

jobs in the United States and its territories as well as nations throughout the world;

Whereas the high seas constitute a globally significant reservoir of marine biodiversity, and compounds derived from organisms found on the high seas show promise for the treatment of deadly diseases such as cancer and asthma;

Whereas the United Nations Food and Agriculture Organization reports that a growing number of high seas fish stocks important to the United States and the world are overfished or depleted;

Whereas the United Nations has called for urgent action to address the impact of high seas fishing practices that have adverse impacts on vulnerable marine species and habitats;

Whereas destructive, illegal, unreported, and unregulated fishing by vessels flying non-United States flags threatens high seas fisheries and the habitats that support them;

Whereas nations whose fleets conduct destructive, illegal, unreported, and unregulated high seas fishing enjoy an unfair competitive advantage over United States fishermen, who must comply with the rigorous conservation and management requirements of the Magnuson Stevens Fishery Conservation and Management Act and other laws in order to conserve exhaustible natural resources; and

Whereas international cooperation is necessary to address destructive, illegal, unreported, and unregulated fishing which harms the sustainability of high seas living marine resources and the United States fishing industry: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) the United States should continue to demonstrate international leadership and responsibility regarding the conservation and sustainable use of high seas living marine resources by vigorously promoting the adoption of a resolution at this year's 61st session of the United Nations General Assembly calling on all nations to protect vulnerable marine habitats by prohibiting their vessels from engaging in destructive fishing activity in areas of the high seas where there are no applicable conservation or management measures or in areas with no applicable international fishery management organization or agreement, until such time as conservation and management measures consistent with the Magnuson-Stevens Act, the United Nations Fish Stocks Agreement, and other relevant instruments are adopted and implemented to regulate such vessels and fisheries; and

(2) the United States calls upon the member nations of the United Nations to adopt a resolution at its October meeting to protect the living resources of the high seas from destructive, illegal, unreported, and unregulated fishing practices.

#### CONSUMER ASSURANCE OF RADIOLOGIC EXCELLENCE ACT OF 2006

Mr. FRIST. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 668, S. 2322.

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

The legislative clerk read as follows:

A bill (S. 2322) to amend the Public Health Service Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

There being no objection, the Senate proceed to consider the bill which had

been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

S. 2322

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

#### SECTION 1. SHORT TITLE.

["This Act may be cited as the "Consumer Assurance of Radiologic Excellence Act of 2006".

#### SEC. 2. PURPOSE.

["The purpose of this Act is to improve the quality and value of healthcare by increasing the safety and accuracy of medical imaging examinations and radiation therapy treatments, thereby reducing duplication of services and decreasing costs.

#### SEC. 3. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

["Part F of title III of the Public Health Service Act (42 U.S.C. 262 et seq.) is amended by adding at the end the following:

#### ["Subpart 4—Medical Imaging and Radiation Therapy

#### ["SEC. 355. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

##### ["(a) ESTABLISHMENT OF STANDARDS.—

["(1) IN GENERAL.—The Secretary, in consultation with recognized experts in the technical provision of medical imaging and radiation therapy services, shall establish standards to ensure the safety and accuracy of medical imaging studies and radiation therapy treatments. Such standards shall pertain to the personnel who perform, plan, evaluate, or verify patient dose for medical imaging studies and radiation therapy procedures and not to the equipment used.

["(2) EXPERTS.—The Secretary shall select expert advisers under paragraph (1) to reflect a broad and balanced input from all sectors of the health care community that are involved in the provision of such services to avoid undue influence from any single sector of practice on the content of such standards.

["(3) LIMITATION.—The Secretary shall not take any action under this subsection that would require licensure by a State of those who provide the technical services referred to in this subsection.

["(b) EXEMPTIONS.—The standards established under subsection (a) shall not apply to physicians (as defined in section 1861(r) of the Social Security Act (42 U.S.C. 1395x(r))), nurse practitioners and physician assistants (as defined in section 1861(aa)(5) of the Social Security Act (42 U.S.C. 1395x(aa)(5))).

##### ["(c) REQUIREMENTS.—

["(1) IN GENERAL.—Under the standards established under subsection (a), the Secretary shall ensure that individuals, prior to performing or planning medical imaging and radiation therapy services, demonstrate compliance with the standards established under subsection (a) through successful completion of certification by a professional organization, licensure, completion of an examination, pertinent coursework or degree program, verified pertinent experience, or through other ways determined appropriate by the Secretary, or through some combination thereof.

["(2) MISCELLANEOUS PROVISIONS.—The standards established under subsection (a)—

["(A) may vary from discipline to discipline, reflecting the unique and specialized nature of the technical services provided, and shall represent expert consensus as to what constitutes excellence in practice and be appropriate to the particular scope of care involved;

["(B) may vary in form for each of the covered disciplines; and

["(C) may exempt individual providers from meeting certain standards based on their scope of practice.

["(3) RECOGNITION OF INDIVIDUALS WITH EXTENSIVE PRACTICAL EXPERIENCE.—For purposes of this section, the Secretary shall, through regulation, provide a method for the recognition of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program in that specialty, or of an individual who is regularly eligible to take the licensure or certification examination for that discipline.

##### ["(d) APPROVED BODIES.—

["(1) IN GENERAL.—Not later than the date described in subsection (j)(2), the Secretary shall begin to certify qualified entities as approved bodies with respect to the accreditation of the various mechanisms by which an individual can demonstrate compliance with the standards promulgated under subsection (a), if such organizations or agencies meet the standards established by the Secretary under paragraph (2) and provide the assurances required under paragraph (3).

["(2) STANDARDS.—The Secretary shall establish minimum standards for the certification of approved bodies under paragraph (1) (including standards for recordkeeping, the approval of curricula and instructors, the charging of reasonable fees for certification or for undertaking examinations, and standards to minimize the possibility of conflicts of interest), and other additional standards as the Secretary may require.

["(3) ASSURANCES.—To be certified as an approved body under paragraph (1), an organization or agency shall provide the Secretary satisfactory assurances that the body will—

["(A) be a nonprofit organization;

["(B) comply with the standards described in paragraph (2);

["(C) notify the Secretary in a timely manner if the body fails to comply with the standards described in paragraph (2); and

["(D) provide such other information as the Secretary may require.

##### ["(4) WITHDRAWAL OF APPROVAL.—

["(A) IN GENERAL.—The Secretary may withdraw the certification of an approved body if the Secretary determines the body does not meet the standards under paragraph (2).

["(B) EFFECT OF WITHDRAWAL.—The withdrawal of the certification of an approved body under subparagraph (A) shall have no effect on the certification status of any individual or person that was certified by that approved body prior to the date of such withdrawal.

["(e) EXISTING STATE STANDARDS.—Standards established by a State for the licensure or certification of personnel, accreditation of educational programs, or administration of examinations shall be deemed to be in compliance with the standards of this section unless the Secretary determines that such State standards do not meet the minimum standards prescribed by the Secretary or are inconsistent with the purposes of this section.

["(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prohibit a State or other approved body from requiring compliance with a higher standard of education and training than that specified by this section.

["(g) EVALUATION AND REPORT.—The Secretary shall periodically evaluate the performance of each approved body under subsection (d) at an interval determined appropriate by the Secretary. The results of such evaluations shall be included as part of the report submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy

and Commerce of the House of Representatives in accordance with 354(e)(6)(B).

["(h) DELIVERY OF AND PAYMENT FOR SERVICES.—Not later than the date described in subsection (j)(3), the Secretary shall promulgate regulations to ensure that all programs under the authority of the Secretary that involve the performance of or payment for medical imaging or radiation therapy, are performed in accordance with the standards established under this section.

["(i) ALTERNATIVE STANDARDS FOR RURAL AND UNDERSERVED AREAS.—The Secretary shall determine whether the standards established under subsection (a) must be met in their entirety for medical imaging or radiation therapy that is performed in a geographic area that is determined by the Medicare Geographic Classification Review Board to be a 'rural area' or that is designated as a health professional shortage area. If the Secretary determines that alternative standards for such rural areas or health professional shortage areas are appropriate to assure access to quality medical imaging, the Secretary is authorized to develop such alternative standards.

["(j) APPLICABLE TIMELINES.—

["(1) GENERAL IMPLEMENTATION REGULATIONS.—Not later than 18 months after the date of enactment of this section, the Secretary shall promulgate such regulations as may be necessary to implement all standards in this section except those provided for in subsection (d)(2).

["(2) MINIMUM STANDARDS FOR CERTIFICATION OF APPROVED BODIES.—Not later than 24 months after the date of enactment of this section, the Secretary shall establish the standards regarding approved bodies referred to in subsection (d)(2) and begin certifying approved bodies under such subsection.

["(3) REGULATIONS FOR DELIVERY OF OR PAYMENT FOR SERVICES.—Not later than 36 months after the date of enactment of this section, the Secretary shall promulgate the regulations described in subsection (h). The Secretary may withhold the provision of Federal assistance as provided for in subsection (h) beginning on the date that is 48 months after the date of enactment of this section.

["(k) DEFINITIONS.—In this section:

["(1) APPROVED BODY.—The term 'approved body' means an entity that has been certified by the Secretary under subsection (d)(1) to accredit the various mechanisms by which an individual can demonstrate compliance with the standards promulgated under subsection (a) with respect to performing, planning, evaluating, or verifying patient dose for medical imaging or radiation therapy.

["(2) MEDICAL IMAGING.—The term 'medical imaging' means any procedure used to visualize tissues, organs, or physiologic processes in humans for the purpose of diagnosing illness or following the progression of disease. Images may be produced utilizing ionizing radiation, radiopharmaceuticals, magnetic resonance, or ultrasound and image production may include the use of contrast media or computer processing. For purposes of this section, such term does not include routine dental diagnostic procedures.

["(3) PERFORM.—The term 'perform', with respect to medical imaging or radiation therapy, means—

["(A) the act of directly exposing a patient to radiation via ionizing or radio frequency radiation, to ultrasound, or to a magnetic field for purposes of medical imaging or for purposes of radiation therapy; and

["(B) the act of positioning a patient to receive such an exposure.

["(4) PLAN.—The term 'plan', with respect to medical imaging or radiation therapy, means the act of preparing for the perform-

ance of such a procedure to a patient by evaluating site-specific information, based on measurement and verification of radiation dose distribution, computer analysis, or direct measurement of dose, in order to customize the procedure for the patient.

["(5) RADIATION THERAPY.—The term 'radiation therapy' means any procedure or article intended for use in the cure, mitigation, treatment, or prevention of disease in humans that achieves its intended purpose through the emission of radiation."

#### SEC. 4. REPORT ON THE EFFECTS OF THIS ACT.

["(a) Not later than 5 years after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the effects of this Act. Such report shall include the types and numbers of providers for whom standards have been developed, the impact of such standards on diagnostic accuracy and patient safety, and the availability and cost of services. Entities reimbursed for technical services through programs operating under the authority of the Secretary of Health and Human Services shall be required to contribute data to such report.】

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Consumer Assurance of Radiologic Excellence Act of 2006".*

#### SEC. 2. PURPOSE.

*The purpose of this Act is to improve the quality and value of healthcare by increasing the safety and accuracy of medical imaging examinations and radiation therapy treatments, thereby reducing duplication of services and decreasing costs.*

#### SEC. 3. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

*Part F of title III of the Public Health Service Act (42 U.S.C. 262 et seq.) is amended by adding at the end the following:*

#### "Subpart 4—Medical Imaging and Radiation Therapy

#### "SEC. 355. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

“(a) ESTABLISHMENT OF STANDARDS.—

“(1) IN GENERAL.—The Secretary, in consultation with recognized experts in the technical provision of medical imaging and radiation therapy services, shall establish standards to ensure the safety and accuracy of medical imaging studies and radiation therapy treatments. Such standards shall pertain to the personnel who perform, plan, evaluate, or verify patient dose for medical imaging studies and radiation therapy procedures and not to the equipment used.

“(2) EXPERTS.—The Secretary shall select expert advisers under paragraph (1) to reflect a broad and balanced input from all sectors of the health care community that are involved in the provision of such services to avoid undue influence from any single sector of practice on the content of such standards.

“(3) LIMITATION.—The Secretary shall not take any action under this subsection that would require licensure by a State of those who provide the technical services referred to in this subsection.

“(b) EXEMPTIONS.—The standards established under subsection (a) shall not apply to physicians (as defined in section 1861(r) of the Social Security Act (42 U.S.C. 1395x(r))), nurse practitioners and physician assistants (as defined in section 1861(aa)(5) of the Social Security Act (42 U.S.C. 1395x(aa)(5))).

“(c) REQUIREMENTS.—

“(1) IN GENERAL.—Under the standards established under subsection (a), the Secretary shall ensure that individuals, prior to performing or planning medical imaging and radiation ther-

apy services, demonstrate compliance with the standards established under subsection (a) through successful completion of certification by a professional organization, licensure, completion of an examination, pertinent coursework or degree program, verified pertinent experience, or through other ways determined appropriate by the Secretary, or through some combination thereof.

“(2) MISCELLANEOUS PROVISIONS.—The standards established under subsection (a)—

“(A) may vary from discipline to discipline, reflecting the unique and specialized nature of the technical services provided, and shall represent expert consensus as to what constitutes excellence in practice and be appropriate to the particular scope of care involved;

“(B) may vary in form for each of the covered disciplines; and

“(C) may exempt individual providers from meeting certain standards based on their scope of practice.

“(3) RECOGNITION OF INDIVIDUALS WITH EXTENSIVE PRACTICAL EXPERIENCE.—For purposes of this section, the Secretary shall, through regulation, provide a method for the recognition of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program in that specialty, or of an individual who is regularly eligible to take the licensure or certification examination for that discipline.

“(d) APPROVED BODIES.—

“(1) IN GENERAL.—Not later than the date described in subsection (j)(2), the Secretary shall begin to certify qualified entities as approved bodies with respect to the accreditation of the various mechanisms by which an individual can demonstrate compliance with the standards promulgated under subsection (a), if such organizations or agencies meet the standards established by the Secretary under paragraph (2) and provide the assurances required under paragraph (3).

“(2) STANDARDS.—The Secretary shall establish minimum standards for the certification of approved bodies under paragraph (1) (including standards for recordkeeping, the approval of curricula and instructors, the charging of reasonable fees for certification or for undertaking examinations, and standards to minimize the possibility of conflicts of interest), and other additional standards as the Secretary may require.

“(3) ASSURANCES.—To be certified as an approved body under paragraph (1), an organization or agency shall provide the Secretary satisfactory assurances that the body will—

“(A) be a nonprofit organization;

“(B) comply with the standards described in paragraph (2);

“(C) notify the Secretary in a timely manner if the body fails to comply with the standards described in paragraph (2); and

“(D) provide such other information as the Secretary may require.

“(4) WITHDRAWAL OF APPROVAL.—

“(A) IN GENERAL.—The Secretary may withdraw the certification of an approved body if the Secretary determines the body does not meet the standards under paragraph (2).

“(B) EFFECT OF WITHDRAWAL.—The withdrawal of the certification of an approved body under subparagraph (A) shall have no effect on the certification status of any individual or person that was certified by that approved body prior to the date of such withdrawal.

“(e) EXISTING STATE STANDARDS.—Standards established by a State for the licensure or certification of personnel, accreditation of educational programs, or administration of examinations shall be deemed to be in compliance with the standards of this section unless the Secretary determines that such State standards do not meet the minimum standards prescribed by the Secretary or are inconsistent with the purposes of this section. The Secretary shall establish a process by which a State may respond to or appeal a determination made by the Secretary under the preceding sentence.

“(f) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to prohibit a State or other approved body from requiring compliance with a higher standard of education and training than that specified by this section. Notwithstanding any other provision of this section, individuals who provide medical imaging services relating to mammograms shall continue to meet the standards applicable under the Mammography Quality Standards Act of 1992.

“(g) **EVALUATION AND REPORT.**—The Secretary shall periodically evaluate the performance of each approved body under subsection (d) at an interval determined appropriate by the Secretary. The results of such evaluations shall be included as part of the report submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives in accordance with 354(e)(6)(B).

“(h) **DELIVERY OF AND PAYMENT FOR SERVICES.**—Not later than the date described in subsection (j)(3), the Secretary shall promulgate regulations to ensure that all programs under the authority of the Secretary that involve the performance of or payment for medical imaging or radiation therapy, are performed in accordance with the standards established under this section.

“(i) **ALTERNATIVE STANDARDS FOR RURAL AND UNDERSERVED AREAS.**—

“(1) **IN GENERAL.**—The Secretary shall determine whether the standards established under subsection (a) must be met in their entirety for medical imaging or radiation therapy that is performed in a geographic area that is determined by the Medicare Geographic Classification Review Board to be a ‘rural area’ or that is designated as a health professional shortage area. If the Secretary determines that alternative standards for such rural areas or health professional shortage areas are appropriate to assure access to quality medical imaging, the Secretary is authorized to develop such alternative standards.

“(2) **STATE DISCRETION.**—The chief executive officer of a State may submit to the Secretary a statement declaring that an alternative standard developed under paragraph (1) is inappropriate for application to such State, and such alternative standard shall not apply in such submitting State. The chief executive officer of a State may rescind a statement described in this paragraph following the provision of appropriate notice to the Secretary.

“(j) **APPLICABLE TIMELINES.**—

“(1) **GENERAL IMPLEMENTATION REGULATIONS.**—Not later than 18 months after the date of enactment of this section, the Secretary shall promulgate such regulations as may be necessary to implement all standards in this section except those provided for in subsection (d)(2).

“(2) **MINIMUM STANDARDS FOR CERTIFICATION OF APPROVED BODIES.**—Not later than 24 months after the date of enactment of this section, the Secretary shall establish the standards regarding approved bodies referred to in subsection (d)(2) and begin certifying approved bodies under such subsection.

“(3) **REGULATIONS FOR DELIVERY OF OR PAYMENT FOR SERVICES.**—Not later than 36 months after the date of enactment of this section, the Secretary shall promulgate the regulations described in subsection (h). The Secretary may withhold the provision of Federal assistance as provided for in subsection (h) beginning on the date that is 48 months after the date of enactment of this section.

“(k) **DEFINITIONS.**—In this section:

“(1) **APPROVED BODY.**—The term ‘approved body’ means an entity that has been certified by the Secretary under subsection (d)(1) to accredit the various mechanisms by which an individual can demonstrate compliance with the standards promulgated under subsection (a) with respect to performing, planning, evaluating, or verifying patient dose for medical imaging or radiation therapy.

“(2) **MEDICAL IMAGING.**—The term ‘medical imaging’ means any procedure used to visualize tissues, organs, or physiologic processes in humans for the purpose of diagnosing illness or following the progression of disease. Images may be produced utilizing ionizing radiation, radio-pharmaceuticals, magnetic resonance, or ultrasound and image production may include the use of contrast media or computer processing. For purposes of this section, such term does not include routine dental diagnostic procedures.

“(3) **PERFORM.**—The term ‘perform’, with respect to medical imaging or radiation therapy, means—

“(A) the act of directly exposing a patient to radiation via ionizing or radio frequency radiation, to ultrasound, or to a magnetic field for purposes of medical imaging or for purposes of radiation therapy; and

“(B) the act of positioning a patient to receive such an exposure.

“(4) **PLAN.**—The term ‘plan’, with respect to medical imaging or radiation therapy, means the act of preparing for the performance of such a procedure to a patient by evaluating site-specific information, based on measurement and verification of radiation dose distribution, computer analysis, or direct measurement of dose, in order to customize the procedure for the patient.

“(5) **RADIATION THERAPY.**—The term ‘radiation therapy’ means any procedure or article intended for use in the cure, mitigation, treatment, or prevention of disease in humans that achieves its intended purpose through the emission of radiation.

“(1) **SUNSET.**—This section shall have no force or effect after September 30, 2016.”

#### SEC. 4. REPORT ON THE EFFECTS OF THIS ACT.

(a) Not later than 5 years after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the effects of this Act. Such report shall include the types and numbers of providers for whom standards have been developed, the impact of such standards on diagnostic accuracy and patient safety, and the availability and cost of services. Entities reimbursed for technical services through programs operating under the authority of the Secretary of Health and Human Services shall be required to contribute data to such report.

Mr. FRIST. I ask unanimous consent the committee-reported amendment be agreed to, the bill as amended be read a third time and passed, the motion to reconsider be laid on the table, and any statements be printed in the RECORD.

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

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 2322) was ordered to be engrossed for a third reading, was read the third time, and passed.

#### NATIONAL INTEGRATED DROUGHT INFORMATION SYSTEM ACT OF 2006

Mr. FRIST. I ask unanimous consent the Committee on Commerce be discharged from further consideration of H.R. 5136 and the Senate proceed to its immediate consideration.

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

The legislative clerk read as follows:

A bill (H.R. 5136) to establish a National Integrated Drought Information System within the National Oceanic and Atmospheric Administration to improve drought monitoring and forecasting capabilities.

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

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

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

The bill (H.R. 5136) was ordered to a third reading, was read the third time, and passed.

#### REAUTHORIZING THE EXPORT-IMPORT BANK OF THE UNITED STATES

Mr. FRIST. I ask unanimous consent the Chair now lay before the Senate the House measure to accompany S. 3938.

The Chair laid before the Senate the following message from the House of Representatives:

S. 3938

*Resolved*, That the bill from the Senate (S. 3938) entitled “An Act to reauthorize the Export-Import Bank of the United States.”, do pass with the following amendment:

Strike out all after the enacting clause and insert:

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Export-Import Bank Reauthorization Act of 2006”.

(b) **TABLE OF CONTENTS.**—

Sec. 1. Short title; table of contents.

Sec. 2. Extension of authority.

Sec. 3. Sub-Saharan Africa Advisory Committee.

Sec. 4. Extension of authority to provide financing for the export of non-lethal defense articles or services the primary end use of which will be for civilian purposes.

Sec. 5. Designation of sensitive commercial sectors and products.

Sec. 6. Increasing exports by small business.

Sec. 7. Anti-circumvention.

Sec. 8. Transparency.

Sec. 9. Aggregate loan, guarantee, and insurance authority.

Sec. 10. Tied aid credit program.

Sec. 11. Prohibition on assistance to develop or promote certain railway connections and railway-related connections.

Sec. 12. Process for notifying applicants of application status; implementation of *Ex-Im Online*.

Sec. 13. Competitiveness initiatives.

Sec. 14. Office of financing for socially and economically disadvantaged small business concerns and small business concerns owned by women.

Sec. 15. Governance.

Sec. 16. Sense of Congress regarding multi-buyer insurance and capital guarantee programs.

Sec. 17. Sense of Congress regarding office of renewable energy promotion.

Sec. 18. Environmental matters.

Sec. 19. Government Accountability Office study of bank performance standards for assistance to small businesses, especially those owned by social and economically disadvantaged individuals and those owned by women.