At the request of Mrs. Feinstein, the name of the Senator from Georgia (Mr. Isakson) was added as a cosponsor of S. 883, a bill to amend the Higher Education Act of 1965 to extend loan forgiveness for certain loans to Head Start teachers.

S. 883

At the request of Mr. Kerry, the name of the Senator from Connecticut (Mr. Lieberman) was added as a cosponsor of S. 923, a bill to amend the National Trails System Act to designate the New England National Scenic Trail, and for other purposes.

S. 923

At the request of Mr. Sessions, the name of the Senator from Iowa (Mr. Harkin) was added as a cosponsor of S. 958, a bill to establish an adolescent literacy program.

S. 958

At the request of Mr. Nelson of Nebraska, the names of the Senators from California (Mrs. Boxer), the Senator from New Jersey (Mr. Menendez) and the Senator from Illinois (Mr. Durbin) were added as cosponsors of S. 961, a bill to amend title 10, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II, and for other purposes.

S. 961

At the request of Mr. Smith, the name of the Senator from Maryland (Mr. Cardin) was added as a cosponsor of S. 970, a bill to impose sanctions on Iran and on other countries for assisting Iran in developing a nuclear program, and for other purposes.

S. 970

At the request of Ms. Collins, the name of the Senator from North Dakota (Mr. Conrad) was added as a cosponsor of S. 974, a bill to amend title VII of the War Act of 1930 to provide that the provisions relating to countervailing duties apply to nonmarket economy countries, and for other purposes.

S. 974

At the request of Mr. Durbin, the names of the Senator from Missouri (Mr. Bond), the Senator from Pennsylvania (Mr. Casey) and the Senator from Texas (Mr. Cornyn) were added as cosponsors of S. 981, a bill to establish the Senator Paul Simon Study Abroad and Foundation under the authorities of the Mutual Educational and Cultural Exchange Act of 1961.

S. 981

At the request of Mr. Harkin, the name of the Senator from Pennsylvania (Mr. Casey) was added as a cosponsor of S. 1013, a bill to amend title XIX of the Social Security Act to encourage States to provide pregnant women enrolled in the Medicaid program with access to comprehensive tobacco cessation services.

S. 1013

At the request of Mr. Durbin, the name of the Senator from Pennsylvania (Mr. Casey) was added as a cosponsor of S. 1018, a bill to address security risks posed by global climate change and for other purposes.

S. 1018

At the request of Mr. Durbin, the name of the Senator from North Carolina (Mrs. Dole) was added as a cosponsor of S. 1062, a bill to establish a congressional commemorative medal for organ donors and their families.

S. 1062

At the request of Mrs. Clinton, the name of the Senator from Minnesota (Ms. Klobuchar) was added as a cosponsor of S. 1065, a bill to improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs, and for other purposes.

S. 1065

At the request of Mr. Stabenow, the name of the Senator from Wisconsin (Mr. Kohl) was added as a cosponsor of S. 1081, a bill to amend the Federal Food, Drug and Cosmetic Act with respect to market exclusivity for certain drugs, and for other purposes.

S. 1081

At the request of Mr. Hagel, the name of the Senator from Hawaii (Mr. Inouye) was added as a cosponsor of S. Res. 82, a resolution designating August 16, 2007 as "National Airborne Day".

S. Res. 82

At the request of Mrs. Clinton, the names of the Senator from Louisiana (Mr. Vitter) and the Senator from South Carolina (Mr. Graham) were added as cosponsors of S. Res. 92, a resolution calling for the immediate and unconditional release of soldiers of Israel held captive by Hamas and Hezbollah.

At the request of Ms. Collins, her name was added as a cosponsor of S. Res. 92, supra.

S. Res. 92

At the request of Mr. Hagel, the name of the Senator from Mississippi (Mr. Cochran) was added as a cosponsor of S. Res. 122, a resolution commemorating the 25th anniversary of the construction and dedication of the Vietnam Veterans Memorial.

S. Res. 122

At the request of Mr. Thomas, the name of the Senator from Nevada (Mr. Reid) was added as a cosponsor of S. Res. 130, a resolution designating July 28, 2007, as "National Day of the American Cowboy".

S. Res. 130

At the request of Mr. Stevens, the names of the Senator from Georgia (Mr. Isakson), the Senator from Nebraska (Mr. Hagel) and the Senator from Virginia (Mr. Webb) were added as cosponsors of S. Res. 132, a resolution recognizing the Civil Air Patrol for 65 years of service to the United States.

S. Res. 132

At the request of Mrs. Clinton, the names of the Senator from New Jersey (Mr. Menendez), the Senator from Wisconsin (Mr. Feingold), the Senator from Florida (Mr. Nelson) and the Senator from Oregon (Mr. Smith) were added as cosponsors of S. Res. 141, a resolution urging all member countries of the International Commission of the International Tracing Service who have yet to ratify the May 2006 amendments to the 1954 Bonn Accord to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany.

S. Res. 141

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. Dorgan (for himself, Mr. Hagel, Mr. Johnson, Mr. Brownback and Mr. Conrad), Mr. Salazar, Mr. Rockefeller, Mr. Udall, Mrs. Lincoln, Mr. Harkin, and Mr. Pryor:

S. 1062 A bill to end the hard work and risk of individuals who choose to live in and help preserve America's small, rural towns, and for other purposes; to the Committee on Finance.

S. 1079 A resolution urging all member countries of the International Commission of the International Tracing Service who have yet to ratify the May 2006 amendments to the 1954 Bonn Accord to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany.

S. Res. 141
However, this out-migration problem isn’t limited to North Dakota. Nearly all of America’s Heartland is facing significant population losses. Over the past fifty years or so, nearly two-thirds of rural counties in the Great Plains lost at least one third of their population.

One of the major problems caused by chronic out-migration is the dwindling workforce of young people. A recent analysis prepared by Dr. Richard Rathge at the North Dakota State Data Center highlighted this concern. His report revealed that the steady out-migration of young adults over the last half century or so has significantly reduced the working-age population:

- Individuals aged 20 to 34 in our rural counties. The report predicts that between 2000 and 2020, the prime working age population in North Dakota, those aged 25 to 54, will decline from 183,435 to 167,717, a loss of nearly 37,000 people.

If this trend continues as predicted, there will be more elderly North Dakotans age 65 and older in the year 2020 than individuals who are in their prime working age. As the report concluded, this dwindling labor pool could have a devastating economic impact on rural communities that are already struggling from a loss of residents, businesses and investments needed to survive.

We believe the bipartisan New Homestead Act will help reverse the depopulation of our rural communities by giving people who are willing to commit to live and work in high out-migration areas the tax and other financial rewards to help them buy a home, pay for college, build a nest egg, and start a business. These incentives include repaying up to $10,000 of a college loan, offering a $5,000 tax credit for the purchase of a new home, protecting home values by allowing losses in home value to be deducted from Federal income taxes, and establishing Individual Homestead Accounts that will help people build savings and have access to credit.

It also provides tax incentives to encourage businesses to move to or expand their operations in high-out-migration rural counties, including tax credits for investments in rural buildings and to offset the cost of equipment purchases and operating expenses of small businesses with five or fewer employees. Very little, if any, private venture capital is invested in out-migration areas so the New Homestead Act also establishes a new $3 billion venture capital fund with state and local governments as partners to ensure that entrepreneurs and companies in these areas get the capital they need to start and grow their businesses.

The United States Senate has previously passed parts of the New Homestead Act, but those and other provisions in the bill have not yet been signed into law. But there is good reason to think we will make significant progress on the New Homestead Act in the 110th Congress.

In March, the Senate passed S. Con. Res. 21, to establish a budget plan for fiscal year 2008. This resolution allows for Senate action on the kinds of policies provided in the New Homestead Act. Specifically, Section 306 of the budget authorizes the Budget Committee to set the levels in the resolution by $15 billion for revenue-neutral legislation that would, among other things, provide rural development investment incentives for counties impacted by high rates of out-migration.

The Senate’s action on the budget signals that Federal policy makers in the U.S. Senate do understand that rural out-migration is a serious threat to the economic well-being of the Nation’s Heartland. My colleagues and I will work closely with the leaders of the Budget Committee and the tax-writing Senate Finance Committee to secure passage of New Homestead Act provisions in the coming year.

I urge my colleagues to support the New Homestead Act in the 110th Congress and do our utmost to support the New Homestead Act in the 110th Congress by cosponsoring it and helping move this important bill forward in the legislative process.

By Mr. CORNYN (for himself, Mr. CRAIG, Mr. AKAKA, and Mrs. HUTCHISON):

S. 1996. A bill to amend title 38, United States Code, to provide certain housing benefits to disabled members of the Armed Forces, to expand certain benefits for disabled veterans with severe burns, and for other purposes; to the Committee on Veterans’ Affairs.

Mr. CORNYN. Mr. President, for the past several months, our Nation has focused on the tragic stories of the shameful conditions our wounded soldiers have faced as outpatients in Building 18 at Walter Reed Army Medical Center, and the stories of the difficulty they faced as they tried to navigate their health care and benefits systems following their return from Afghanistan and Iraq.

This morning, the chairman of the Senate Armed Services Committee and the ranking member—the committee on which I serve—as well as the Veterans’ Affairs Committee had further hearings and detailed the work we have to do to bring down another wall, and that is the wall that separates our disabled warrior from the benefits they have earned by their noble service.

Today I introduce the Veterans Housing Benefits Enhancement Act of 2007 that will provide immediate and tangible assistance to our wounded service members and their families by strengthening our current law.

This legislation provides explicit VA housing and automobile grant eligibility to servicemembers and veterans with burn injuries, enhanced eligibility for grant assistance during the Department of Defense-to-Veterans’ Administration transition, and requires the Secretary of the Veterans’ Administration to report on possible improvements to the current law that would cover others with special disabilities, such as those with traumatic brain injuries.

I am pleased to say the chairman of the Senate Veterans’ Affairs Committee, Senator DANNY AKAKA, and the ranking member, Senator LARRY CRAIG of Idaho, have joined me as original co-sponsors of this legislation, as well as my senior Senator from Texas, Mrs. HUTCHISON.

I grew up in a military family. My dad served for 31 years in the Air Force. I saw firsthand the importance of treating our veterans in a fair and equitable manner. The sacrifices our men and women in uniform make every day must not be forgotten when they take that uniform off or when they leave their active-duty military service. No veteran should ever be left behind.

The fundamental agreement—I would say even sacred covenant—between our men and women in uniform and our Government does not end when a servicemember is wounded or separated from the active-duty military service and becomes a veteran.

Let there be no question about it, the conditions of these outpatient housing facilities at Walter Reed were absolutely unacceptable. But perhaps the story of that unacceptable condition has led us to finding a way to serve our wounded warriors and their families better. The U.S. military and the Department of Veterans Affairs must conduct a top-to-bottom investigation of our entire military health system and take immediate steps to address any and all problems that might exist.

It is so sobering to know—as Senator CRAIG quoted during this morning’s hearings in the Senate Armed Services Committee and Veterans’ Affairs Committee—that the conclusions reached by GEN Omar Bradley some five decades ago were not fundamentally different from those that are tentative conclusions today about how we can improve that transition, and still we know problems exist.

The President’s Commission on Care for America’s Returning Wounded Veterans, led by Senator Bob Dole and Secretary Donna Shalala, is an important component of this ongoing effort, which will not be a task for the short-winded. We have an obligation and a duty to ensure that the men and women who are serving and who have served in our military are receiving the very best treatment and benefits for themselves and their families. We cannot and we should not tolerate any less. We have to do whatever it takes, including providing both the necessary resources and cutting the bureaucratic redtape, to best meet the medical and other needs of those who have so nobly defended our Nation’s freedom.

In my State of Texas, my home of San Antonio, Brooke Army Medical Center stands at the forefront of modern arm medine, second to none in...
At the world. Without a doubt—and this is a personal judgment, and I know my colleagues will indulge me—it is Brooke Army Medical Center that is the crown jewel of modern military medicine. I have seen firsthand the magnificent job our men and women are doing at Brooke Army Medical Center to care for our servicemembers, and they deserve all the credit and our firm support.

When I made my most recent visit to Brooke Army Medical Center, on March 10, I had the chance to not only visit soldiers and their families but I chaired a roundtable of hospital administrators, veterans service organizations, and veterans themselves because I wanted to learn from them what we need to do here in Washington, DC to craft the laws and policies of this Nation to serve them better. I appreciate the strong opinions and advice expressed by these people who participated in the roundtable, and others who were not there, but who can fashion and feedback to me as I try to do what I can in my capacity as their elected representative to accomplish these goals. The care and support our Nation provides to these wounded warriors is a direct reflection of the level of respect we have for our military, our military families, and our veterans, and will, in many ways, shape the armed services, the all-volunteer services, for many years to come. They depend not only on recruitment but retention.

In conjunction with my most recent visit to Brooke Army Medical Center, I heard from many soldiers, families, and veterans about their individual experiences, as I know the current occupant of the chair has when he has traveled back to Colorado, and as all of us have when we go back to learn more from our constituencies about how we can improve our response. I learned in particular of challenges that burn victims and their families have faced because they have not received enough special care and assistance for that particular type of injury in the area of VA housing grants and automobile enhancements.

In particular, I want to recognize two women, heroes in my eyes, and I am sure in the eyes of their families, people such as Christy Patton, whose husband, U.S. Army SSG Everett Patton, is undergoing treatment at Brooke Army Medical Center. He was wounded and badly burned by an IED, an improvised explosive device, in Iraq while with the 172nd Stryker Brigade from Alaska. The Pattons have five children. Then there is Rosie Babin, whose son Alan, a corporal, a medic, was shot while serving in the 82nd Airborne combat team in 2003, now medically retired and living at home with his parents outside Austin, TX. These two women—Christy Patton, who sought me out because she wanted to tell me the difficult challenges that her husband and her family of five children are having transitioning and dealing with these wounds and transitioning from the military medical care into retirement and the veterans system; as well as Rosie Babin, on behalf of her son Alan—are the most fervent and effective advocates anyone could ever want to have on your side. They have helped me to craft the legislation which I have introduced today to help not only them, because I know they didn’t come to me advocating just for a solution for their husband or their son, they came to me because they had to find a solution for wounded warriors and their families yet to come. These families, though, are facing unique challenges as they deal with the injuries of their loved ones, and we have a responsibility to ensure they do not go it alone and that they get all the resources and assistance our country can offer them so they can recover to the maximum degree possible.

The intent of the legislation which I have introduced today, along with my cosponsors, is pretty straightforward. Let me describe briefly what it does.

It would strengthen the present code to provide for the specific needs of burn victims for burn automobile and mobile grants. It would ensure that wounded servicemembers and veterans with other specific needs, such as traumatic brain injuries, are also covered by these kinds of grants, if required. It would establish a Department of Defense-to-Veterans Administration transition by providing partial housing grants for those veterans residing with a family member to assist our servicemembers still on active duty awaiting their final VA disability rating.

I have to say a word here about the chair's knows, that has been one of the real problems we have identified early on, is transitioning people from active-duty military service into the Veterans Administration, with the duplicate bureaucracies and red tape and the different standards for disability determination and the bill, in particular, would strengthen the Department of Defense-to-Veterans Administration transition by providing partial housing grants for those veterans residing with a family member to assist our servicemembers still on active duty awaiting their final VA disability rating.

This legislation will also require the Veterans Administration to report on the need for a permanent housing grant for wounded veterans who reside with family members; and, finally, it will adjust current law to provide home improvement and structural alteration housing grants to Department of Veteran's Administration servicemembers who are awaiting final VA disability ratings.

As a direct result of the care and concern of military family members, such as Christy Patton and Rosie Babin, we now have a concrete response to the very real concerns they have raised and ways that we can, working together, strengthen the current law. I hope my colleagues will support this legislation so we can work together on a bipartisan basis, in unison, to support our wounded servicemembers and their families better, particularly people such as the Babins and the Pattons. With continued attention to our veterans, we can fashion a system that best supports them and their families. I know we all agree that they deserve nothing less. They are the very finest our Nation has to offer.

By Mr. DOMENICI (for himself, Mr. KENNEDY, Mr. BINGAMAN, Mr. HARKIN, Mr. LEAHY, and Mr. SANDERS):
S. 1096: A bill to amend the Public Health Service Act to revise the amount of minimum allotments under the Projects for Assistance in Transition from Homelessness program; to the Committee on Health, Education, Labor, and Pensions.

Mr. DOMENICI. Mr. President, I rise today with my colleagues, Senator KENNEDY, Senator BINGAMAN, Senator HARKIN, Senator LEAHY and Senator SANDERS to introduce a bill that will raise the minimum grant amounts given to States and territories under the PATH program. The PATH program provides services through formula grants of at least $300,000 to each State and $100,000 to eligible U.S. territories. Subject to available appropriations, this bill will raise the minimum allotments to $600,000 to each State and $100,000 to eligible U.S. territories.

When the PATH program was established in fiscal year 1991 as a formula grant program, Congress appropriated $33 million. That amount has steadily increased over the years with Congress appropriating $55 million this past year. However, despite these increases, States and territories such as New Mexico that have rural and frontier populations, have not received an increase in their PATH funds. Under the formula established in the act, many States and territories will never receive an increase to their PATH program, even with increasing demand and inflation. This problem is occurring in my home State of New Mexico as well as twenty-five other States and territories throughout the United States. The PATH program is authorized under the Public Health Service Act
and it funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services for people who are homeless and have serious mental illnesses. Program services are provided in a variety of different settings, including clinic sites, shelter-based clinics, and mobile units. In addition, the PATH program takes health care services to locations where homeless individuals are found, such as streets, parks, and soup kitchens.

PATH services are a key element in the plan to end chronic homelessness. Every night, an estimated 600,000 people are homeless in America. Of these, about one-third are single adults with serious mental illnesses. I have worked closely with organizations in New Mexico such as Albuquerque Health Care for the Homeless and I have seen first hand the difficulties faced by the more than 100,000 people in New Mexico, 35 percent of whom are chronically mentally ill or mentally incapacitated.

PATH is a proven program that has been extremely successful in moving people out of homelessness. PATH has been reviewed by the Office of Management and Budget and has scored significantly high marks in meeting program goals and objectives. Unquestionably, homelessness is not just an urban issue. Rural and frontier communities face unique challenges in serving PATH eligible persons and the PATH program funding mechanisms must account for these differences.

I look forward to working with my colleagues on this important issue. I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1099

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

SECTION 1. MINIMUM ALLOTMENTS UNDER THE PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS PROGRAM.

Section 521 of the Public Health Service Act (42 U.S.C. 290cc–24) is amended to read as follows:

SEC. 524. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) Determination Under Formula.—Subject to paragraph (b), the allotment required in section 521 for a State for a fiscal year is the product of—

(1) an amount equal to the amount appropriated under section 535 for the fiscal year; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

(b) Minimum Allocation.—

(1) In General.—Subject to paragraph (2), the allotment for a State under section 521 for a fiscal year shall, at a minimum, be the greater of—

(A) the amount the State received under section 521 in fiscal year 2006; and

(B) $600,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $100,000 for each of Guam, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands.

(2) Condition.—If the funds appropriated in any fiscal year under section 555 are insufficient to ensure receipt of the minimum allotment in accordance with paragraph (1), then—

(A) no State shall receive less than the amount prescribed in fiscal year 2006; and

(B) any funds remaining after amounts are provided under subparagraph (A) shall be used to meet the requirement of paragraph (1)(B), to the maximum extent possible.

By Ms. COLLINS (for herself and Mr. HARKIN):

S. 1099.

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

SECTION 1. HEALTH INSURANCE.

Section 8901(1) of title 5, United States Code, is amended—

(1) by inserting before the matter following Section 8901(1) of title 5, United States Code, is amended—

SEC. 8901. DETERMINATION OF APPROPRIATIONS.

(a) Determination Under Formula.—Subject to paragraph (b), the appropriate amount for a fiscal year shall be the product of—

(1) an amount equal to the amount appropriated under section 8901 for the fiscal year; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

(b) Minimum Amount.—

(1) In General.—Subject to paragraph (2), the amount of appropriations for a fiscal year under section 8901 shall, at a minimum, be the greater of—

(A) the amount the State received under section 8901 in fiscal year 2006; and

(B) $600,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $100,000 for each of Guam, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands.

(2) Condition.—If the funds appropriated in any fiscal year under section 8901 are insufficient to ensure receipt of the minimum amount in accordance with paragraph (1), then—

(A) no State shall receive less than the amount prescribed in fiscal year 2006; and

(B) any funds remaining after amounts are provided under subparagraph (A) shall be used to meet the requirement of paragraph (1)(B), to the maximum extent possible.

By Mr. BINGAMAN (for himself, Mr. SMITH, Mr. KOHL, Ms. SNOWE, Mrs. LINCOLN, and Mr. KERRY):

S. 1102.

A bill to amend title XVIII of the Social Security Act to expedite the application and eligibility process for low-income subsidies under the Medicare prescription drug program and to revise the resource standards used to determine eligibility for an income-related subsidy, and for other purposes; to the Committee on Finance.

By Mr. BINGAMAN (for himself, Mr. SMITH, and Mr. KERRY):

S. 1103. A bill to amend title XVIII of the Social Security Act to include costs incurred by the Indian Health Service, a Federally qualified health center, an AIDS drug assistance program, certain hospitals, or a pharmaceutical manufacturer patient assistance program in providing prescription drugs toward the annual out of pocket threshold under part D of the Medicare program; to the Committee on Finance.
Mr. BINGAMAN. Mr. President, I rise today with my colleague Senator SMITH to introduce two pieces of vitally important, bipartisan legislation that will ensure that low-income seniors have full access to the benefits available under the Medicare Part D Drug Benefit. The first piece of legislation makes critical improvements in the Medicare Part D Low-Income Subsidy (LIS) available to assist these individuals in meeting cost sharing, premiums, and deductibles required under Part D. The second will ensure that low-income seniors don’t get caught in the Medicare Part D coverage gap, or “doughnut hole,” simply because of where they purchase their Part D pharmaceuticals.

These bills were developed in close collaboration with Senator SMITH, who also will be introducing two bills today to achieve other, critical improvements in the Medicare program for low-income seniors. Together, we believe this package of four bills will provide the reforms necessary to ensure that the Medicare program and the LIS function as they were intended, to ensure access to life-saving drug coverage for some of the most vulnerable members of our society.

Data indicates that a shockingly low number of seniors eligible for the LIS benefit are actually receiving the benefit. According to the January 2007 report by the National Council on Aging (NCOA), some 65 percent of the individuals estimated by the Centers for Medicare & Medicaid Services (CMS) to be eligible for LIS were not enrolled in it.

The challenge of finding and enrolling people who are in need of the LIS is compounded by the asset test that penalizes low income retirees who may have very modest savings. For example, approximately half of the people that failed the asset test have excess assets of $35,000 or less. These people tend to be older, female, widowed, and living alone. In addition, the asset test is inherently discriminatory against certain categories of people, e.g., people who rent their homes.

My legislation, the Part D Equity for Low-Income Seniors Act, will dramatically improve the equity by raising the asset test limits to $27,500 for an individual and $55,000 for a couple. This will capture about half of individuals and two-thirds of couples who have been denied LIS because of excess resources.

As recommended by OIG in fall 2006, this legislation also allows the Internal Revenue Service (IRS) to transfer tax information to the Social Security Administration (SSA) so they can better target beneficiaries who might be eligible for the LIS. In addition, this legislation creates an expedited LIS application process for pre-screened beneficiaries, prohibits the reporting of retirement account balances, life-insurance policies and in-kind contributions when determining a beneficiary’s resource level, and prohibits LIS benefits from being counted as resources for the purposes of determining eligibility for other federal programs.

I also am introducing the Low-Income True Out-Of Pocket (TrOOP) Expense under Part D Assistance bill, which ensures that low-income Americans do not get “stuck” in the Part D “doughnut hole” simply because of where they choose to purchase Part D pharmaceuticals.

Unbelievably, under current regulation and guidance, individuals who are in the doughnut hole and receive Part D drug coverage from commercial pharmacies are permitted to count waivers or reductions in Part D cost-sharing to count towards their TrOOP. However, low-income individuals who tend to receive Part D drugs from safety-net pharmacies and other safety-net providers are not permitted to count similar waivers or reductions in Part D cost-sharing by safety-net providers towards their TrOOP. Thus, current law penalizes low-income individuals and makes it easier for them to get stuck in the doughnut hole—never accessing the catastrophic coverage to which they are entitled.

I urge my colleagues to join me in supporting these important pieces of legislation, which will ensure that life saving pharmaceuticals are available to low-income Americans. I ask unanimous consent that the National Council on Aging Report, and the text of these bills to be printed in the RECORD.

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

THE NEXT STEPS: STRATEGIES TO IMPROVE THE MEDICARE PART D LOW-INCOME SUBSIDY

The passage of the Medicare Modernization Act (MMA) was the largest expansion of the Medicare program since its inception in 1965 and over 90 percent of Medicare beneficiaries now have prescription drug coverage due to unprecedented efforts by the public and private sectors. However, millions of those in greatest need have still not signed up for the Low-Income Subsidy (LIS) or Extra Help programs. Instead, they receive generous financial assistance to beneficiaries with limited income and resources, including coverage through the “doughnut hole.” HHS has estimated that at least 25 percent of Medicare beneficiaries still without any prescription drug coverage are eligible for the Low-Income Subsidy.

A challenge for finding and enrolling people with limited means in needs-based programs is not new. After forty years, take-up rates remain low for many federal means-tested benefits. As a result of concerted efforts by the public, non-profit and private sectors in the first year of the program, NCOA estimates that 35% to 42% of beneficiaries who could have applied for the LIS in 2006 are actually receiving it. While the LIS take-up rate so far is on a par...
with historic enrollment rates in other federal, needs-based programs (especially after the first year of effort), there are signs that overall enrollment rates are slowing. We estimate that between 3 and 4.4 million beneficiaries that we still need to find and sign up for the program in 2007.

These are people who would benefit most from Part D, but Part D and LIS can offer them. With targeted investments and modest policy changes, significantly higher participation rates can be achieved in 2007.

This paper identifies recommended legislative, administrative, and regulatory reforms that should be made to the LIS to improve access to the program for seniors and people with disabilities with limited means. Some of the key legislative reforms recommended include: (1) eliminating the asset test, as it is the single-most significant barrier to Part D LIS eligibility; (2) enacting legislation to make the LIS Special Enrollment Period (SEP) permanent and eliminate the late enrollment premium penalty for this population; and (3) establishing and funding a dedicated, nationwide network of enrollment centers through the new National Center on Senior Health and Enrolment in order to find and enroll remaining LIS eligibles.

There are also significant administrative and regulatory reforms recommended in this paper. Some of the reforms include having the Social Security Administration (SSA): (1) designate at least one dedicated worker in each field office who is assigned specifically to process LIS applications where practical; (2) amend the LIS application to allow applicants to designate a third party to assist them through the LIS application process and interact with SSA on their behalf; and (3) maintain a link from the online LIS application to a webpage that provides seniors and people with disabilities—as well as their family members, friends, or advocates—with state-specific information on other public benefits for which they may be eligible.

In addition to implementing reforms to the Part D LIS program, Prescription Drug Plans (PDPs) and Medicare Advantage—Prescription Drug plans (MAPDs) should be required to screen their member lists for individuals who are potentially eligible for the Low-Income Subsidy. We estimate that up to 11 million more people in plans could enroll in the LIS if they knew they were eligible for the program and received application assistance. PDPs and MAPDs could partner with technology solutions to help screen their members for LIS eligibility.

We commend CMS for its recent decisions to permit low-income beneficiaries to sign up for LIS and enroll in a plan throughout the remainder of 2007 without penalty. This action is necessary, but not sufficient in itself to achieve higher LIS enrollments in 2007. Remaining LIS eligibles, additional investment in proven strategies that work is needed, along with progress on the other recommendations included in this paper.

With the beginning of the second year of this program, the Access to Benefits Coalition and NCOA call on the Administration, foundations, advocates and advocacy groups to renew their commitment to outreach and enrollment efforts and to invest in effective strategies to help seniors and people with disabilities receive the important benefits available to them.

S. 1102

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, S4444

SECTION 1. SHORT TITLE. This Act may be cited as the “Part D Equity for Low-Income Seniors Act of 2007.”

SEC. 2. EXPANDED ELIGIBILITY FOR THE MEDICARE PRESCRIPTION DRUG PROGRAM. (a) IN GENERAL.—Section 1860D-14 of the Social Security Act (42 U.S.C. 1395w-114) is amended by adding at the end the following new subsection:

“(e) EXPANDED APPLICATION AND ELIGIBILITY PROCESS.—

(1) EXPEDITED PROCESS.—

(A) IN GENERAL.—The Commissioner of Social Security, for an expedited process under this subsection for the qualification for low-income assistance under this section through a request to the Secretary of Treasury for information in subpara- graphic (B) for information described in section 6103(l)(21) of the Internal Revenue Code of 1986. Such process shall be conducted in cooperation with the Secretary.

(B) CURRENTLY ELIGIBLE INDIVIDUALS.—The Commissioner of Social Security shall, as soon as practicable after implementation of subparagraph (A), screen such individual for eligibility for the low-income subsidy provided under this section through such a request to the Secretary of the Treasury.

(2) NOTIFICATION OF ELIGIBILITY INDIVIDUALS.—Under such process, in the case of each individual identified under para- graph (1) who has not otherwise applied for, or been determined eligible for, benefits under this section (or who has applied for and been determined ineligible for such bene- fits based only on excess resources), the Commissioner of Social Security shall send a notification that the individual is likely eligible for low-income subsidies under this section. Such notification shall include the fol- lowing:

(A) APPLICATION INFORMATION.—Informa- tion on how to apply for such low-income subsidies.

(B) DESCRIPTION OF THE LIS BENEFIT.—A description of the low-income subsidies available under this section.

(C) INFORMATION ON STATE HEALTH INSUR- ANCE PROGRAMS.—Information on—

(i) the State Health Insurance Assistance Program for the State in which the individual is located;

(ii) how the individual may contact such Program in order to obtain assistance with respect to such individual and constitutes an application for the low-income subsidies under this section. Such form shall—

(i) shall not require the submission of addi- tional documentation regarding income or assets;

(ii) shall permit the appointment of a per- sonal representative described in paragraph (4); and

(iii) shall allow for the specification of a language (other than English) that is pre- ferred by the individual for subsequent communications with the individual under this part.

If a State is doing its own outreach to low-income seniors regarding enrollment and payments, the State shall provide that subsequent communications to the individual under this part shall be in such language.

(3) CONSTRUCTION.—Nothing in this sub- section shall be construed as precluding the Commissioner of Social Security or the Sec- retary from taking additional outreach ef- forts to enroll eligible individuals under this part and to provide low-income subsidies to eligible individuals.”

(b) DISCLOSURE OF RETURN INFORMATION TO LOW-INCOME INDIVIDUALS ELIGIBLE FOR SUBSIDIES UNDER MEDICARE PART D.—

(1) IN GENERAL.—Subsection (i) of section 6103 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(21) DISCLOSURE OF RETURN INFORMATION TO LOW-INCOME INDIVIDUALS.—The Secretary, upon written request from the Commissioner of Social Security under section 1860D- 14(e)(1) of the Social Security Act, disclose to the Commissioner of the Social Security Administration return information of a taxpayer who is a low-income individual as described by the Secretary by regulatory rule. In the case an at- testation described in paragraph (2)(D) is completed in whole or in part in a language other than English is specified under clause (ii) of such paragraph, the Commissioner of Social Security shall provide that subsequent communications to the individual under this part shall be in such language.

(2) CONFORMING AMENDMENTS.—(A) IN GENERAL.—The Medicare Prescription Drug Program implemented under such paragraph may be used by officers and employees of the Social Security Admin- istration only for the purposes of identifying eligible individual for, and, if applicable, admin-istering—

(i) low-income subsidies under section 1860D-14 of the Social Security Act, and

(ii) the Medicare Prescription Drug Program imple-mented under clauses (i), (iii), and (iv) of sec- tion 1902(a)(10)(E) of such Act.

(B) TERMINATION.—Return information may not be used by officers or employees of the Social Security Admin- istration only for the purposes of identifying eligible individual for, and, if applicable, admin-istering—

(i) low-income subsidies under section 1860D-14 of the Social Security Act, and

(ii) the Medicare Prescription Drug Program imple-mented under such paragraph before the date that is one year after the date of the enactment of this paragraph.”
SEC. 3. MODIFICATION OF RESOURCE STANDARDS FOR DETERMINATION OF ELIGIBILITY FOR LOW-INCOME SUBSIDY.


(1) in the definition of ‘‘adjusted income’’ in the matter preceding subparagraph (G), by striking ‘‘(i) for 2007 and’’ and inserting ‘‘(i) for 2006 and’’;

(b) INDEXING COP-SHARING.—Section 1906D–14(a) of the Social Security Act (42 U.S.C. 1395w–114(a)) is amended—

(1) in paragraph (1)(D)(ii), by striking ‘‘exceed clause (i)’’ and inserting ‘‘exceed clause (i), (ii), or (iii)’’;

(2) by adding at the end the following new clause:

‘‘(iv) for 2008 and each succeeding year, the amount determined under this subparagraph for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.’’;

(3) by inserting after clause (ii) the following new clause:

‘‘(iii) such costs shall be treated as incurred and shall not be considered to be re­

urses under such clause (ii) if such costs are borne or paid—

‘‘(I) under section 1906D–14;

‘‘(II) under a State Pharmaceutical Assistance Program;’’;

‘‘(III) by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Act);’’;

‘‘(IV) by a Federally qualified health center (as defined in section 1861(aa)(4));’’;

‘‘(V) under an AIDS Drug Assistance Program under part B of title XXVI of the Public Health Service Act;’’;

‘‘(VI) by a subsection (d) hospital (as defined in section 1866(a)(1)(B)) that meets the requirements of clauses (i) and (ii) of section 340B(a)(4)(L) of the Public Health Service Act; or

‘‘(VII) by a pharmaceutical manufacturer patient assistance program, either directly or through the distribution or donation of covered part D drugs, which shall be valued at the negotiated price of such covered part D drug under the enrollee’s prescription drug plan or MA–PD plan as of the date that the drug was distributed or donated.’’.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to costs incurred on or after January 1, 2008.

By Mr. KENNEDY (for himself, Mr. SMITH, Mr. LEAHY, Mr. SPECTER, Ms. MIKULSKI, Ms. COLLINS, Mr. MENENDEZ, Ms. SNOWE, Mr. BROWN, Mr. KERRY, Mr. DURBIN, Mr. LAUTENBERG, Mr. DODD, Mr. NELSON of Nebraska, Mrs. FEINSTEIN, Mr. LEVIN, Mr. HARKIN, Mr. WHITEHOUSE, Ms. STABENOW, Mr. BIDEN, Mrs. MURRAY, Mr. BAYH, Ms. CANTWELL, Mr. CARDIN, Mr. LIEBERMAN, Mr. REED, Mr. SHERMAN, Mr. OBAMA, Mrs. BOXER, Ms. KLOBUCHAR, Mr. AKAKA, Mr. BINGAMAN, Mrs. CLINTON, Ms. LANDRIEU, Mr. ROCKEFELLER, Mrs. LINCOLN, Mr. CASEY, Mrs. MCCASKILL, Mr. INOUYE, Mr. NELSON of Florida, Mr. SALAZAR, and Mr. JOHNSON):

S. 1105. A bill to provide Federal assistance to States, local jurisdictions, and Indian tribes to prosecute hate crimes, and for other purposes; to the Committee on the Judiciary.

Mr. KENNEDY. Mr. President, hate crimes violate everything our country stands for. They send the poisonous message that certain Americans deserve to be victimized solely because of who they are. These crimes, committed against entire communities, the Nation as a whole and the very ideals upon which our country was founded.

In 2000, 57 Senators voted in support of the hate crime bill, in 2002, 54 Senators voted in support, and in 2004, we had 55 votes. Today, we are re-introducing this bicameral, bipartisan bill with the support of 39 original cosponsors, and we have the
votes to get cloture. We have the votes in the House too. This year, we are going to get it done.

Our legislation is supported by a broad coalition of over 210 law enforcement, civic, religious and civil rights groups, including the International Association of Chiefs of Police, the National Sheriffs Association, the Anti-Defamation League, the Interfaith Alliance, the U.S. Conference of Mayors, the Leadership Conference on Civil Rights, the National District Attorneys Association, and the National Center for Victims of Crime.

Data from the National Crime Victimization Survey are especially disturbing because they indicate that a large number of hate crimes go unreported. The data indicates that an average of 191,000 hate crimes take place every year, but only a small percentage are reported to the police.

We need to strengthen the ability of Federal, State and local governments to investigate and prosecute these vicious and senseless crimes. The existing Federal hate crime statute was passed in 1968, soon after the assassination of King. It was such an important step forward at the time, but it is now a generation out of date.

The absence of effective legislation has undoubtedly resulted in the failure to solve many hate-motivated crimes. The recent action of the Justice Department in reopening 40 civil-rights-era murders demonstrates the need for adequate laws. Many of the victims in these cases have been denied justice for decades and for some, justice will never come.

This bill corrects two major deficiencies in current law—one, the excessive restrictions requiring proof that victims were attacked because they were engaged in certain “federally protected activities,” and, two, the limited scope of the law, which covers only hate crimes based on race, religion, or ethnic background, excluding violence committed against persons because of their sexual orientation, gender, gender identity, or disability.

The federally protected activity requirement is outdated, unwise and unnecessary, particularly when we consider the unjust outcomes that result from this requirement. Hate crimes can occur in a variety of circumstances, and citizens are often targeted during routine activities that should be protected.

For example, in June 2003, six Latino teenagers went to a family restaurant on Long Island. They knew one another from their involvement in community activities and were together to celebrate her birthday. When the group entered the restaurant, three men who were leaving the bar assaulted them, pummeling one boy and severing a tendon in his hand with a sharp weapon. During the attack, the men yelled racial slurs, and one identified himself as a skinhead.

Two of the men were tried under the current Federal law for committing a hate crime and were acquitted. The jurors said the government failed to prove that the attack took place because the victims were engaged in a federally protected activity—using the restaurant. The result in this case is only one example of the inadequate protection under current law. The bill we introduce today will eliminate the federally protected activity requirement. Under this bill, the defendants who left the courtroom as free men will have to be tried and convicted in their case and be left in handcuffs through a different door.

The bill also recognizes that hate crimes are also committed against people because of their sexual orientation, their gender, their gender identity, or their disability. It’s up to Congress to make sure that tough Federal penalties also apply to those who commit such crimes as well. Passing this bill will send a loud and clear message. All hate crimes committed during public prosecution. Action is long overdue.

Examples of the problem abound. Two years ago, a 52-year-old Alabama man was beaten on the head with a hammer because he was gay. Still waiting for justice.

In 1999, a 21-year-old transgender man, Brandon Teena was raped and beaten in Humboldt, NE, by two male friends who arrested the offenders, and they later shot and stabbed Brandon to death.

In 1999, four women in Yosemite National Park were targeted by a man who admitted to having fantasized about killing African Americans for most of his life. The current hate crime law did not apply to this horrific crime because enjoyment of a Federal park is not a federally protected right.

In 2001, Fred C. Martinez, Jr., a Navajo, openly gay transgender youth, was murdered while walking home from a party in Cortez, CO. The perpetrator, Shaun Murphy, had traveled from New Mexico to Colorado with a friend in order to obtain illegal drugs. He dropped off his friend at midnight, and the next morning, while driving, he saw Fred walking down the street. Shaun and his friend offered Fred a ride and dropped him off close to home. Shortly thereafter, Shaun attacked Fred and beat him to death with a large rock. His body was discovered several days later. The attackers bragged about this vicious crime, describing the victim with vulgar epithets.

The perpetrator could not be charged with a hate crime because no State or Federal law protecting gender identity existed. He received a 40-year sentence under a plea agreement and he will be eligible for parole in 25 years. His victim did not live long enough to see his 20th birthday. If the defendant had been charged with a Federal hate crime, he could have received a life sentence. If the prosecutor had greater evidence from his investigation under the proposed legislation, he could have had a stronger case against the defendant and prosecuted him more effectively.

In October 2002, two deaf girls in Somerville, MA—one of whom was wheelchair bound due to cerebral palsy—were harassed and sexually assaulted by four suspected gang members in a local park. Although the alleged perpetrators were charged in the incident, the assault would be charged as hate crimes because there is no Federal protection for hate crimes against disabled individuals.

These examples graphically illustrate the senseless brutality that our fellow citizens face for being who they are. They also highlight the importance of passing this legislation, which is long overdue. The vast majority of us in Congress have recognized the importance of this legislation since it was first introduced—nearly 10 years ago. This year, we have an opportunity to pass it in both the Senate and the House, and enact it into law. Let’s make the most of this opportunity, and do all we can to end these senseless crimes.

I ask unanimous consent to print in the RECORD this list of organizations who support the Matthew Shepard bill. There being no objection the material was ordered to be printed as follows:

1. American-Arab Anti-Discrimination Committee.
2. American Association of University Women.
3. American Civil Liberties Union.
4. American Jewish Committee.
7. Asian American Justice Center.
8. Center for the Study of Hate and Extremism.
10. Interfaith Alliance.
11. International Association of Chiefs of Police.
15. Matthew Shepard Foundation.
16. National Association for the Advancement of Colored People.
20. People for the American Way.
22. SALDEF (Sikh American Legal Defense and Education Fund).
24. The United States Conference of Mayors.
Mr. BAYH. Mr. President, like acts of violence over the last three years.

That is why I have cosponsored the Local Law Enforcement Hate Crimes Act of 2007, a bipartisan bill with broad political support that has been endorsed by 210 law enforcement, civil rights, civic, and religious organizations.

The bill will strengthen the ability of Federal, State, and local governments to investigate and prosecute hate crimes based on race, ethnic background, religion, gender, sexual orientation, disability, and gender identity.

The bill will also provide grants to help State and local governments meet the extraordinary expenses involved in hate crime cases.

This bill, while adding to Federal authority, properly leaves with the State or local law enforcement officials the primary responsibility of protecting citizens against crimes of violence. The bill authorizes actual Federal prosecutions only when a State does not have jurisdiction, when a State asks the Federal Government to take jurisdiction, or when a State fails to act. It is a Federal back-up for State and local law enforcement.

While State and local governments should continue to have the primary responsibility for investigating and prosecuting hate crimes, an expanded Federal role is necessary to ensure an effective response in all cases. The Federal Government must have jurisdiction to address those limited, but important cases in which local authorities are either unable or unwilling to investigate and prosecute.

Failure to pass Federal hate crimes legislation would signify our failure as a nation to accord each of our citizens the respect and value they deserve.

According to FBI statistics, 27,432 people were victims of hate-motivated violence over the last three years. That’s an average of over 9,100 people per year, with nearly 25 people being victimized every day of the year, based on their race, religion, sexual orientation, ethnicity, background, or disability. But it is estimated that the vast majority of hate crimes goes unreported.

Survey data from the biannual National Crime Victimization Survey suggests that an average of 191,000 hate crime victimizations take place per year.

While hatred and bigotry cannot be eradicated by an act of Congress, as a nation, we must send a strong, clear, moral response to these cowardly acts of violence. I believe that the Federal Government must play a leadership role in confronting criminal acts motivated by prejudice.

Americans have a stake in responding decisively to violent bigotry. We must pull together to combat ignorance and hatred. The devastation caused by hate crimes impacts the victims, members of their families, as well as entire communities, and the Nation as a whole.

I am reminded of the great wisdom of Martin Luther King, “Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that. Hate multiplies hate, violence multiplies violence, and toughness multiplies toughness in a descending spiral of destruction. The chain reaction of evil—hate begetting hate, wars producing wars—must be broken, or we shall be plunged into the dark abyss of annihilation.” Strength to Love, 1963.

I urge my colleagues to stand up against ignorance and intolerance and vote for the Local Law Enforcement Hate Crimes Prevention Act of 2007.

Mr. SCHUMER. Mr. President, I am proud to be a co-sponsor of the Local Law Enforcement Hate Crimes Prevention Act of 2007, and I commend my friend and colleague, Senator KENNEDY, for his leadership and determination on this issue. We have tried for the better half of a decade to get this legislation passed, signed, and enacted into law. Today represents our strongest effort to date, and it is long past time that crimes based on hate be recognized and criminalized under Federal law. The need for Federal hate crimes legislation has been apparent for years as hate crimes know no State borders and—in part because their impacts often affect the very fabric of our society—they are a problem that affects all Americans.

This act sends the message that we will not tolerate acts of aggression and violence towards targeted communities or individuals who become victims of violence merely for being themselves. Perpetrators of this type of violence will now be subject to Federal prosecution under this act. Before we had to rely on the States to act, and some simply have failed to do enough to stop this type of violence. This act recognizes that hate crimes have national consequences and are not mere localized occurrences.

Put simply, a hate crime tends to impact an entire community, as opposed to being limited to the victim or the victim’s family. It is a crime against a particular group, and must be treated as such. In essence, there are two crimes—one against he victim, and one against the victim’s group or community. Some have asked, ‘But aren’t all crimes against people? Yes, but not. Hate crimes are unique because they cut at the very fabric of our national values; they undermine shared

principles like tolerance and equal protection under the law, and in so doing, harm us all. It is the responsibility of the Federal Government to address this issue and arm prosecutors with the tools they need to seek justice, promote and preserve equal protection under the law.

The framework of the Constitution provides a sound basis for our actions today—both the Commerce Clause and the Thirteenth Amendment are implicated by these crimes. The effects of hate crimes do not end at a State’s border, but rather transcend those borders. These crimes implicate a citizen’s ability to move and travel freely. Additionally, violence based on someone’s race, religion, sexual orientation, or the other characteristics noted in the act are reminiscent of the ultimate hate crime—slavery. As such, the Thirteenth Amendment allows for Federal action to remedy this problem. The courts have ruled time and time again that discrimination in contractual agreements could be remedied through Federal legislation, especially violence based on the person’s race, religion, sexual orientation, or the other characteristics noted in the act are reminiscent of the ultimate hate crime—slavery. As such, the Thirteenth Amendment allows for Federal action to remedy this problem.

The Act not only makes hate crimes a Federal crime, but it also serves to benefit local police departments as well, considering they are the front line of defense and prevention. This Act delivers much needed financial assistance to local police departments who may be struggling to deal with the crimes. It will also assist them in helping to protect those who may be next.

The point is, that we should be protecting communities who are targets of this shameful violence, and this Act today marks a great step in that direction. I urge all of my colleagues to vote for this Act and look forward to working with you all to see this Act gets passed and signed into law.

By Mr. SMITH (for himself, Mr. BINGAMAN, Mr. NELSON of Florida, Mrs. LINCOLN, Mrs. BOXER, and Mr. KERRY):

S. 1107. A bill to amend title XVIII of the Social Security Act to reduce cost-sharing under part D of such title for certain non-institutionalized full-benefit dual eligible individuals; to the Committee on Finance.

By Mr. SMITH (for himself, Mr. BINGAMAN, Mrs. SOWE, Mrs. LINCOLN, and Mr. KERRY):

S. 1108. A bill to amend title XVIII of the Social Security Act to provide a special enrollment period for individuals who qualify for an income-related subsidy under the Medicare prescription drug program and to provide funding for the conduct of outreach and education with respect to the premium and cost-sharing subsidies under such program, and for other purposes; to the Committee on Finance.

Mr. SMITH. Mr. President, today I am proud to join my colleague, Senator BINGAMAN, to introduce a package of four bills aimed at helping seniors get the assistance they need with their Medicare prescription drug costs. Thirty-nine million individuals now have Medicare prescription drug benefits. I be-

The victims of these crimes have done nothing to bring on this violence. Because of these crimes, the victims’ communities frequently live in fear. Unfortunately, these crimes are not few and far between. These crimes are all too common, and when committed, they send a shockwave that can be felt across the country. Matthew Shepard and James Byrd are just two of the many thousands of victims of hate crimes whose deaths horrified this country. Additionally, we mustn’t forget the thousands of loyal and patriotic Americans, who after 9/11, were attacked by ruthless thugs, all because they are African-Americans, Jews, Muslims, or Arab Americans. We saw many of these attacks in New York, and let me say, those attacks were not just a New York problem, they were an American problem. Every State experienced similar violence after 9/11, and that is one reason why Federal legislation is appropriate.

The Act not only makes hate crimes a Federal crime, but it also serves to benefit local police departments as well, considering they are the front line of defense and prevention. This Act delivers much needed financial assistance to local police departments who may be struggling to deal with the crimes. It will also assist them in helping to protect those who may be next.

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Mr. SMITH. Mr. President, today I am proud to join my colleague, Senator BINGAMAN, to introduce a package of four bills aimed at helping seniors get the assistance they need with their Medicare prescription drug costs. Thirty-nine million individuals now have Medicare prescription drug benefits. In the last few years, the Centers for Medicare and Medicaid Services (CMS) and the Social Security Administration (SSA) have made a great deal of progress to ensure that the benefit is working well for all beneficiaries. But their efforts can only go so far. Ultimately, it is Congress’ responsibility to ensure that all low-income seniors who have difficulty paying their prescription drugs costs get the help they need.

Two of the four bills that Senator BINGAMAN and I are filing today are based upon initiatives that I introduced during the 109th Congress. The first is a measure to create parity in the cost-sharing charged beneficiaries living in nursing homes and assisted living facilities. Under current law, dual-eligible Medicare beneficiaries, those who qualify for both Medicare and Medicaid coverage, receive a subsidy from the government to pay the benefit’s required $250 deductible. These individuals also qualify for reduced copayments for both generic and brand named drugs in the amount of one and three dollars respectively. If a dual-eligible beneficiary receives long-term care services in an institutional setting, such as a nursing home, he or she is exempt from paying the required copayment. Congress decided to provide this assistance because eligible beneficiaries living in nursing homes live off of very limited incomes. For instance, in Oregon the personal needs allowance beneficiaries receive each month for incidentals, including medications, is only $80. As many institutionalized beneficiaries are on multiple medications they would not be able to meet their share of drug costs.

This is the very reason Congress provided institutionalized dual-eligible beneficiaries with exemption from all copayments under Medicare Part D. However, many dual-eligible beneficiaries choose to receive long-term care services in home or community-based settings, such as assisted living or resident care program facilities. Almost all states have chosen to establish Home and Community Based Services (HCS) Medicaid demonstration projects that have expanded access to community based alternatives to an even greater number of low-income elders. The State of Oregon operates one of the Nation’s most successful HCS waivers, serving an average of 23,500 dual-eligible beneficiaries.
April 12, 2007

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would allow them to undergo a facilitated enrollment process overseen by CMS, so they get the help they need to select a prescription drug plan that best meets their needs.

Additionally, the bill exempts low-income beneficiaries from Medicare Part D's late enrollment penalty. While an enrollment penalty can be an effective means of helping drug plans better assess their risk in a given period, it is not fair to ask our low-income seniors—many who struggle with a number of challenging healthcare problems—to pay a higher cost simply because they need additional time to enroll in the program. Selecting a prescription drug plan can be a challenging feat, and it can be even more complicated if you are trying to make your limited income stretch as far as it can. We need to guarantee that beneficiaries have sufficient time to choose the most affordable plan that also meets all their prescription drug needs.

The bill also creates a new authorization to support the valuable work of State Health Insurance Programs (SHIPs). SHIPs provide a range of services to our nation's seniors, such as helping choose a quality prescription plan and providing financial assistance to beneficiaries in community-based care settings to be on 8 to 10 medications at a given time. At that level, even minimal costs may create a significant financial burden to these individuals.

The current dual-eligible copayment exemption policy not only is creating inequity in Medicare Part D, it is potentially restricting access to life-sustaining medications. This is not what Congress intended. I believe we need to do everything possible to support choice in long-term care, and by applying the current institutional copayment exemption more uniformly, Congress will ensure the Medicare drug benefit does not adversely affect beneficiaries' choices.

The second measure I am introducing today is based upon a bill I filed last year. That legislation sought to provide extra time to enroll into Part D if they had not received notification of their eligibility status by the time an open enrollment period ended. The bill also would have also waived the late enrollment penalty assessed to all beneficiaries who enroll outside of an enrollment period. Fortunately, CMS enacted an administrative solution to support their daily routines. It is not uncommon for dual-eligible beneficiaries in community-based care settings to be on 8 to 10 medications at a given time. At that level, even minimal costs may create a significant financial burden to these individuals.

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The second measure I am introducing today is based upon a bill I filed last year. That legislation sought to provide extra time to enroll into Part D if they had not received notification of their eligibility status by the time an open enrollment period ended. The bill also would have also waived the late enrollment penalty assessed to all beneficiaries who enroll outside of an enrollment period. Fortunately, CMS enacted an administrative solution to support their daily routines. It is not uncommon for dual-eligible beneficiaries in community-based care settings to be on 8 to 10 medications at a given time. At that level, even minimal costs may create a significant financial burden to these individuals.

The current dual-eligible copayment exemption policy not only is creating inequity in Medicare Part D, it is potentially restricting access to life-sustaining medications. This is not what Congress intended. I believe we need to do everything possible to support choice in long-term care, and by applying the current institutional copayment exemption more uniformly, Congress will ensure the Medicare drug benefit does not adversely affect beneficiaries' choices.
eligible beneficiaries and make the application process much simpler to complete. First, drawing from a recommendation from the Health and Human Services Inspector General, SSA is given the authority to use select tax information to help determine which Medicare beneficiaries might be eligible for extra help with their drug costs. With this they would be able to more efficiently contact beneficiaries and prescreen them for potential eligibility. I realize that some of my colleagues might have privacy concerns with this process, but I want to make clear that my bill is not giving SSA access to any data that they already do not have. In order to implement the Part B subsidy adjustment, the Medicare Modernization Act requires that the Internal Revenue Service (IRS) send tax data to the SSA—they are legally prohibited from using it for any other purpose than Part B. We simply are establishing the same process for data exchange that already exists between the IRS and SSA so that SSA can more efficiently conduct its outreach work for Medicare Part D’s low-income subsidy. The bill also seeks to make the LIS application easier for seniors to complete. I have heard a number of complaints that the current form uses confusing language and is overly burdensome in its reporting requirements. As a remedy, we eliminate the reporting of retirement account balances, the face value of life savings policies and in-kind contributions. This not only will make the application process easier to complete, it will prevent seniors from the pressure of having to determine whether they should sacrifice their retirement income or long-term risk protection in order to pay their healthcare bills. I believe we need to be encouraging seniors to save for their later years in life, not requiring them to liquidate their futures to fill their prescriptions. In order to make the LIS benefit more attractive to reflect the assets and resources low-income seniors possess, our bill also proposes raising the current asset test limit to $27,500 for an individual and $55,000 for a couple. According to data from the SSA, this increase should help capture almost 40 percent of the individuals who are ineligible for the LIS benefit due to excess resources, and 50 percent of the couple it will impact. It is an issue for some of my colleagues—especially on my side of the aisle. We want to ensure that only those beneficiaries who truly are in need of help with their drug costs are able to get government assistance. But, I also believe that we can too heavy-handed and prevent those with legitimate need from getting it. The new asset/resource limits Senator Bingaman and I have proposed represent a good, bipartisan solution to the problem. I know many would like to see the full asset test repealed, but this year that may be a difficult feat to accomplish politically and financially. This is a reasonable step forward, one that the advocates support. I hope my colleagues will as well.

I believe that the Medicare Prescription Drug Program is working for America’s seniors and that we should not undertake a significant overhaul of the new benefit in this Congress. However, there is room for improvement. Specifically I believe the program work better for America’s low-income seniors. I firmly believe that if Congress does not address some of these lingering problems this year, Medicare’s overall public image could be severely tarnished in the eyes of the very people it was created to serve.

One can learn a great deal about the character of a society by looking at how well it cares for its poor and vulnerable citizens. I believe my four bills that improve upon how Medicare Part D serves low-income beneficiaries will help cement the United States as a country that looks out for its citizens in need. I hope my colleagues will join me in supporting the full package and assist me in moving it through the process.

I ask unanimous consent that the text of these bills be printed in the Record.

There being no objection, the bills were ordered to be printed in the Record, as follows:

S. 1108

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 “Medicare Part D Outreach and Enrollment Enhancement Act of 2007”.

SEC. 2. SPECIAL ENROLLMENT PERIOD FOR INDIVIDUALS ELIGIBLE FOR AN INCOME-RELATED SUBSIDY.

(a) Special Enrollment Period.—Section 1860D-1(b)(3) of the Social Security Act (42 U.S.C. 1395w-101(b)(3)) is amended by adding at the end the following new subparagraph:

“(F) ELIGIBILITY FOR LOW-INCOME SUBSIDY.

“(I) In general.—Subject to clause (ii), in the case of an applicable individual (as defined in clause (ii)),

“(II) Applicable individual defined.—For purposes of this subparagraph, the term ‘applicable individual’ means a part D eligible individual who is determined to be a subsidy-eligible individual (as defined in section 1860D-1(b)(3)), including such an individual who was enrolled in a prescription drug plan or an MA-PD plan on the date of such determination.

“(III) Timing of special enrollment period.—The special enrollment period established under this subparagraph shall be for a 90-day period beginning on the date the applicable individual receives notification of such determination.”.

(b) Enrollment Process for Subsidy-Eligible Individuals Eligible for Special Enrollment Period.—Section 1860D-1(b)(1) is amended by adding at the end the following new subparagraph:

“(D) Special rule for subsidy-eligible individuals eligible for special enrollment period.—The process established under subparagraph (A) shall include, in the case of an applicable individual (as defined in clause (ii) of paragraph (3)(F)) the following:

“(1) FACILITATED ENROLLMENT.—During the 90-day period described in clause (ii) of such paragraph, a process for the facilitated enrollment of the individual in the prescription drug plan or MA-PD plan that is appropriate for such individual (as determined by the Secretary). At the end of such 90-day period, the individual shall be enrolled in such plan unless the individual declines enrollment in the plan or in the program under this part, or chooses to enroll in another plan selected by the individual prior to the end of such 90-day period.

“(ii) One-time change of enrollment.—The opportunity to change enrollment with a prescription drug plan or an MA-PD plan not less than once during a plan year. Nothing in the previous sentence shall limit the ability of a part D eligible individual who is a subsidy-eligible individual (as defined in section 1860D-1(a)(3)) to change enrollment under subparagraph (C).

“(c) Waiver of Late Enrollment Penalty.—Section 1860D-13(b) of the Social Security Act (42 U.S.C. 1395w-113(b)) is amended by adding at the end the following new paragraph:

“(B) Waiver of penalty for subsidy-eligible individuals.—In no case shall a part D eligible individual who is determined to be a subsidy-eligible individual (as defined in section 1860D-1(a)(3)) be subject to an increase
in the monthly beneficiary premium established under subsection (a).'';

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 2011.

SEC. 3. OUTREACH AND EDUCATION FOR PREMIUM AND COST-SHARING SUBSIDIES UNDER PART D.

(a) ADDITIONAL FUNDING FOR OUTREACH AND ASSISTANCE.—

(1) STATE HEALTH INSURANCE ASSISTANCE PROGRAMS.—There are authorized to be appropriated for each of fiscal years 2008, 2009, 2010, and 2011, an amount equal to $1 multiplied by the total number of individuals entitled to benefits under part A of title XVIII of the Social Security Act, or enrolled under part B of such title during the fiscal year (as determined by the Secretary of Health and Human Services, based on the most recent available data before the beginning of the fiscal year) to be used to provide additional grants to State Health Insurance Assistance Programs (SHIPs) to conduct outreach and education related to the Medicare program under such title.

(2) NATIONAL CENTER ON SENIOR BENEFITS OUTREACH AND ENROLLMENT.—

(2)(A) IN GENERAL.—There are appropriated $4,000,000 to the National Center on Senior Benefits Outreach and Enrollment established under subsection (a)(20)(B) of the Older Americans Act of 1965 (42 U.S.C. 3021(a)(20)(B)) to be used to provide outreach and enrollment assistance with respect to premium and cost-sharing subsidies under the Medicare prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w–1 et seq.).

(B) COORDINATION.—The National Center on Senior Benefits Outreach and Enrollment shall coordinate outreach and enrollment assistance conducted under subparagraph (A) with other efforts by State Health Insurance Assistance Programs (SHIPs) and other appropriate entities that conduct outreach and education related to such premium and cost-sharing subsidies.

(3) ENCOURAGING STATES TO DIRECT SUBSIDY-ELIGIBLE INDIVIDUALS TO ORGANIZATIONS PROVIDING ASSISTANCE.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall encourage States to direct applicable individuals to appropriate organizations and entities that provide assistance with respect to—

(1) applying for premium and cost-sharing subsidies under section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114); and

(2) enrolling in a prescription drug plan or an MA–PD plan under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w–101 et seq.).

(B) APPLICABLE INDIVIDUALS DEFINED.—In this subsection, the term ‘‘applicable individual’’ means an individual the State believes to be eligible for premium and cost-sharing subsidies under section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114).

SEC. 4. SCREENING BY COMMISSIONER OF SOCIAL SECURITY FOR ELIGIBILITY UNDER MEDICARE SAVINGS PROGRAMS FOR entitled under part D.

(a) IN GENERAL.—Section 1860D–14(a)(3)(B)(i) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)(B)(i)) is amended by inserting after the first sentence the following:—

‘‘As part of making an eligibility determination under the preceding sentence for an individual, the Commissioner shall screen for the eligibility for medical assistance for any medicare cost-sharing described in section 1905(p)(3) and, if the screening indicates the individual is likely eligible for any such cost-sharing, shall provide the pertinent information to the appropriate State Medicaid agency for the determination of eligibility and enrollment of the individual for such medicare cost-sharing under the State plan (or under a waiver of such plan).’’

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect on the date of enactment of this Act.

SEC. 5. ADMINISTRATION OF STUDY AND REPORT ON SCREENING PROCESSES USED BY GOVERNMENT NEEDS-BASED PROGRAMS.

(a) STUDY.—

(1) IN GENERAL.—The Assistant Secretary of the Administration on Aging (in this section referred to as the ‘‘Assistant Secretary’’) shall conduct a comprehensive study of screening processes used by government needs-based programs.

(2) MATTERS STUDIED.—In conducting the study under paragraph (1), the Assistant Secretary shall—

(A) assess any duplications of effort under existing screening processes used by government needs-based programs;

(B) determine the feasibility of creating a uniform screening process for such needs-based programs;

(C) determine how the Federal government, State governments, and community-based organizations can better coordinate existing screening processes in order to facilitate the enrollment of seniors into need-based programs;

(D) include a cost-benefit analysis with respect to creating a uniform screening process or better streamlining existing screening processes; and

(E) determine the feasibility of using the Internet to administer screening processes, as well as the costs and benefits of migrating to an online system.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Assistant Secretary shall submit a report to Congress containing the results of the study conducted under subsection (a), together with recommendations—

(1) to streamline and improve the effectiveness of screening processes used by government needs-based programs; and

(2) for such legislation or administrative action as the Assistant Secretary determines appropriate.

(b) ADMINISTRATION.—There are authorized to be appropriated such sums as are necessary to carry out this section.

SUBMITTED RESOLUTIONS


Mr. ALEXANDER (for himself, Mr. BYRD, Mr. COLEMAN, Mr. KENNEDY, Mr. ALLARD, Mrs. FEINSTEIN, Mr. CORKER, and Mrs. BOXER) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. Res. 146

Whereas, the bald eagle was designated as the national emblem of the United States on June 20, 1782, by our country’s Founding Fathers as the national symbol of the United States and the national emblem of the War Department, to represent the virtue, liberty, strength, sublimity, and independence of the Nation referred to as the ‘‘American Bald Eagle’’;

Whereas, the bald eagle is the central image used in the Great Seal of the United States and the seals of the President and Vice President;

Whereas, the image of the bald eagle is displayed in the official seal of many branches and departments of the Federal Government, including—

(1) Congress; (2) the Supreme Court; (3) the Department of Defense; (4) the Department of the Treasury; (5) the Department of Justice; (6) the Department of State; (7) the Department of Commerce; (8) the Department of Homeland Security; (9) the Department of Veterans Affairs; (10) the Department of Labor; (11) the Department of Health and Human Services; (12) the Department of Energy; (13) the Department of Housing and Urban Development; (14) the Central Intelligence Agency; and (15) the United States Postal Service;

Whereas, the bald eagle is an inspiring symbol of the American spirit of freedom and democracy;

Whereas, the image, meaning, and symbolism of the bald eagle have played a significant role in American art, music, history, literature, architecture, and culture since the founding of our Nation;

Whereas, the bald eagle is featured prominently on United States stamps, currency, and coinage;

Whereas, the habitat of bald eagles exists only in North America;

Whereas, by 1963, the number of nesting pairs of bald eagles in the lower 48 States had dropped to about 400 pairs;

Whereas, the bald eagle was first listed as an endangered species in 1967 under the Endangered Species Preservation Act, the Federal law that preceded the Endangered Species Act of 1973;

Whereas, caring and concerned citizens of the United States in the private and public sectors banded together to save, and help ensure the protection of, bald eagles;

Whereas, in 1995, as a result of the efforts of those caring and concerned citizens, bald eagles were removed from the ‘‘endangered’’ species list and upgraded to the less imperiled ‘‘threatened’’ status under the Endangered Species Act of 1973;

Whereas, by 2006, the number of bald eagles in the lower 48 States had increased to approximately 7,000 to 8,000 nesting pairs;

Whereas, the initial recovery of the bald eagle population is an endangered species success story and an inspirational example of the concerted efforts of concerned citizens and strict protection laws;

Whereas, the drmatical recovery of the bald eagle population is an endangered species success story and an inspirational example for other wildlife and natural resource conservation efforts around the world;

Whereas, the sustained recovery of the bald eagle population was accomplished by the concerted efforts of numerous government agencies, corporations, organizations, and individuals; and

Whereas, the sustained recovery of the bald eagle population will require the continuation of recovery, management, education, and public awareness programs, to ensure that the population and habitat of bald eagles will remain healthy and secure for future generations: Now, therefore, be it Resolved—

(1) designates June 20, 2007, as ‘‘American Eagle Day’’; and

(2) recognizes the bald eagle as the national symbol of the United States and the national emblem of the United States;