Whereas asbestos was used in the construction of a significant number of office buildings and public facilities built before 1975; and

Whereas the establishment of a "National Asbestos Awareness Day" would raise public awareness about the prevalence of asbestos-related diseases and the dangers of asbestos exposure: Now, therefore, be it

*Resolved*, That the Senate designate the first day of April 2006 as "National Asbestos Awareness Day".

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 3068. Mr. KYL (for himself and Mr. CORNYN) proposed an amendment to the concurrent resolution S. Con. Res. 83, setting forth the congressional budget for the United States Government for fiscal year 2007 and including the appropriate budgetary levels for fiscal years 2006 and 2008 through 2011.

SA 3069. Mrs. MURRAY submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 83, supra; which was ordered to lie on the table.

SA 3070. Mrs. MURRAY submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 83, supra; which was ordered to lie on the table.

SA 3071. Mr. AKAKA (for himself, Mrs. CLINTON, Mr. KENNEDY, Mr. BINGAMAN, Mr. MENENDEZ, Mr. KERRY, and Mr. LIEBERMAN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 83, supra; which was ordered to lie on the table.

SA 3072. Mr. KERRY (for himself, Ms. LANDRIEU, and Mr. LIEBERMAN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 83, supra; which was ordered to lie on the table.

SA 3073. Mr. GRASSLEY proposed an amendment to the concurrent resolution S. Con. Res. 83, supra.

SA 3074. Mr. REED (for himself, Mr. KENNEDY, Mr. KERRY, Mrs. CLINTON, Mr. LIEBERMAN, Mr. DORGAN, Mr. ROCKEFELLER, Mr. LEVIN, Mr. SCHUMER, Mr. DAYTON, Mr. KOHL, Mr. BAYH, Mr. JOHNSON, Mr. LEAHY, Mr. MENENDEZ, and Mr. HARKIN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 83, supra; which was ordered to lie on the table.

SA 3075. Mr. LEVIN submitted an amendment intended to be proposed by him to the