

begun his service in the Senate at the time, his good ideas and commitment to the protection and preservation of our natural resources made him an important part of the team that would write and promote this important bill.

No one was surprised that JIM was a key Member who was involved in so many difficult and important projects as soon as he arrived in the Senate. He preceded me as Chairman of the Health, Education, Labor and Pensions Committee and, under his leadership the committee took a close look at our schools and the quality of the education we provide our children. It considered how we might improve the training we provide our Nation's workers so that they might find and keep better and better jobs. And, it continued to look for ways that we might provide support and empower those living with disabilities so that all Americans are able to maximize their potential and live their own version of the American dream.

Back home, JIM has deep roots in his State that date back for generations. His father was a Chief Justice of the Vermont Supreme Court and I am sure he learned a great deal about politics, life and the law from his Dad.

In addition, coming from Vermont, JIM has a great understanding of the challenges faced by small and rural States and the local industries they depend on to keep local and State economies healthy and strong. It has been said that JIM knows as much about the dairy industry as anyone directly involved in it in his State. He knows firsthand that one size fits all solutions that work well for the big States, all too often penalize the smaller ones and leave them without the support they need to address the same problems the large states face.

In the years to come, when I think of JIM I will remember how he shared his dream of a better America with us. By daring us to dream, too, he encouraged us to work together so that the future

would be a brighter one for us, our children and our grandchildren.

There is an old saying the Native Americans in Wyoming know well. We have not inherited the earth from our ancestors, we are borrowing it from our children. It's a philosophy that JIM took to heart and put into practice every day during his many years of public service.

Mr. ENZI. I ask unanimous consent following my remarks and Senator DAYTON for 20 minutes, Senator HATCH be recognized to speak for up to 15 minutes.

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

HIV/AIDS TREATMENT

Mr. ENZI. Earlier this afternoon, there were comments made in the Senate by the Senator from New York, Mrs. CLINTON. Some of those comments distressed me a little bit. We have been trying to get the Ryan White Care Act, which passed out of committee and passed on the House floor, to pass in the Senate. This is one of those rare bipartisan, bicameral bills. We worked it out in advance with the House so the bill the House passed is essentially the bill we passed out of committee. It is a modernization act that would ensure equitable distribution of funds for HIV/AIDS treatment in the United States.

I am compelled to discuss some of the points that the Senator from New York made today about the Ryan White Care Act and our bipartisan bicameral legislation. I will talk about each of her claims in turn.

Senator CLINTON claimed that when you look at the funding for the whole bill, New York is not receiving the most funds per case. I don't doubt those figures. However, those are deceptive numbers. As an accountant, I have to point that out. They are deceptive for two reasons. First, her statement dealt only with funds per AIDS case. We have been talking about in-

cluding HIV cases as well. Why would she neglect to include HIV? I assume it is because 25 States have 50 percent of their HIV/AIDS cases not being counted today because those individuals have HIV, which has not progressed to AIDS.

Please note that all of my numbers have included both HIV and AIDS. We must include HIV in the funding formulas. Before, including only AIDS made sense because we were just waiting for people to die. Now, we have life-saving treatment for those with HIV; therefore, we must count each person who can receive lifesaving care.

Additionally, Senator CLINTON is looking at more than just the formula funding. Her figures include funding for community health centers, health care providers, providers who reach out to women and children. Thus, her figures include a lot of extra funding that is not at the heart of the debate.

If Senator CLINTON wants to rely on these numbers, numbers outside of the formulas, then she can do so under the current bill. She can trust that the other portions of the CARE Act will assist those who she is saying are being harmed by the bill.

As for her claim that her State has not spent Ryan White funds for things such as dog-walking, I will note that the Senator from Oklahoma provided information for the record regarding that.

Now, Senator CLINTON further claims that New York only carried over \$3 million. Well, I find that surprising, given that New York, on the average, has carried over \$29 million.

Mr. President, I ask unanimous consent to have printed in the RECORD a document from the Health Resources and Services Administration documenting the funds carried over for New York.

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

NY State

STATE	Unobligated Balance Reported in 2000 FSR		Unobligated Balance Reported in 2001 FSR		Unobligated Balance Reported in 2002 FSR		Unobligated Balance Reported in 2003 FSR		Total UOB Reported in 2000-2003 FSRs		Total Carryover Approved through 2003
	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	
NY	5,790,299	16,724,776	1,934,242	10,315,744	5	11,453,377	3,963,811		49,479,196	11,688,525	49,479,196

NJ State

STATE	Unobligated Balance Reported in 2000 FSR		Unobligated Balance Reported in 2001 FSR		Unobligated Balance Reported in 2002 FSR		Unobligated Balance Reported in 2003 FSR		Total UOB Reported in 2000-2003 FSRs		Total Carryover Approved through 2003
	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	Total Grant	ADAP	
NJ	11,653,218	3,797,453	21,198,760	1,739,260	12,963,836	0	2,663,420	0	48,479,234	5,536,713	46,880,072

NY EMAs

Grantee	Unobligated Balance Reported on 2000 FSR	Unobligated Balance Reported on 2001 FSR	Unobligated Balance Reported on 2002 FSR	Unobligated Balance Reported on 2003 FSR	TOTAL UOB Reported from 2000 through 20003	Total CARRYOVER Approved	Total UOB Remaining from 2000 through 2003	2003 Available UOB for use in FY 2005	2000 to 2002 UOB to be returned to Treasury
NEW YORK, NY	\$10,422,057	\$15,880,794	\$6,412,834	\$3,579,765	\$36,295,450	\$36,197,673	\$97,777	\$1	\$97,776
DUTCHESS CO, NY	\$48,244	\$109,003	\$102,348	\$89,751	\$349,346	\$349,346	\$0	\$0	\$0
NASSAU, NY	\$448,085	\$471,690	\$332,182	\$337,815	\$1,589,772	\$1,536,531	\$53,241	\$10,486	\$42,755

NJ EMAs

Grantee	Unobligated Balance Reported on 2000 FSR	Unobligated Balance Reported on 2001 FSR	Unobligated Balance Reported on 2002 FSR	Unobligated Balance Reported on 2003 FSR	TOTAL UOB Reported from 2000 through 20003	Total CARRYOVER Approved	Total UOB Remaining from 2000 through 2003	2003 Available UOB for use in FY 2005	2000 to 2002 UOB to be returned to Treasury *
PATERSON, NJ	\$403,012	\$414,756	\$1,255,069	\$433,246	\$2,506,083	\$1,244,479	\$1,261,604	\$433,246	\$828,358
HUDSON CO, NJ	\$746,655	\$670,737	\$967,769	\$563,025	\$3,148,186	\$2,707,170	\$441,016	\$441,016	\$0
MIDDLESEX CO, NJ	\$159,552	\$192,164	\$7,748	\$49,680	\$409,144	\$409,144	\$0	\$0	\$0
NEWARK CITY, NJ	\$20,653	\$169,921	\$571,049	\$62,895	\$824,518	\$180,572	\$643,946	\$62,895	\$561,051
CUMBERLAND CO, NJ	\$10,087	\$75,903	\$106,014	\$50,660	\$242,664	\$192,004	\$50,660	\$0	\$50,660

Mr. ENZI. Now, the Senator from New York mentions her 1-year extension bill. I will also discuss the Senator's 1-year extension, her resolution for Ryan White, her solution that would simply delay the reauthorization for another year. It simply says to those States that have not been getting adequate funds: We do not care about you, and you are not going to get adequate funds. We are going to re-debate all of this again next year. We are not even going to move toward making it fair.

The underlying bipartisan, bicameral bill has a provision providing 3 years of hold harmless funds for New York. For 3 years, New York will not have to follow the formula. They would like to have 5 years. The 3 years already in the bill is at the expense of the other States. The 5 years would be at the expense of the other States, although I will cover a question that was asked yesterday in a little while.

This is not a time to delay. This is a time to act. We absolutely cannot delay the much needed updates to current formulas that ensure that all Americans with HIV and AIDS are treated fairly and have access to life-sparing treatments no matter their race, their gender, or where they live.

We have a chart that shows the losses that would occur under current law versus the gains that would occur after this reauthorization. The red States here are going to lose significant funding under the current law, beginning on October 1. One hundred thousand Americans are going to be left out. The chart on the right, the blue chart, shows the gains under the Ryan White authorization. All States gain except five, who lose less funds under the reauthorization than they would under current law. Only two of the five are asking for a difference.

The time is now or never. As soon as the clock strikes midnight tomorrow, thousands of Americans will begin losing access to life-sparing treatment unless we pass this bill now. This amendment does not address this fact. This amendment would extend a formula that will cause dramatic reductions in funding to many States and thousands of Americans.

The House has passed this critical legislation, and now five Senators must decide if they will stand in the way of bipartisan legislation with broad support—a bill that will ensure equitable treatment for all Americans living with HIV and AIDS. I would say, I believe that is down to four Senators now.

Now, my second problem with the bill of the Senator from New York is that it shuts out Americans infected with HIV and does not provide them with equal access to treatment. Rather, it focuses on outdated funding formulas that only examine AIDS, not the full spectrum of the disease.

Just like her numbers on funding per person, the Senator from New York refuses to acknowledge those with HIV.

This chart shows that today, in over 25 States, half of the cases in those States are not counted because those Americans only have HIV, not AIDS. These States receive funding for less than half their total HIV/AIDS cases because of the current, outdated, failed formula. Half the Nation does not receive enough funds to provide the most basic care to their residents. Now, my third problem with the bill of the Senator from New York or the Senator from New Jersey is that it ducks the key issue. Rather than more equitable distribution for funding and more equitable access to treatment for all Americans, my colleagues supporting this bill are simply throwing more money at the problem, assuming it will ensure more equitable access to lifesaving treatments. We know this is simply not the case because it does not solve the inherent flaws in the funding formulas.

Now, this chart shows that under the current law, more than 3 percent of Ryan White funding is returned to the Treasury each year. That is more than 3 percent—much of this coming from New York and New Jersey, the very States that objected to the passage of the bill that would more equitably distribute funding across the Nation.

Again, you will see here that under the current law, New York is receiving \$509 per case more than the national average. Under the new bill, they would still get \$304 more than the average case per person across the United States. And they have an average \$29 million unspent. New Jersey, the other State, is receiving \$310 above the national average. They would still get \$88 above the national average. This bill does not get to equity. This bill moves toward equity. And it does not move there until 3 years from now. Other bills we have done start transitioning immediately.

Now, I am surprised that the Senator from New York or New Jersey would offer a bill to increase funding, ignoring the outdated formula issues, only to increase the inequity of the program and allow more funds that could save lives to be returned to the Treasury each year. Why would we offer more money to States that are already grossly overpaid and unable to spend their money and increase the disparities of outdated funding formulas, further harming those States with an emerging crisis?

This amendment would have us give a few States even more money than they are receiving now, while the majority of the States will receive significantly less funding over the next year. The Senators from New York and New Jersey want to extend this inequity rather than fixing the formula, fixing the formula now, fixing it before the tomorrow-night deadline, to allow fair and equitable treatment and access to care for Americans who have none now.

I can tell you that the HIV/AIDS community and families want this bill now. Now, perhaps my colleague can explain why she wants to give more

money to States that cannot spend what they already have, while taking money away from States that are struggling, as we speak, to provide the basic life-sparing treatments to their residents. We are talking about life and death here. It seems they want to throw money at States where the epidemic started and ignore the areas where the epidemic has spread, underfunding areas in a growing crisis.

When you look at the money being spent, what we are talking about in this amendment is saving institutions, not saving people, not saving lives. This is not an economic development bill. This is not meant to assure that institutions that might be interested in providing these services still get the same amount of funds to do so even though they do not have as many people to provide the services to as they are being paid for.

I wish putting more money into the program could fix these inequities but, unfortunately, these inequities stem from outdated funding formulas and a lack of accountability. We must address the problem at its core and ensure that we are not denying the growing number of minorities and women living with HIV and AIDS equal protection under the Ryan White CARE Act.

Now, another comment by the Senator from New York was that she needs more money because it is more expensive to provide care in New York. The big cost driver is HIV/AIDS medication, costs that are similar in every State. Therefore, I do not understand that claim, unless it is protection of the institutions rather than the people.

I have another unanimous consent request that I intend to propound, and I, again, am hoping that someone will be here to object who is actually objecting to the bill instead of sending a surrogate who has had to go through this ritual several times already, even though he supports the bill, because the request earlier, of course, was to have a chance to vote on the bill of the Senator from New York and the Senator from New Jersey. And I am going to offer that. I am going to offer a short time for debate and a vote on that and then a vote on the bipartisan, bicameral bill that has already passed the House.

I am hoping that somebody actually involved in the substitute bill will come to the floor to either agree or object. That should be fair. They can have a vote. It seems reasonable to me. But it really ought to be the people offering the amendment who say they have the better idea, even though it leaves out the HIV folks, hundreds of thousands of Americans. This amendment doesn't even provide a quick fix for 1 more year, because it keeps the flawed formulas that will cause tremendous funding shortfalls in place. They will come back in another year then and ask for 5 more years of being held harmless.

I want to get a vote on the bill that includes HIV and follows the patient.

We need to do that. We need to do it today, not tomorrow, not next month. Tomorrow night, a bunch of States will be in crisis—and their residents with HIV/AIDS will begin losing access to care. I would imagine in their amendment they have slipped in a little thing to protect the States that will fall into a trap tomorrow. But let's not just throw money at the problem, let's do the right thing for the long-term, for the entire Nation. Let's solve the formula. Let's do what we have done on a number of other bills that have gone through my committee, which is to look at the formula and say: What is fair to all the States?

I have to say, there are some people on my committee and others in this body who have said: If I look at the charts and I see what is happening to my State, yes, I may lose some money, but we are trying to come up with a solution that solves a problem across this country. And that is what we are here for, to solve problems across the country. I can tell you that the HIV/AIDS families and community want it to be fair and want the bill we have been asking unanimous consent on for several days now.

So I will be asking for unanimous consent. I will throw in this opportunity to have a vote on the other bill, to see if people want to do more of the same or if they want to fix this over a period of time, again, holding all States harmless for 3 years before we move into a transition to full fairness.

Just last night the House passed this critical, bipartisan, bicameral legislation by an overwhelming bipartisan vote, 325 to 98, and sent it to us to act upon it immediately. The House understood the critical, time-sensitive nature of this legislation. Now the Senate must act quickly to reauthorize this critical program by September 30; otherwise, hundreds of thousands of individuals in States and the District of Columbia will lose access to lifesaving services. The only thing standing between us and the President's signature to enact this bill is a Senate vote on the House bill—or perhaps a Senate vote on the possible substitute amendment and then a vote on the House bill.

Now, I have asked the Senate to move this critical legislation two other times. Currently, four Senators from two States are blocking a vote and thus may prevent many individuals and families from receiving critical AIDS and HIV treatment under a more equitable program.

I appreciate the number of my colleagues who have been on the floor to talk about the people in their States who are dying because they are on a waiting list and cannot get the treatment, because they have had huge influxes of population, huge increases in the number of people who have been infected by HIV and AIDS. We cannot let that happen. We cannot continue that. We cannot continue to say: Well, if we have been shipping money to one part of the country, we are going to

continue to ship money to that part of the country even though the problem has shifted. So four Senators are blocking us.

Mr. President, I would like to take this opportunity to recognize the hard work of the Senators from California on this legislation. I appreciate their willingness to continue to talk to us to address their concerns. They have indicated they are no longer objecting to this legislation. I thank them. However, this bill, due to other objections, is still not moving forward.

This legislation ensures that Federal moneys are distributed more fairly and the dollars will follow the person. This is something our outdated funding formula failed to do. Hundreds of thousands of people living with HIV and AIDS, who live in these States, will be needlessly harmed if a few Senators continue obstructing good policy.

What is more, these four Senators will not come to the floor to defend their objection to this critical legislation at a time when we are talking about it. So today I will ask again for the Senators from New York and New Jersey to come to the floor themselves, lodge their objections, listen to the unanimous consent request, where I am going to offer them the right to have a vote on their bill, in exchange for the right to vote on the bill that came out of committee—the bill that is bicameral and bipartisan.

Now, as part of the unanimous consent request, I am also allowing those Senators to offer that amendment, of course, the opportunity for them to put forward their best solution for dealing with the concerns they have. We have run hundreds of programs trying to come up with the most equitable way to do this. The one we are presenting is the one we found that had the most people to support it. I was told this is identical to the bill introduced by the New York and New Jersey delegations this week. That is the amendment we would be voting on. This bill and/or amendment is not a solution; rather, it is a harmful delay, putting off what we should and must do today.

These States simply raise objections about what funds are received this year compared to last year. These States were grossly overpaid last year and will continue to be overpaid next year. However, they will no longer be grossly overpaid under the bill I am proposing. These few Senators keep saying they will lose money under the reauthorization. No matter the dollar formula they say they may lose on a given day, it doesn't add up to the amount of dollars they would stand to carry over from the current flawed formula. The State of New York would carry over an average of \$150 million over 5 years.

According to GAO data, even with the formula adjustment that will allow for more equitable treatment, save lives in more places, New York would still carry over about \$115 million based on their past spending. In the past, New York and New Jersey have

been able to under-spend hundreds of millions of leftover dollars. At the same time, 25 other States are struggling to provide even the most basic life-sparing medications to their residents living with HIV/AIDS. Because of the current flawed formula, this amendment doesn't even count Americans living with HIV. New York can afford to generously offer more than 495 different medications to their residents. That is 23 times the number of medications that Louisiana is able to offer their HIV/AIDS residents because of a lack of appropriate funding. While New York offers a range of elective drugs, many other States are unable to provide the basic life-sparing treatments that every American should have access to. This is indefensible. New York carries over an average of \$30 million each year; yet, 25 other States are having significant difficulty providing the basic drugs to all of its eligible residents. Eleven States have waiting lists—that is right, residents in 11 States are unable to receive life-sparing treatments because their States do not receive appropriate funds.

New York, in 2005, spent an astonishing \$25 million on administration costs for just two titles of this law. That is more than the entire amount of money received by 38 States in 2005 for those two titles to provide care to their residents with HIV/AIDS. This inequity must be addressed, and it is addressed in this reauthorization. Stalling now because a couple States stand to lose a fraction of the money they already cannot spend is indefensible. Lives are at risk and a solution is on the table today. A solution has been passed by the House and is before us now.

I hope those four Senators will defend their objection and allow a vote on their amendment. The continued expansion of the AIDS epidemic in this country is a certainty. While the epidemic continues in the urban areas in the country, the number of new cases not diagnosed in small urban, suburban, and rural areas are reaching alarming levels. As the epidemic expands in all these areas, local health care systems have often been unable to meet the growing demands for medical and support services.

The problems created in rural areas are often similar to those experienced in large cities. However, these problems are exacerbated by poor health care infrastructure and limited experience with HIV/AIDS care. The lack of trained primary care providers, the absence of long-term care facilities, the scarcity of resources, and a scattered population are additional obstacles that may be faced in a developing, coordinated outpatient service program.

If New York thinks it is more expensive to handle a new problem, they ought to deal with the distances these people have to travel in some of the rural areas to get care for some of the most basic ailments. Small areas are

also often not able to provide the specialized services required by some persons with HIV. When primary services are unavailable, individuals and families must travel long distances to receive the necessary care. Furthermore, rural health care systems must address not only the epidemic but also other conditions, including substance abuse, mental illness, and sexually transmitted diseases which they may be poorly equipped to deal with.

Thus, as we think of the problem today in its expansion into rural areas, we must provide the same effort to those areas we did for urban areas in the early 1990s. We must target resources to those in need and assure that those infected with HIV and living with AIDS will receive our support and our compassion, regardless of their race, gender or where they live.

Finally, I want to answer the question posed by the Senator from Minnesota last night. Senator DAYTON asked what it would cost to give these States, over the next 5 years, the same amount of money as they receive presently. Alarming, to keep those States whole, it would cost \$614 million a year. That is over half a billion for the next 5 years.

It is not possible just to provide increases to New York and New Jersey due to the funding distribution; therefore, to ensure that everybody receives as much money per person with HIV that New York is currently receiving, it would cost over \$3 billion—if we went to equity, it would cost \$3 billion, or a 30 percent increase in Ryan White funding to maintain States' funding level that are grossly overpaid and unable to spend the money they do receive.

Our obligation as Senators is to the people of the United States. We still have four Senators who continue to obstruct the Senate from passing a bill because of the September 30 deadline—a bill which passed the House 325-to-98, a bill that can save more than 100,000 lives, including the lives of the growing number of women and minorities who are afflicted by this devastating disease, and provides the money to where it is needed most.

As I said last night, this is not an economic development project. The bottom line is simply, where States have more people with HIV/AIDS, they should get more money. Where States have less people with HIV/AIDS, they should get less money. As we all know, the Ryan White program provides critical health care services for people infected with HIV and AIDS. These individuals rely on this vital program for drugs and other services. We need to pass this legislation so we can provide them with the treatment they desperately need.

I urge the Senators who are holding up the bill to stop playing the numbers game so the Ryan White CARE Act funding can address the epidemic of today, not yesterday.

I ask the Chair how much time remains.

The PRESIDING OFFICER. The Senator has 20 minutes remaining.

Mr. ENZI. Mr. President, I will yield 5 minutes to the Senator from Alabama, Mr. SESSIONS.

The PRESIDING OFFICER. The Senator from Alabama is recognized.

Mr. SESSIONS. Mr. President, I thank the Senator. Chairman ENZI has done a fine job, and he is known for his fairness and his hard work. Under his leadership, State after State has agreed to this new and fairer formula. Unfortunately, we have a few privileged States who want to maintain an extraordinary funding stream and are denying funding to the other States that are in crisis today.

I have spoken with Kathie Hiers, the director of AIDS Alabama, who is very articulate on these issues, Mary Elizabeth Marr, who runs the AIDS center in Huntsville, and Jane Cheeks, the State AIDS director, and they have explained to me how unfair the current system is.

Mr. President, I could not be prouder to serve on the committee with Senator ENZI, and I greatly appreciate his leadership to help those of us whose States are facing a national crisis.

I would like to briefly show this chart and make a few points. Senator HATCH, who wrote the Ryan White Act, is here. Ryan White was from Indiana. He was not from a large city. But Senator HATCH considered the AIDS challenges facing America, and at the time, this disease appeared to be a greater problem in bigger cities. The whole Nation contributed money to fight this epidemic in the crisis area cities.

The money that was spent fighting AIDS in these cities had a tremendous impact. However, the geography of the disease has changed. Where is the growth of AIDS today? Where are the surging numbers? HIV and AIDS are increasing at a greater rate in the South. Seventy percent of the new HIV cases in my State are African Americans, and the greatest growth rate by far is among African American women. My State is not receiving adequate funding to treat the greater numbers of people in our State that are living with HIV/AIDS.

I would like to again point out that the formula used to determine funding has a number of serious flaws. One of these flaws is that we count AIDS cases for funding, but we do not count HIV positive cases, despite the fact that HIV is the precursor to fully-developed AIDS. In contrast to the early years of this disease, we have medicines that can be given to people who have HIV before it has developed into AIDS. These drugs have been proven to delay the onset of AIDS so that the people that have access to them can live a more healthy life.

How is it possible that we are not including the people who have HIV in the funding formula?

These are the people that need to be put on medicines at once. We now know that a pregnant women who has

HIV will give birth to a child without AIDS if she is given the right medicines. However, if she is not given these drugs, she faces a greater probability that her child could be born with AIDS. This clearly is a very serious, life-and-death issue, and one that we must confront. We have continued to be generous with AIDS funding, but that generosity certainly would require that we shift the money to follow the disease. The money should not follow bureaucracies and established systems where it cannot be spent. For example, New York was not able to spend \$29 million last year, yet under the same formula, Alabama receives only \$11 million for the whole State for the entire year. The money that they had and were unable to spend is nearly 3 times more than our complete funding, yet Alabama has waiting lists for people who are in desperate need of these drugs. The people on our waiting lists must wait before they can become eligible for these drugs because we don't have enough money to pay for them. We cannot afford to pay for more than 40 drugs in Alabama, but New York is able to provide nearly 500 drugs to their AIDS patients. This is just not right.

To conclude, I find it unfortunate that we have seen such partisan, parochial interest in protecting those who receive excessive federal benefits when these benefits are no longer justified. The U.S. Government and the American people were generous to New York, San Francisco, and other big cities. We saw that these cities were in a crisis with this disease, and so we gave them a disproportionate amount. These cities are not entitled to keep forever the benefits we have been giving, and now we are experiencing crises in other States. I think it is a sad day indeed that there are Senators blocking this reform and blocking the re-authorization of the act.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. SESSIONS. I thank the Chair and yield the floor. I would like to note my appreciation for Senator HATCH and his leadership on this issue.

Mr. ENZI. Mr. President, I yield 10 minutes to the Senator from Utah, Senator HATCH, who has been actively involved in the HIV/AIDS discussion for years. In fact, he selected the Ryan White name for this bill many years ago when he chaired this committee.

Mr. HATCH. Mr. President, I thank my chairman. I am grateful to be with him on this bill. I am one of the prime authors of the Ryan White Act. I stood here on the floor, with Mrs. White sitting up in the gallery, and recognized it and named it the Ryan White bill.

I rise again to support the effort to call up and immediately adopt S. 2823, the Ryan White HIV/AIDS Treatment Modernization Act. I thank our chairman and others who worked so hard on this bill to bring it here.

It makes no sense that this product of bipartisan, bicameral effort should

be held up at the eleventh hour by Members representing only two States—three at one time, but at least the two Senators from California backed off and now realize that they are not doing what is right here.

Given that the theme of this bipartisan, bicameral effort was to craft something that would help even out the playing field for all U.S. States and territories, it makes even less sense for these holds to be placed on behalf of States that currently enjoy substantially generous funding. In some areas of these States, the funding is so generous that we have heard reports of Ryan White dollars being spent on dog-walking services, haircuts, candlelight dinners, and four-star hotels. I, for one, am pretty fed up with it, and to have four liberal Senators on this floor holding this up is just outrageous.

Furthermore, some States carry over millions of unspent dollars every year, and some continue to receive funding for people who are no longer living. This is happening while people die in areas where the epidemic is newer because under the current Ryan White structure, their location dictates that they should receive less money for care. This reauthorization bill would fix that broken program structure.

Let me make it clear that my home State of Utah does not stand to gain large increases in funding. Our State AIDS director understands and supports the need for equity within the program. Due to efficient administration of the Ryan White program, Utah is able to manage its funding so that it can—just barely—avoid an ADAP waiting list for pharmaceuticals. Utah can do this even though it receives an average of \$1,315 less per patient in Ryan White funding than does New York, \$1,330 per patient less than New Jersey, and \$843 per patient less than California, just to mention three States. The New York and New Jersey Senators are holding up this bill.

I could go on and on about this because there are really only about five States that receive less funding per patient than Utah. But I am not going to do that, and that is precisely my point. My point is that this should not be about who gets the most money. I find it disconcerting that I have to point out, once again, that this program assists people who could die if it is not reauthorized this week. It is as simple as that. I have received numerous letters from the HIV/AIDS community urging that the Senate reauthorize this program before it adjourns this week. I also remind my colleagues that President Bush has charged Congress with reauthorizing this program.

Last night, the House passed H.R. 6143, the Ryan White HIV/AIDS Treatment Modernization Act of 2006, by a vote of 325 to 98. The vote total includes over half of the House Democrats voting for this bill. What happened to the other half? They are always out here talking about compassion and talking about reason and talk-

ing about how good they are to the poor. Here is a chance to do some good for the poor. We worked hard to get everything together on this bill, and we have four liberal Senators holding it up. It is ridiculous.

I am the coauthor of three of the AIDS bills. I remember when we brought the first one to the floor. It was a big battle. I was the conservative who stood up for it. We finally won, and we won on all three of them. Like I say, I named this bill the Ryan White bill right here on the floor of the Senate.

As I mentioned, the House passed its bill last night with overwhelming bipartisan support. I implore my colleagues in the Senate to do the same, to work in the best interest of the entire Nation and pass this reauthorization.

I am really upset about it, and I think everybody ought to be upset about it. Sometimes we get extreme worrying about who gets the money and who gets this and who gets that. New York and New Jersey are not being mistreated here. Some States will always think they are not getting enough money no matter what we do here. We have to work on this.

Mr. President, I yield the floor, and I thank my colleagues for their forbearance.

Mr. ENZI. Mr. President, it is my understanding that I have 9 minutes remaining?

The PRESIDING OFFICER (Mr. ENSIGN). The Senator is correct.

Mr. ENZI. I thank the Chair, and since there is a Senator now here from one of the two states objecting to us moving on with the Ryan White HIV/AIDS Treatment Modernization Act, I would like to propound the unanimous consent.

Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 6143, which was received from the House. I ask unanimous consent that the only amendment in order be an amendment by Senator LAUTENBERG, which is the text of S. 3944, with 30 minutes of debate equally divided. I ask consent that following the disposition of that amendment, the bill, as amended, if amended, be read the third time and passed, a motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. MENENDEZ. Mr. President, we just received this proposal about 15 minutes ago. This is a monumental issue, very important to my State and others. Therefore, I must object at this time.

The PRESIDING OFFICER. Objection is heard.

Mr. ENZI. Mr. President, I am sorry to hear the objection. We have been trying to find a way, any way, to be able to move on to a vote on this bill that is bipartisan, bicameral. It has al-

ready passed the House and I am sure it would pass here. So I am really disappointed.

Mr. President, I allocate 5 minutes of time to the Senator from North Carolina, Mr. BURR.

The PRESIDING OFFICER. The Senator from North Carolina is recognized.

Mr. BURR. Mr. President, I thank the Chair. I am amazed to hear that some have just become familiar with this bill. It has been negotiated in a bicameral, bipartisan way. It is the same bill that we have moved out of the committee and now the House has passed it without opposition, and we thought it just right to pick up the House bill.

But let me back up, if I can. Currently, New York offers over 500 Medicaid options to their HIV/AIDS patients. West Virginia has less than 50 options for medication. Now, this disparity is not because West Virginia doesn't care about people with HIV and AIDS; this disparity is because New York and New Jersey and other States with Title I cities receive more money per person than the other States. This just is not fair.

Why do some States offer 400 drugs to their residents with HIV/AIDS when other States keep waiting lists for individuals who need the most basic life-saving drugs? Well, in 2005 North Carolina contributed 40 percent of the cost for every individual who qualified for ADAP. ADAP qualification in North Carolina is 125 percent of poverty, \$9,200. In contrast, the same year, New York contributed 16 percent of the total ADAP funds, and New Yorkers, under 40 percent of poverty were eligible for Federal ADAP funds. New Jersey contributed only 14 percent of their total ADAP funds used, and residents of New Jersey, under 500 percent of poverty, are eligible for Federal funds. Why? Because the Federal funds that we supply under this formula are so rich to New Jersey and to New York that a person with an income of \$47,000 a year is eligible for Federal medication on ADAP, but not in North Carolina. If they exceed the \$9,500 income mark, because of our limited amount of dollars, they are no longer eligible.

In 2004, in a clinic in Charlotte, NC, there were 547 patients who made 2,362 clinic visits. That is a little over 4 times a year. But we are told by individuals from these States that have more money than they can use that they couldn't possibly tell us how many real HIV/AIDS patients they have in their State in a 3 or 5-year period.

The suggestion was made today that we delay this for another year so that we would have an opportunity to work out some of this and they could see if they could count patients. Let me suggest to my colleagues that if individuals are going into a clinic and receiving Federal aid under the Ryan White CARE Act, then you would be able to count them. If they weren't going in to receive care under the Ryan White

CARE Act, then they shouldn't be eligible and the State doesn't need the money. The fact is we are counting the people who are getting services. They don't exceed the amount of money that they get, but they would like to keep the extra. In fact, today, the reason that they would like another year is they would like to keep on counting to see if they can get their numbers up to match the amount of money that they get.

The Senators from New York don't care about the fact that in 2006 the national funding per AIDS case was \$1,613. Yet in New York, the average was \$2,122 per case. In North Carolina, it is a little over \$1,200 a year. The other States that get a disproportionate share of money per case exist, but they acknowledge that that disproportionate share is unfair. They realize it is unequal, and so they are willing to support this bill. Let me tell my colleagues that Connecticut gets \$2,887 per AIDS patient, while South Carolina gets \$1,364; Minnesota, \$2,903, while Arkansas gets \$1,239; Louisiana, \$2,069, while North Carolina gets \$1,166.

Mr. President, I thank those Members who are willing to support this legislation, who are willing to let their numbers help others who will die without this funding.

I yield the floor.

Mr. ENZI. Mr. President, for the last few seconds I am going to just mention that the bill by the Senators from New York and New Jersey was introduced on Tuesday. Surely they have had time to think about having that amendment debated and voted on in that amount of time. I am really disappointed that they won't give some kind of an answer that will allow a vote on that amendment. If that is what they need for cover, that is OK with me. I just need to get this done.

New York and New Jersey are stealing the future from those with HIV, and that just cannot happen in the U.S. Senate. We have to worry about all the people from all of the United States, and that is what the reauthorization would do. That is why it is important to do it. I have asked those questions numerous times now trying to find a way to bring this bill up for a vote, and am being denied in every way—I am not being denied—those with HIV, those with AIDS, their families are being denied the right to have a vote on this bill in the U.S. Senate.

The PRESIDING OFFICER. The order is for the Senator from Minnesota to be recognized for 20 minutes.

Mr. BAUCUS. Mr. President, will the Senator from Minnesota yield to me?

Mr. DAYTON. For the purpose of asking a question.

Mr. BAUCUS. Mr. President, under regular order, after the Senator from Minnesota speaks, are there other speakers lined up?

The PRESIDING OFFICER. The Senator from Texas then has 15 minutes.

Mr. BAUCUS. Mr. President, I ask unanimous consent that following the

statement by the Senator from Texas, the Senator from Iowa, Mr. GRASSLEY, be allowed to speak for 20 minutes; following Senator GRASSLEY, myself for 15 minutes, and following Senator GRASSLEY, Senator MURRAY for 15, Senator HARKIN for 10, and Senator MENENDEZ for 15.

The PRESIDING OFFICER. Is there objection?

Mr. GREGG. Reserving the right to object, with the understanding, Mr. President, that if a Republican Member wishes to speak, his time would be allotted in between the times of the Democratic Members.

The PRESIDING OFFICER. Does the Senator from Montana so modify his request?

Mr. BAUCUS. First of all, I would like that not to be the case—well, that automatically would be the case because Senator GRASSLEY and myself would follow Senator HUTCHISON. Following the Senator from Texas, then the Senator from Iowa, and then myself, and then I am asking following myself, that Senator MURRAY and Senator HARKIN be recognized. There will be three Republicans right in a row there already, at least two, so I am just suggesting that at least Senators MURRAY and HARKIN be able to follow myself.

Mr. GREGG. Maybe we can reserve this and discuss it for a second.

Mr. BAUCUS. I would like to lock in Senator GRASSLEY and myself because we have been seeking this for some time.

Mr. GREGG. I would like to have the opportunity to make sure the Republicans would have an equal amount of time.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. Mr. President, I would modify the request to suggest that following myself and a Republican Senator to be recognized, and a Republican Senator between Senator HARKIN and Senator MENENDEZ if they so request.

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

The Senator from Minnesota is recognized for 20 minutes.

SECURE FENCE ACT

Mr. DAYTON. Mr. President, I rise tonight to address the legislation that is before the Senate, the legislation that would establish a fence along the southern United States border. I intend to support this legislation, despite its serious flaws. I agree that a physical barrier is necessary along some parts of our country's southern border.

Last month I visited southern border communities in Texas, New Mexico, and Arizona, and I recognize the very serious need for additional security measures there. In El Paso, TX, for example, there is a fence along the U.S.-Mexican border for about half the city. But then that fence abruptly ends because, I was told, of lack of funding to

extend it. That is nonsensical: A security fence that only covers about half of the city that it is supposed to secure.

The day before I toured this area, that one Border Patrol station in El Paso, TX had apprehended 268 people trying to enter our country illegally. That is unacceptable, and that is the reason I will support this legislation. But it is only part of the solution. I asked Border Patrol agents across the southern border, or the real experts about what is effective and what is not to protect our border and our citizens, whether a fence is a good idea. They replied that in some places it was and in other places it was not. They said it was one of several additional actions necessary for effective border control.

Yet this is the only measure contained in this legislation. It bears little resemblance to a comprehensive bill that the Senate previously passed to strengthen border security and stop illegal immigration. Its effectiveness, the border control experts told me last month, would be severely reduced by the absence of a comprehensive approach. It will further waste taxpayer dollars by mandating a fence where a fence will not be effective. In short, it suffers from the defects of being the hastily drafted, last-minute election ploy that it is, rather than the comprehensive, intelligent, and effective border security bill that our country needs and our citizens deserve.

Previous attempts to secure our Nation's southern border have failed for precisely this reason. They were only partial steps where only a complete solution will be successful. It is stupid for Congress to pass something that will fail, and shameful for Congress to do it for short-term political benefits rather than the long-term national interest. I have no doubt this legislation will pass and that it will be used by those it benefits between now and the November 7 election.

So I plead with my colleagues and with the House to finish this job when we return after the elections. Let's have the Homeland Security Committee on which I serve and other committees claiming jurisdiction to ask the border security experts themselves what else must be done to make this fence effective. Let's get the House to drop their political pre-election posturing and deal with the present and future realities of our illegal immigration problem by passing key parts of the Senate bill.

It is necessary to be tough on illegal immigration, but being tough and stupid is stupid. Let's challenge the House to get tough and smart about protecting our southern border, as President Bush has proposed and as the Senate has enacted. But let's not fool ourselves and let's not try to fool the American people that this legislation by itself will solve or even substantially reduce the very serious flood of illegal aliens crossing our southern border.