At the request of Mr. Smith, the names of the Senator from North Carolina (Mr. Burr) and the Senator from Georgia (Mr. Isakson) were added as cosponsors 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.

At the request of Ms. Collins, the names of the Senator from Arkansas (Mrs. Lincoln) and the Senator from Alabama (Mr. Sessions) were added as cosponsors of S. 974, a bill to amend title VII of the Tariff Act of 1930 to provide that the provisions relating to countervailing duties apply to non-market economy countries, and for other purposes.

At the request of Mr. Shelby, the name of the Senator from Georgia (Mr. Isakson) was added as a cosponsor of S. 1040, a bill to repeal the current Internal Revenue Code and replace it with a flat tax, thereby guaranteeing economic growth and greater fairness for all Americans.

At the request of Mr. Hagel, the name of the Senator from Ohio (Mr. Voinovich) was added as a cosponsor of S. 1092, a bill to temporarily increase the number of visas which may be issued to certain highly skilled workers.

At the request of Mr. Bayh, the name of the Senator from Maine (Ms. Collins) was added as a cosponsor of S. 1113, a bill to facilitate the provision of care and services for members of the Armed Forces for traumatic brain injury, and for other purposes.

At the request of Ms. Murkowski, the name of the Senator from South Dakota (Mr. Johnson) was added as a cosponsor of S. 1132, a bill to amend the Internal Revenue Code of 1986 to allow Indian tribes to receive charitable contributions of apparently wholesome food.

At the request of Mrs. Murray, the name of the Senator from Vermont (Mr. Sanders) was added as a cosponsor of S. 1147, a bill to amend title 38, United States Code, to terminate the administrative review on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as “Priority 8”).

At the request of Mr. Hagel, the name of the Senator from South Dakota (Mr. Johnson) was added as a cosponsor of S. 1159, a bill to amend part B of the Individuals with Disabilities Education Act to provide full Federal funding of such part.

At the request of Mr. Durbin, the name of the Senator from Iowa (Mr. Harkin) was added as a cosponsor of S. 1190, a bill to promote the deployment and adoption of telecommunications services and information technologies, and for other purposes.

At the request of Mr. Smith, the name of the Senator from Maine (Ms. Collins) was added as a cosponsor of S. 1205, a bill to require a pilot program on assisting veterans service organizations and other veterans groups in developing and promoting peer support programs that facilitate community reintegration of veterans returning from active duty, and for other purposes.

At the request of Mr. Lautenberg, the name of the Senator from Illinois (Mr. Durbin) was added as a cosponsor of S. 1237, a bill to increase public safety by permitting the Attorney General to deny the transfer of firearms or the issuance of firearms and explosives licenses to known or suspected dangerous terrorists.

At the request of Mr. Enzi, the name of the Senator from Utah (Mr. Hatch) was added as a cosponsor of S. 1262, a bill to protect students receiving student loans, and for other purposes.

At the request of Mr. Obama, the names of the Senator from Montana (Mr. Baucus) and the Senator from Illinois (Mr. Durbin) were added as cosponsors of S. 1271, a bill to provide for a comprehensive national research effort on the physical and mental health and other readjustment needs of the members of the Armed Forces and veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom and their families.

At the request of Mr. Nelson of Nebraska, the name of the Senator from South Dakota (Mr. Johnson) was added as a cosponsor of S. 1277, a bill to amend title XVIII of the Social Security Act to clarify the treatment of payment under the Medicare program for clinical laboratory tests furnished by critical access hospitals.

At the request of Mr. Obama, the name of the Senator from Illinois (Mr. Durbin) was added as a cosponsor of S. 1324, a bill to amend the Clean Air Act to reduce greenhouse gas emissions from transportation fuel sold in the United States.

At the request of Mr. Inhofe, the name of the Senator from Kentucky (Mr. Bunning) was added as a cosponsor of S. 1335, a bill to amend title 4, United States Code, to declare English as the official language of the Government of the United States, and for other purposes.

At the request of Ms. Mikulski, the name of the Senator from Pennsylvania (Mr. Casey) was added as a cosponsor of S. 1346, a bill to amend conservation and biofuels programs of the Department of Agriculture to promote the compatible goals of economically viable agricultural production and reducing nutrient loading in the Chesapeake Bay and its tributaries by assisting agricultural producers to make beneficial, cost-effective changes to cropping systems, grazing management, and nutrient management associated with livestock and poultry production, crop production, bioenergy production, and other agricultural practices on agricultural land within the Chesapeake Bay watershed, and for other purposes.

At the request of Mr. Durbin, the name of the Senator from New York (Mrs. Clinton) was added as a cosponsor of S. 1349, a bill to ensure that the Department of Defense and the Department of Veterans Affairs provide to members of the Armed Forces and veterans with traumatic brain injury the services that best meet their individual needs, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. Durbin (for himself and Mr. Obama):

S. 1332. A bill to designate the facility of the United States Postal Service located at 127 East Locust Street in Fairbury, Illinois, as the “Dr. Francis Townsend Post Office Building”; to the Committee on Homeland Security and Governmental Affairs.

At the request of Mr. Durbin, Mr. President, today I am pleased to introduce legislation to designate the U.S. Post Office at 127 East Locust Street in Fairbury, Illinois, as the “Dr. Francis Townsend Post Office Building”; to the Committee on Homeland Security and Governmental Affairs.

This legislation honors Dr. Francis Townsend, the creator of the Townsend old-age revolving pension plan, and his hometown of Fairbury, Ill., a town which will celebrate its sesquicentennial anniversary this June.

Dr. Francis E. Townsend, the son of a farmer, was born in January 1867. He became a physician and served in the Army Medical Corps during World War I. Following his retirement from medicine, Dr. Townsend developed the concept of old-age pension plan for seniors during the Depression. The Townsend Plan created a Federal pension of $200 a month paid to every citizen aged 60 and older, on the condition that the pensioner spend the entire sum within 30 days of receipt, in order to stimulate the economy.
Dr. Townsend advocated tirelessly around the country on behalf of his plan and encouraged 25 million Americans to sign petitions to the White House and to Congress demanding that the Federal Government institute a revolving old-age pension. And, I believe that Townsend’s efforts explicated passage of President Franklin D. Roosevelt’s Social Security Act, a major New Deal initiative. The Social Security Act included matching payments from the Federal Government, known as Old Age Assistance, and a national old-age annuity program. Though the initiative fell short of Dr. Townsend’s vision, he continued to press for increased benefits to the elderly. Dr. Townsend’s persistence helped to sustain the movement for increased elder benefits.

Dr. Francis Townsend, an innovator and social activist, was a pivotal figure in the antipoverty movement and became the leader of a social movement. I am honored to introduce this legislation to permanently and publicly recognize Dr. Townsend by naming this post office in Fairbury in his honor. Given Dr. Townsend’s dedication to his community and his commitment toward the welfare of society, the renaming of this post office would be the most appropriate way for us to express our appreciation to Dr. Townsend and to celebrate his contributions to our Nation’s pension programs.

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:

SEC. 1. DR. FRANCIS TOWNSEND POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 127 East Locust Street in Fairbury, Illinois, shall be known and designated as the “Dr. Francis Townsend Post Office Building”.

(b) REFERENCES.—Any reference in a law, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the “Dr. Francis Townsend Post Office Building”.

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

S. 1332

To nullify the determinations of the Copyright Royalty Judges with respect to webcasting, to modify the basis for making such a determination, and for other purposes; to the Committee on the Judiciary.

Mr. WYDEN. Mr. President, today, I come back to the floor to introduce legislation to keep the Internet free of discrimination. For over a decade, people have tried to get their grubby hands all over the Internet and I have sprung into action to stop them. I have fought hard to prevent discrimination in the taxation of Internet commerce. I have fought hard to prevent discrimination on the content and applications layer of the Internet. Now, I am back one more time, to prevent discriminatory treatment against Internet radio companies and consumers of their product in how copyright royalties are collected.

A few years ago, Congress was concerned about the recent decision on copyright royalty fees by the Copyright Royalty Board is discrimination. The fees that webcasters will have to pay will discriminate in favor of traditional radio broadcasting and satellite radio broadcasting, which pay a much lower percentage of their revenues in royalties.

The decision of the Copyright Royalty Board would increase royalties on webcasters to levels between 300 and 1200 percent of their current royalty fees. For most webcasters, the royalties will exceed their gross revenues. There are not many people who are going to stay in business long when their costs exceed their revenues. This is certainly the case for webcasters.

I am pleased to introduce the Internet Radio Equality Act today.

The Bipartisan Internet Radio Equality Act, that I am introducing today with my friend from Kansas, Senator BROWNBACK, will prevent this discrimination by invaliding the decision of the Copyright Royalty Board and instead puts Internet radio on par with Satellite Radio, jukeboxes, and cable radio. Additionally, it has special protections in place for non-commercial webcasters, like National Public Radio and college radio, to ensure that they can take advantage of webcasting as well.

Unfortunately, time is of the essence in saving Internet radio. On July 15, if Congress does not intervene, collection of these new royalty fees will begin. It is no coincidence that on the same day, if Congress does not intervene, that hundreds of thousands of Internet radio stations will be turned off for good. It is imperative that we act within the next 2 months to prevent this from happening.

I want to thank my friend from Kansas, Senator BROWNBACK, for joining me in introducing this important legislation. I look forward to working with him and Congressman INSLEE, my friend from Washington, who has introduced companion legislation in the House, to get the job done.

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. 1332

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

SECTION 1. DR. FRANCIS TOWNSEND POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 127 East Locust Street in Fairbury, Illinois, shall be known and designated as the "Dr. Francis Townsend Post Office Building".

(b) REFERENCES.—Any reference in a law, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "Dr. Francis Townsend Post Office Building".

SEC. 2. COMPUTATION OF ROYALTY FEES FOR COMMERCIAL INTERNET RADIO SERVICES OFFERING PERFORMANCES OF SOUND RECORDINGS. (a) STANDARD FOR DETERMINING RATES AND TERMS.—Section 114(f)(2)(B) of title 17, United States Code, is amended by inserting "Such rates and terms shall distinguish" and all that follows through the end of clause (ii) and inserting the following: "The Copyright Royalty Judges shall establish rates and terms in accordance with the objectives set forth in section 801(b)(1) of title 17, United States Code, each provider of digital audio transmissions that otherwise would have been subject to the rates and terms of the determination of the Copyright Royalty Judges made ineffective by section 2 of this Act shall instead pay royalties for each year within the 2-year period beginning on January 1, 2006, at 1 of the following rates, as selected by the provider for that year:

(1) 0.33 cents per hour of sound recordings transmitted to a single listener.

(2) 7.5 percent of the revenues received by the provider during that year that are directly related to the provider’s digital transmissions of sound recordings.

SEC. 3. COMPUTATION OF ROYALTY FEES FOR NONCOMMERCIAL STATIONS OFFERING PERFORMANCES OF SOUND RECORDINGS. (a) AMENDMENTS TO SECTION 118 OF TITLE 17, UNITED STATES CODE.—Section 118 of title 17, United States Code, is amended—

(1) in subsection (b), in the matter preceding paragraph (1), by striking "and published pictorial" and inserting "and published pictorial";

(2) in subsection (c)—

(A) in the matter preceding paragraph (1), by striking "shall be deemed to be a reference to the "" and inserting "shall be deemed to be a reference to the"

(B) in paragraph (1), by inserting "or non-profit institution or organization" after "broadcast station";

(3) in subsection (f), by striking "paragraph (2)" and inserting "paragraph (1) or (2)";

(b) TRANSITION RULES.—

(1) IN GENERAL.—Except as provided under paragraph (2), for each calendar year (or portion thereof) beginning on December 31, 2001, until an applicable voluntary license agreement is filed with the Copyright Royalty Judges under section 118 of title 17, United States Code, the Copyright Royalty Judges shall instead pay royalties for each year within the 2-year period beginning on January 1, 2006, at 1 of the following rates, as selected by the provider for that year:

(A) except as provided under subparagraphs (B) and (C), the annual royalty that a public
broadcast entity shall pay to owners of copyrights in sound recordings for the uses provided under section 118(c) of such title (as so amended) shall be the amount paid by that entity (or in the case of a group of related entities, the fees paid by such group) under section 114(f)(2) of title 17, United States Code, for such uses during the calendar year ending December 31, 2004;

(B) the annual royalty that a public broadcasting entity that is a noncommercial webcaster and did not owe royalties under section 114(f)(2) of title 17, United States Code, during the calendar year ending December 31, 2004, shall pay to owners of copyrights in sound recordings for the uses provided under section 118(c) of such title (as so amended) shall be an amount equal to 1.05 times the amount paid on behalf of these entities under section 114(f)(2) of title 17, United States Code, for such uses during the calendar year ending December 31, 2004.

(2) Limitation.—No entity shall be required under paragraph (1)(A) or (B) to pay more than $5,000 for any calendar year.

SEC. 3. COPYRIGHT ROYALTY FEES.

Any royalties received under the March 2, 2007, Determination of Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital perform- ance of sound recordings and ephemeral recordings, including that determination as modified by the April 17, 2007, Order Denying Motions for Rehearing and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register and the April 23, 2007, Final Rates and Terms and the April 30, 2007, Final Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital performance of sound recordings and ephemeral recordings and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register shall be credited against royalties required to be paid under section 118 of this Act.

By Mr. MARTINEZ (for himself, Mr. BINGAMAN, Mr. NELSON of Florida, Mrs. HUTCHISON, Mrs. FEINSTEIN, Mrs. DOLE, and Mr. DOMENICI).

S. 1319 — A bill to amend the Internal Revenue Code of 1986 to treat spaceports like airports under the exempt facility bond rules; to the Committee on Finance.

Mr. MARTINEZ. Mr. President, today I rise with my colleagues, Senators BINGAMAN, NELSON of Florida, HUTCHISON, DOMENICI, FEINSTEIN, and DOLE, to introduce the Spaceport Equality Act of 2007, a bill to help bring additional investment to the space transportation industry.

Lately, Kazakhstan launched its first satellite, catapulting them into the space transportation industry. Also joining the race for space launch capacity are Singapore, Australia, Canada, and the United Arab Emirates, with seven new commercial spaceports proposed between the four countries. With new entrants being added to the space transportation marketplace, is the U.S. falling behind in the race for access to space?

The U.S. once dominated the commercial satellite-manufacturing field with an average market share of 83 percent; however, that market share has since declined to below 50 percent. The U.S. satellite industry is facing increasing pressure to consider the use of foreign launch vehicles and launch sites, due to the lack of sufficient domestic launch capability. An even smaller share of U.S. manufactured satellites is actually launched from U.S. spaceports.

This past year, only 2 of the 21 commercial launches worldwide were launched from locations in the United States, that is less than 10 percent of the market share. This represents a loss of billions of dollars to the U.S. economy.

These are just some of the many reasons why my colleagues and I are introducing the Spaceport Equality Act.

The last few years have begun a new phase in space exploration. Spaceports presently operate in Florida, California, Virginia, and Alaska, and efforts by Montana, New Mexico and Oklahoma to establish spaceports for the new emerging space tourism industry. Still additional commercial spaceports have been considered in the following states: Alabama, California, Montana, New Mexico, Oklahoma, South Dakota, Texas, Utah, Washington, and Wisconsin.

The commercial space transportation industry includes not only spaceports themselves, but also the infrastructure that develop the needed infrastructure for testing and servicing launch vehicles. When including these industry partners with spaceports, at least 23 States are directly affected by the commercial space transportation industry. Both spaceports and industry partners face increasing pressure from Government sponsored or subsidized competitors in various countries across Europe, and also in China, Japan, India, and Russia. As such they will be competing with industry leaders in various countries across Europe, and also in China, Japan, India, and Russia.

Commercial space transportation is a growing part of the U.S. economy. In 2004, this industry alone generated a total of nearly $86.1 billion in economic activity, more than $25 billion in earnings, and over 550,000 jobs. The Federal Aviation Administration, FAA, recently issued a report on 2006 launch activities, in that report, it was noted that in 2006, U.S. launches generated approximately $140 million in revenues. A 2004 Gallup poll shows overwhelming public support for space exploration. Roughly 80 percent of Americans believe that the space program helps give America the scientific and technological edge it needs to compete in the international marketplace; and 76 percent agree that our space program “benefits the nation’s economy” and inspires “students to pursue careers in technical fields.” The space industry has also led to a number of “spin-off” technologies.
those influenced by space technology research and development.

Home roof insulation and air filtration, anti-lock brakes, athletic shoes, vehicle protective airbags, cellular phones, and Lasik surgery all owe their development to space-based research and technology. The list of space “spin-off” technologies is estimated to exceed 40,000. These related technologies have helped employ tens of millions of Americans. Encouraging commercial investment in the space industry and increased market share of this industry will certainly lead to additional innovation and technology that will positively influence other fields.

As you can see, this once Government-dominated industry is now becoming a diverse mix of Government and commercial entities, also leading the way into future avenues of commercial space transportation, such as space tourism.

The increase in recent commercial launches includes the debut of the first commercial crewed suborbital launches of SpaceShipOne, the beginnings of public space travel. “Space tourism,” as public space travel is now referred to, has the potential to become a major growth sector for the transportation industry, added and improved infrastructure will be needed to support this growing industry.

On a more local note, my own State of Florida could stand to gain much by way of economic development from increased investment in Spaceport infrastructure. According to recent studies, increased spaceport infrastructure and activity in Florida could mean as much as $29.7 million in additional economic activity by the year 2015, this does not include the economic activity generated from increased tourism, secondary contracts, and spin-off technologies.

Other modes of transportation, highways, airports, and seaports, currently enjoy a tax incentive for meeting their infrastructure needs, so why not spaceports? Perhaps this policy made sense in the past, when space did not have the enormous potential for commercial growth that it now does. Our ability to utilize the under-utilized than ever before, we need to acknowledge this emerging reality.

This Spaceport Equality Act of 2007 would provide spaceports with the same tax incentives grant to airports and other transit projects under the exempt facility bond rules. With international competition on the rise, our Nation’s spaceports are a vital component of the infrastructures needed to expand and enhance the U.S. role in the international space arena. The Spaceport Equality Act is an important step to increasing our competitiveness in this field, because it will stimulate investment in expanding and modernizing our space launch facilities and lowering the costs of financing spaceport projects.

Since 1968, tax-exempt bonds have played a crucial role in meeting airport investment needs, with 50 percent or more of major airport projects being financed through municipal tax-exempt bonds. By extending this favorable tax treatment to spaceports, this bill will help meet spaceport needs and increase our Nation’s ability to compete with expanded international interests in space technology. Similar legislation has been considered since the 1980s, and we cannot afford to wait any longer to address the needs of this important sector.

This proposal does not provide direct Federal spending to our commercial space transportation industry, but rather, it creates the conditions necessary to stimulate private capital investment in industry infrastructure. By issuing tax-free bonds to finance spaceport infrastructure, space authorities could offer space-specific and vehicle-specific tailoring to promote the competition and innovation necessary to maintain the U.S. competitive edge in the space transportation industry.

This is an efficient means for achieving our space transportation needs, and I urge my colleagues in the Senate to join us in this most important effort by cosponsoring this legislation.

Mr. President, 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:

SEC. 2. SPACEPORTS TREATED LIKE AIRPORTS UNDER EXEMPT FACILITY BOND RULES.

(a) In General.—Paragraph (1) of section 142(a) of the Internal Revenue Code of 1986 (relating to exempt facility bonds) is amended to read as follows:

"(1) airports and spaceports.
"

(b) Treatment of Ground Leases.—Paragraph (1) of section 142(b) of the Internal Revenue Code of 1986 (relating to certain facilities, but must be government-owned) is amended by adding at the end the following new subparagraph:

"(C) Special Rule for Spaceport Ground Leases.—For purposes of subparagraph (A), spaceport property which is located on land owned by the United States and which is used by a governmental unit pursuant to a lease (as defined in section 168(h)(7)) from the United States shall be treated as owned by such unit if—

"(i) the lease term (within the meaning of section 168(k)(3)) is at least 15 years, and

"(ii) such unit would be treated as owning such property if such lease term were equal to the useful life of such property.
"

(c) Definition of Spaceport.—Section 142 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

"(d) Spaceport.—

"(1) In General.—For purposes of subparagraph (a)(1), the term ‘spaceport’ means—

"(A) any facility directly related and essential to servicing spacecraft, enabling spacecraft to launch or reenter, or transferring passengers or space cargo to or from spacecraft, but only if such facility is located at, or in close proximity to, the launch site or reentry site, and

"(B) any other functionally related and subordinate facility at or adjacent to the launch site or reentry site at which launch services or reentry services are provided, including a launch control center, repair shop, management or overhaul facility, and rocket assembly facility.
"

"(2) Additional Terms.—For purposes of paragraph (1)—

"(A) Space Cargo.—The term ‘space cargo’ includes satellites, scientific experiments, other property transported into space, and any other type of payload, whether or not such property returns from space.

"(B) Spacecraft.—The term ‘spacecraft’ means a launch vehicle or a reentry vehicle.
"

"(C) Other Terms.—The terms ‘launch’, ‘launch site’, ‘launch services’, ‘launch vehicle’, ‘payload’, ‘reentry’, ‘reentry services’, ‘reentry site’, and ‘reentry vehicle’ shall have the respective meanings given to such terms by section 70102 of title 49, United States Code (as in effect on the date of enactment of this subsection)."

"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 “Spaceport Equality Act of 2007”.

SEC. 2. SPACEPORTS TREATED LIKE AIRPORTS UNDER EXEMPT FACILITY BOND RULES.

(a) In General.—Paragraph (1) of section 142(a) of the Internal Revenue Code of 1986 (relating to exempt facility bonds) is amended to read as follows:

"(1) airports and spaceports.
"

(b) Treatment of Ground Leases.—Paragraph (1) of section 142(b) of the Internal Revenue Code of 1986 (relating to certain facilities, but must be government-owned) is amended by adding at the end the following new subparagraph:

"(C) Special Rule for Spaceport Ground Leases.—For purposes of subparagraph (A), spaceport property which is located on land owned by the United States and which is used by a governmental unit pursuant to a lease (as defined in section 168(h)(7)) from the United States shall be treated as owned by such unit if—

"(i) the lease term (within the meaning of section 168(k)(3)) is at least 15 years, and

"(ii) such unit would be treated as owning such property if such lease term were equal to the useful life of such property.
"

(c) Definition of Spaceport.—Section 142 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

"(d) Spaceport.—

"(1) In General.—For purposes of subparagraph (a)(1), the term ‘spaceport’ means—

"(A) any facility directly related and essential to servicing spacecraft, enabling spacecraft to launch or reenter, or transferring passengers or space cargo to or from spacecraft, but only if such facility is located at, or in close proximity to, the launch site or reentry site, and

"(B) any other functionally related and subordinate facility at or adjacent to the launch site or reentry site at which launch services or reentry services are provided, including a launch control center, repair shop, management or overhaul facility, and rocket assembly facility.
"

"(2) Additional Terms.—For purposes of paragraph (1)—

"(A) Space Cargo.—The term ‘space cargo’ includes satellites, scientific experiments, other property transported into space, and any other type of payload, whether or not such property returns from space.

"(B) Spacecraft.—The term ‘spacecraft’ means a launch vehicle or a reentry vehicle.
"

"(C) Other Terms.—The terms ‘launch’, ‘launch site’, ‘launch services’, ‘launch vehicle’, ‘payload’, ‘reentry’, ‘reentry services’, ‘reentry site’, and ‘reentry vehicle’ shall have the respective meanings given to such terms by section 70102 of title 49, United States Code (as in effect on the date of enactment of this subsection)."
The 10 by 10 Act is a commitment to our constituents that we’re working to lower that dependence, and reduce our consumption of foreign oil in every gallon of fuel they pump. With this legislation, Americans would know with certainty that 10 percent of each gallon of motor fuel is renewable. The only thing standing in the way of reduced dependence on foreign oil is a signal from Congress that we recognize the virtue of homegrown alternatives to foreign oil.

With this legislation, we would ensure the use of approximately 14 billion gallons of renewable fuels in our Nation’s automobiles. The ethanol use would be distributed around the country in each gallon of gasoline. In this way, we will ensure the use of the fuel even if an extensive E-85 market is not yet in place. This effort could very well be a stepping stone if it’s determined that ethanol could be blended in higher ratios, such as 15 or 20 percent. By blending in each gallon of gasoline, we ensure the benefits of homegrown, renewable fuels reach all consumers without the immediate need for additional fueling infrastructure or alternative fuel vehicles.

We owe it to the American people to pursue aggressive policies to free our country from our foreign oil dependence. I hope my colleagues will join me in this effort to replace 10 percent of each gallon of gasoline with homegrown, environmentally friendly, renewable fuel.

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. 1362
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 “Strategic Gasoline and Fuel Reserve Act of 2007”.

SEC. 2. STRATEGIC GASOLINE AND FUEL RESERVE. (a) IN GENERAL.—Title I of the Energy Policy and Conservation Act (42 U.S.C. 761 et seq.) is amended—
(1) by redesignating part E (42 U.S.C. 7521 et seq.) as part F; and
(2) by redesigning section 191 (42 U.S.C. 7521) as section 199; and
(3) by inserting after part D (42 U.S.C. 7520 et seq.) the following:

PART E—STRATEGIC GASOLINE AND FUEL RESERVE

SEC. 191. DEFINITIONS. In this part:
(1) GASOLINE.—The term ‘gasoline’ means regular unleaded gasoline.
(2) RESERVE.—The term ‘Reserve’ means the Strategic Gasoline and Fuel Reserve established under section 192(a).

SEC. 192. ESTABLISHMENT. (a) IN GENERAL.—Notwithstanding any other provision of this Act, the Secretary

The 10 by 10 Act is a commitment to our constituents that we’re working to lower that dependence, and reduce our consumption of foreign oil in every gallon of fuel they pump. With this legislation, Americans would know with certainty that 10 percent of each gallon of motor fuel is renewable. The only thing standing in the way of reduced dependence on foreign oil is a signal from Congress that we recognize the virtue of homegrown alternatives to foreign oil.

With this legislation, we would ensure the use of approximately 14 billion gallons of renewable fuels in our Nation’s automobiles. The ethanol use would be distributed around the country in each gallon of gasoline. In this way, we will ensure the use of the fuel even if an extensive E-85 market is not yet in place. This effort could very well be a stepping stone if it’s determined that ethanol could be blended in higher ratios, such as 15 or 20 percent. By blending in each gallon of gasoline, we ensure the benefits of homegrown, renewable fuels reach all consumers without the immediate need for additional fueling infrastructure or alternative fuel vehicles.

We owe it to the American people to pursue aggressive policies to free our country from our foreign oil dependence. I hope my colleagues will join me in this effort to replace 10 percent of each gallon of gasoline with homegrown, environmentally friendly, renewable fuel.

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. 1362
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
shall establish, maintain, and operate a Strategic Gasoline and Fuel Reserve.

'(b) NOT COMPONENT OF STRATEGIC PETROLEUM RESERVE.—The Reserve is not a component of the Strategic Petroleum Reserve established under part B.

'(c) CAPACITY.—The Reserve shall contain not more than:  

'(1) 9,000,000 barrels of gasoline; and  

'(2) 7,500,000 barrels of jet fuel.

'(3) 21,000,000 barrels of diesel fuel.

'(d) RESERVE SITES.—(1) In general.—Not later than 1 year after the date of enactment of this Act, the Secretary shall determine not less than 3 Reserve sites, and not more than 5 Reserve sites, throughout the United States that are strategically regional.

'(2) OPERATION.—The Reserve sites described in paragraph (1) shall be operational not later than 2 years after the date of enactment of this Act.

'(e) SECURITY.—In establishing the Reserve under this section, the Secretary shall obtain the concurrence of the Secretary of Homeland Security with respect to physical design security and operational security.

'(f) AUTHORITY.—In carrying out this part, the Secretary may:  

'(1) purchase, contract for, lease, or otherwise acquire, in whole or in part, storage and related facilities and storage services;  

'(2) acquire, maintain, sell, or otherwise dispose of storage and related facilities acquired under this part;  

'(3) acquire by purchase, exchange, lease, or other means gasoline and fuel for storage in the Reserve;  

'(4) store gasoline and fuel in facilities not owned by the United States; and  

'(5) otherwise dispose of gasoline and fuel from the Reserve, including to maintain—  

'(A) the quality and quantity of the gasoline or fuel in the Reserve; or  

'(B) the operational capacity of the Reserve.

'(g) FILL DATE.—(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary shall complete the process of filling the Reserve under this section by March 1, 2008.

'(2) EXTENSION.—The President may extend the deadline established under paragraph (1) if—  

'(A) the President determines that filling the Reserve within that deadline would cause an undue economic burden on the United States; and  

'(B) the President receives approval from Congress.

'SEC. 193. RELEASE OF GASOLINE AND FUEL.

'(a) IN GENERAL.—The Secretary shall release gasoline or fuel from the Reserve only if—  

'(1) the President finds that there is a severe fuel supply disruption by finding that—  

'(A) a regional or national supply shortage of gasoline or fuel of significant scope and duration has occurred;  

'(B) a substantial increase in the price of gasoline or fuel has resulted from the shortage; and  

'(C) the price increase is likely to cause a significant adverse impact on the economy of the State; and  

'(2) the Secretary concurs with the findings of the Governor under subparagraph (A) and the Fund in subsection (d);  

'(3) a release from the Reserve would mitigate gasoline or fuel price volatility in the State; and  

'(4) a release from the Reserve would not suppress prices below long-term market trend levels.

'(b) PROCEDURE.—  

'(1) RESPONSE OF SECRETARY.—The Secretary shall respond to a request submitted under subsection (a)(2) not later than 5 days after receipt of the request by—  

'(A) approving the request;  

'(B) denying the request; or  

'(C) requesting additional supporting information.

'(2) RELEASE.—The Secretary shall establish procedures governing the release of gasoline or fuel from the Reserve in accordance with this section.

'(3) REQUIREMENTS.—  

'(A) ELIGIBLE ENTITY.—In this paragraph, the term 'eligible entity' means an entity that is customary engaged in the sale or distribution of gasoline or fuel.

'(B) SALE OR DISPOSAL FROM RESERVE.—The procedures established under this subsection shall provide that the Secretary may—  

'(1) sell gasoline or fuel from the Reserve to an eligible entity;  

'(2) enter into an exchange agreement with an eligible entity under which the Secretary receives a greater volume of gasoline or fuel as repayment from the eligible entity than the volume provided to the eligible entity.

'(C) CONTINUING EVALUATION.—The Secretary shall conduct a continuing evaluation of the drawdown and sales procedures established under this section.

'SEC. 194. REPORTS.

'(a) GASOLINE AND FUEL.—Not later than 45 days after the date of enactment of this section, the Secretary shall submit to Congress a plan describing—  

'(1) the acquisition of storage and related facilities or storage services for the Reserve, including the use of storage facilities not currently in use or not currently used to capacity;  

'(2) the acquisition of gasoline and fuel for storage in the Reserve;  

'(3) the anticipated methods of disposition of gasoline and fuel from the Reserve;  

'(4) the estimated costs of establishment, maintenance, and operation of the Reserve;  

'(5) efforts that the Department will take to minimize any potential need for future drawdowns from the Reserve; and  

'(6) actions to ensure the quality of the gasoline and fuel in the Reserve are maintained.

'(b) NATURAL GAS AND DIESEL.—Not later than 90 days after the date of enactment of this section, the Secretary shall submit to Congress a plan describing the feasibility of creating a natural gas and diesel reserve similar to the Reserve under this plan.

'SEC. 195. STRATEGIC GASOLINE AND FUEL RESERVE FUND.

'(a) ESTABLISHMENT.—There is established in the Treasury of the United States a revolving fund, to be known as the ‘Strategic Gasoline and Fuel Reserve Fund’ (referred to in this section as the ‘Fund’), consisting of—  

'(1) such amounts as are appropriated to the Fund under subsection (b);  

'(2) such amounts as are appropriated to the Fund under section 196; and  

'(3) any interest earned on investment of amounts in the Fund under subsection (d).

'(b) TRANSFERS TO FUND.—There are appropriated to the Fund amounts equivalent to amounts collected as receipts and received by the Reserve from the sale, exchange, or other disposition of gasoline or fuel from the Reserve.

'(c) EXPENDITURES FROM FUND.—On request by the Secretary and without the need for further appropriation, the Secretary of the Treasury shall transfer from the Fund to the Secretary such amounts as the Secretary determines are necessary to carry out activities under this part, to remain available until expended.

'(d) INVESTMENT OF AMOUNTS.—  

'(1) IN GENERAL.—The Secretary of the Treasury shall invest such portion of the Fund as is not, in the judgment of the Secretary of the Treasury, required to meet current withdrawals.

'(2) INTEREST-BEARING OBLIGATIONS.—Investments may be made only in interest-bearing obligations of the United States.

'(3) ACQUISITION OF OBLIGATIONS.—For the purpose of investments under paragraph (1), obligations may be acquired—  

'(A) on original issue at the issue price; or  

'(B) by purchase of outstanding obligations at the market price.

'(4) SALE OF OBLIGATIONS.—Any obligation acquired by the Fund may be sold by the Secretary of the Treasury at market price.

'(5) CREDITS TO FUND.—The interest on, and the proceeds from the sale or redemption of, any obligations held by the Fund shall be credited to and form a part of the Fund.

'(6) TRANSFERS OF AMOUNTS.—  

'(1) IN GENERAL.—The amounts required to be transferred to the Fund under this section shall be transferred at least monthly from the general fund of the Treasury to the Fund on the basis of estimates made by the Secretary of the Treasury.

'(2) ADJUSTMENTS.—Proper adjustment shall be made in amounts subsequently required to be transferred to the Fund if the prior estimates were in excess of or less than the amounts required to be transferred.

'SEC. 196. AUTHORIZATION OF APPROPRIATIONS.

'(1) IN GENERAL.—There are authorized to be appropriated such sums as may be necessary to carry out this part, to remain available until expended.

'SEC. 3. CONFORMING AMENDMENTS.

'The table of contents for title I of the Energy Policy and Conservation Act (42 U.S.C. 6201 note) is amended by striking the matter relating to part D and inserting the following:

'PART D—NORTHEAST HOME HEATING OIL RESERVE

'Sec. 181. Establishment.

'Sec. 182. Authority.

'Sec. 183. Conditions for release; plan.

'Sec. 184. Northeast home heating oil reserve account.

'Sec. 185. Exemptions.

'Sec. 186. Authorization of appropriations.

'PART E—STRATEGIC GASOLINE AND FUEL RESERVE

'Sec. 191. Definitions.

'Sec. 192. Establishment.

'Sec. 193. Release of gasoline and fuel.

'Sec. 194. Reports.

'Sec. 195. Strategic Gasoline and Fuel Reserve Fund.'
By Mrs. CLINTON (for herself and Mr. DURBIN):

S. 1363. A bill to improve health care for severely injured members of the Armed Forces, and other purposes; to the Committee on Armed Services.

Mr. PRESIDENT: Today, I am introducing the Bridging the Gap for Wounded Warriors Act to provide comprehensive solutions to problems that have arisen from military bureaucracy’s failure to meet the medical needs of this generation’s wounded warriors as they transition from the Armed Services to civilian life.

This is a moment of profound challenge for our country, for our military, and for our men and women in uniform. And while there are often strong disagreements in Washington, I hope we can unite around our common values and patriotism when it comes to how we treat our servicemembers and veterans.

If you love your country your country should serve you. That is the promise our country must keep to the men and women who enlist, who fight, and who return home often bearing the visible and invisible scars of sacrifice. Sadly, too often in the past several years, that promise has been broken: whether it’s a lack of up-armedored vehicles on the ground in Iraq or a lack of appropriate care in outpatient facilities at Walter Reed.

Last year, I authored and passed into law the Heroes at Home initiative to assist returning servicemembers experiencing the complex, diffuse, and life-altering symptoms of traumatic brain injury and other mental health difficulties.

This past March, I followed up with the introduction of the Heroes at Home Act of 2007, S. 1063, to serve our servicemembers and send a message: you will be treated as heroes before deployment, during deployment, and upon returning home. You didn’t offer excuses and do not deserve to be offered excuses by your country.

Finally, Senator EVAN BAYH and I introduced the Traumatic Brain Injury Access to Options Act, S. 1113, in order to provide temporary and immediate solution to the discrepancy in health care services and benefits encountered by TBI patients.

However, a broader and permanent solution is needed to assist all members and former members of the Armed Services who have incurred any type of combat-related injury. The mistreatment of servicemembers at Walter Reed and testimony from recent hearings in both the Senate Armed Services and Veterans Affairs Committees have revealed major gaps affecting servicemembers, including discrepancies in benefits for active duty and medically retired servicemembers; difficulties in obtaining needed care for wounded servicemembers transitioning from the Armed Services to civilian life; and disparities between the DoD and VA disability rating systems.

Although the military, more often than not, offers quality health care services, wounded servicemembers often encounter barriers to receiving the optimal health benefit. The two major barriers are: (1) a confusing array of benefits; and (2) discrepancies between benefits for those on active duty versus those who are medically retired.

Recent events at Walter Reed have highlighted the longstanding need to overhaul the DoD and VA disability rating systems, which are unnecessarily complex and in denial of efforts that hinder efforts of wounded servicemembers to support themselves and their families. On March 6, 2007, the Chief of Staff of the Army General Peter Schoomaker and then-Army Surgeon General Lieutenant General Kevin C. Kiley testified before the Senate Armed Services Committee that soldiers appearing before the Physical Evaluation Board were “short-changed” and had not received appropriate disability benefits. Accordingly, both the Army Research Service, since the enactment of the Traumatic Servicemembers Group Life Insurance program at least 45 percent of claims have been denied. In March 2006 the Comptroller General issued GAO Report 06-362: Military Disability System: Improved Oversight Needed to Ensure Consistent and Timely Outcomes for Reserve and Active Duty Service Members—the Department of Defense did not heed the recommendations provided in this report and as a result injured and wounded warriors continue to languish in an inefficient and adversarial disability system. We must stop short-changing our wounded warriors.

Finally, a blanket overlap of benefits and disability rating reform are necessary but not sufficient for addressing the needs of those who are wounded. In order to support an all-volunteer force and meet the needs of this generation’s wounded warriors, it is crucial to achieve efficient DoD and VA collaboration and coordination of assistance to members of the Armed Forces in their transition from Active Duty to civilian life. Thus, the duties of the existing VA Office of Seamless Transition and the VA Office of Transition would be transferred to a new organizational structure that will achieve the long-sought goals of seamless transition between the DoD and VA and improved coordination between these agencies.

That is why I am introducing the Bridging the Gap for Wounded Warriors Act today, to ensure a continuum of care for severely injured servicemembers and fix the problems that stymie the transition process. I am grateful to have developed this proposal with the Wounded Warrior Project, the National Military Family Association, and the Military Officers Association of America. We should provide our wounded warriors with the best care options available. This legislation would establish a 2 year blanket overlap of active duty and veterans health services and benefits for severely injured service members to facilitate their recovery and help resolve administrative problems like those found at Walter Reed. All costs of health care, for both active duty and medically retired servicemembers, will be paid for by the DoD. The provisions of this section shall take effect for those injured on or after October 7, 2001, but eligibility shall not include retroactive compensation for payments already made.

We should also create a joint DoD-VA Office of Transition for the coordination of assistance to members of the Armed Forces in their transition from service in the Armed Forces to civilian life. The Office of Transition would absorb the duties of the existing VA Office of Seamless Transition as well as the functions and responsibilities of applicable offices within the Office of the Secretary of Defense, OSD. Leadership of the Office of Transition would consist of a Director and Deputy Director, who would both have seats on the Joint Executive Committee, JEC. The Secretaries of DoD and VA would have oversight of the Office of Transition, although the office would also be required to submit mandatory annual reports and biannual briefings to Congress. The GAO would also submit a biennial report on the Office of Transition activities. To ensure that the Office’s progress is not being stymied by the DoD or VA.

Further, we should reform the current disability rating system to ensure that there is continuity of medical care and no disruption in compensation payments made to wounded service members. My legislation would change the roles of the agencies, so that DoD would no longer assign the actual disability rating but would still determine fitness for duty and document such a decision in writing, while VA would assign final ratings for all service-connected injuries. Further, the legislation would repeal the provision in the Omnibus Reconciliation Act of 1982 that requires the delay in payment of VA benefits until the first day of the second month after they are entitled. This provision would eliminate the gap in payments and allow servicemembers to continue to support themselves and their families.

Finally, we should do what we can to ensure that both DoD and VA medical facilities have the trained professionals to deal with the range of injuries that our wounded servicemembers now incur, including
U.S. Senate, Washington, DC.

Hon. HILLARY RODHAM CLINTON, U.S. Senate, Washington, DC.

DEAR SENATOR CLINTON: On behalf of the 362,000 members of the Military Officers Association of America (MOAA), I am writing to express MOAA’s appreciation for your leadership in sponsoring the Bridging the Gap for Wounded Warriors Act. This piece of legislation will ensure a continuum of care for all the severely injured servicemembers from OIF and OEF.

The bill’s three elements address the most significant problems that currently stymie transition for our servicemembers between DoD and VA programs. The two-blanket overlap of health services addresses their health care concerns. The transition office would institutionalize a joint team of permanent DoD and VA personnel working together to develop and implement solutions to long-standing unresolved transition issues. Finally, your bill would reform the disability rating system to ensure fair and consistent long-term compensation and benefits for severely injured servicemembers.

We are proud of and grateful for the sacrifices our military members and their families are willing to make for our country. The extreme sacrifices of the wounded have earned and deserve our special attention, which your bill would deliver. We look forward to working closely with you in seeking passage for the legislation in the 110th Congress.

Sincerely,

NORI RYAN, President.


Hon. HILLARY RODHAM CLINTON, U.S. Senate, Washington, DC.

DEAR SENATOR CLINTON: The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family and whose goal is to influence the development and implementation of policies that will improve the lives of the families of the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration. For more than 35 years, its staff and volunteers, comprised mostly of military members, have built a reputation for being the leading experts on military family issues. On behalf of NMFA and the families it serves, I express our appreciation for the introduction of the Bridging the Gap for Wounded Warriors Act.

NMFA thanks you for recognizing the problems wounded service members face as they recover from their injuries. In addition to the family stress and the often-lengthy recovery process in multiple medical facilities, wounded service members must also navigate a complex maze through two distinct disability benefit processes, that of the Department of Defense (DoD) and the Department of Veterans Affairs (VA). NMFA believes this legislation acknowledges the need for more coordination between the DoD and VA to create a truly seamless transition for these service members and ease the care burden on their families. NMFA endorses this legislation as a first step in addressing the need for a standardized approach to the DoD Medical Evaluation Board (MEB), and Physical Evaluation Board (PEB) plus determinations for VA Disability Compensation. The legislation also places an emphasis on the need for consistent quality care in both health care systems and for the establishment of a “joint office” to address these issues.

Thank you for your support of military service members and veterans diagnosed with TBI, and the families who care for them. I hope you may have the opportunity to meet with local families and to contact Barbara Cohoon in our Government Relations department.

Sincerely,

TANNA K. SCHMIDLI, Chairman, Board of Governors.


Hon. HILLARY RODHAM CLINTON, U.S. Senate, Washington, DC.

DEAR SENATOR CLINTON: The Wounded Warrior Project (WWP) strongly supports your legislation entitled the Bridging the Gap for Our Wounded Warriors Act. As a result of WWP’s direct, daily contact with the severely injured and their families, we have identified three consistent issues causing confusion and creating stress among those most in need of assistance. A discrepancy in benefits between the Departments of Defense and Veterans Affairs, confusion during the actual transition process, and the redundant disability ratings system are all problems cited by the wounded as obstacles they face as they attempt to recover. The comprehensive provisions included in your bill will address many of these issues and provide access to the care and compensation our nation’s heroes need as they continue in their recovery.

The first provision would establish a two-year overlap of active duty and veterans benefits and services, for severely injured members. By removing the artificial barrier between active duty service and veterans status, the bill would allow those who are injured to enjoy the differing benefits and health care services offered by each agency regardless of their duty status.

The second provision would establish a joint DoD-VA Office of Transition to improve assistance from the two agencies as members of the Armed Forces move from the Department of Defense to the Department of Veterans Affairs. Removing the current many entities within each agency charged with assisting transitioning servicemembers, the creation of a joint office with oversight over emerging programs will ensure a more coordinated effort on behalf of our wounded servicemembers.

Finally, the legislation would reform the current disability ratings system to ensure consistency and fairness in the ratings while providing immediate compensation for those leaving the service.

These provisions will go far towards insuring the long term health and well-being of wounded service members. Again, WWP thanks you for your support of these issues, and we stand committed to assisting you in seeing this legislation through to passage and enactment.

Sincerely,

MEREDITH BECK, National Policy Director.

By Mr. DURBIN:

S. 1361. A bill to amend titles XIX and XXI of the Social Security Act to extend the State Children’s Health Insurance Program (SCHIP) and streamline enrollment under SCHIP and Medicaid, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President, over 25 years ago, a member of the Select Panel was for the Promotion of Child Health said in a statement to Congress, “Children are one-third of our population and all of our future.” We must protect the health and welfare of our nation’s children if we are to secure the future of our country. This year we have had the tremendous opportunity to ensure that security. With the reauthorization of the State Children’s Health Insurance Program, SCHIP, we can improve the health and health care of our Nation’s future, for the over 70 million children in America and, in particular, the 9 million children who have no health coverage.

Since the creation of SCHIP 10 years ago, more than 6.2 million children have been covered by this vital program, including over 290,000 children in Illinois. As the first State to provide coverage for all children, Illinois has been a leader in the movement to change the course of health care in this country. Since 1993, SCHIP, its relationship to Medicaid, and the flexibility that this administration has permitted the programs to have, have made it possible for Illinois to provide health care to the more than 313,000 children who did not have access to it before.

Nearly 1 million Illinois families have at least one uninsured family member, and the face of the uninsured is changing. The uninsured are not only the mother and daughter living in the suburbs of Chicago. The uninsured includes the family who runs a small business in the suburbs, the family farm in central Illinois, and the single father working at a factory downtown.

The majority of kids without health care coverage come from working families, families like Mr. and Mrs. Buss and their three young sons. Lisa Buss and her husband own a small home inspection company. They paid over $9,000 last year alone on regular medical care, without any catastrophic coverage. They spent a lot of money for a family living in the suburbs of Chicago. There is also the Hick- eyn family of Godfrey, Illinois. After an
fortunate accident, their son broke a couple of bones in his hand. Without insurance, they were hesitant to see the specialist at the suggestion of the emergency room physicians, but for the health of their son, they did so. For a 5 minute visit, they paid close to $1,000. Mr. Hickey works in the construction trade and work had been slow. Susan is a teacher for the Alton School District. They were given no financial assistance except to be offered a payment plan. Now, the Hickey's have to figure how to pay for their son's treatments and their utilities, rising gas prices, and this medical treatment.

The unnecessary burden and anxiety caused by health care is an unfortunate reality for too many, and children often bear the brunt of this hardship. Kids should not have to wait until their fever is 103 degrees to see a doctor. Kids should be able to obtain glasses when they are straining to see the chalkboard. Kids should be able to obtain antibiotics when that “cold” just won’t go away. Our parents should not have to worry about whether they can afford to take their son to a bone specialist.

As is often the case, States are leading the way with children’s health coverage initiatives. In 2005, my State of Illinois was the first State to ensure health care coverage for all children. Since then, many States have taken on the challenge of expanding health care coverage. The State of the States 2007 report by AcademyHealth indicates that more than a dozen States have enacted innovative policies to expand coverage. These range from comprehensive health care reform in States such as Massachusetts, Vermont, and Maine; to public-private partnerships in States such as Arkansas, Montana, New Mexico, Oklahoma, Rhode Island, Tennessee, and Utah; to initiatives to cover all children in Illinois and Pennsylvania.

Democratic and Republican governors alike are exploring ways to reach the uninsured, proving that children’s health and health care coverage are American issues, not partisan issues. One important way to insure more children is through a strong reauthorization of SCHIP.

Today, with the introduction of the Healthy Kids Act, I propose SCHIP reauthorization legislation that builds on the progress made in these States. First, the bill provides States with more funding to enroll children who are eligible but not enrolled in SCHIP. These kids account for more than half of all uninsured children.

Second, the Healthy Kids Act will eliminate obvious barriers to coverage and simplify enrollment procedures. For example, seven States have reported declines in Medicaid enrollments because of new citizenship requirements. Approximately 65 percent ofใหม่ serving patients with Limited English Proficiency; for children living in these families, making language assistance services available is a critical precursor to quality care. My bill proposes options for States to reach the neediest children through SCHIP by reducing some of these barriers. For example, the bill provides for funds for language assistance services.

Third, the bill also supports the establishment of medical homes, a network of providers for children that helps prevent them from falling through the cracks. The bill puts forth an effort to create pediatric quality and performance measures. The Healthy Kids Act also establishes a disease prevention and treatment demonstration project for ethnic and racial minority children, using research that specifically examines disparities in minority children enrolled in Medicaid/SCHIP. We can reduce health disparities and improve health outcomes for this population.

Finally, the bill creates a commission to study children’s health coverage. The Commission on Children’s Health Coverage will develop policy recommendations to track the program’s overall performance. Feedback and analysis of SCHIP’s performance is critical to improving the program in the future.

SCHIP has been an unparalleled success and a model for health insurance coverage that both Democrats and Republicans can be proud of. Ensuring health care coverage for children in need is a priority for both sides of the aisle. The reauthorization of SCHIP is a rare opportunity for the Federal Government to expand its support for policies in States like Illinois and others. Let’s take a step forward and work to provide basic health insurance for all children. Healthy children grow into healthy adults, in turn, these individuals are happier and spend less money on health care in the long run. The SCHIP program is critical for our Nation’s health and economic future.

Mr. President, 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. 1364

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the “Healthy Kids Act of 2007.”
(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:
Sec. 1. Short title; table of contents.

TITLE I—EXTENSION OF SCHIP

Sec. 101. Extension of SCHIP program: increase in allotments to take into account growth in child population and health care costs.
Sec. 102. 2-year initial availability of SCHIP allotments.
Sec. 103. Redistribution of unused allotments to address State funding shortfalls.
TITLE VI—COMMISSION ON CHILDREN'S
HEALTH COVERAGE
Sec. 601. Commission on Children's Health Coverage.

TITLE I—EXTENSION OF SCHIP

SEC. 101. EXTENSION OF SCHIP PROGRAM; INCLUDI NG ALLOTMENTS TO TAKE INTO ACCOUNT GROWTH IN CHILD POPULATION AND HEALTH CARE COSTS.

(a) IN GENERAL.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended—

(1) in subsection (a)—

(A) by striking “and” at the end of paragraph (9);

(B) by striking the period at the end of paragraph (10) and inserting “; and”; and

(C) adding at the end the following new paragraph:

“(11) for each fiscal year 2008 and each subsequent fiscal year, $7,500,000,000 multiplied by the population and cost inflation factor for that fiscal year, as determined under subsection (i)”; and

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

“(i) POPULATION AND COST INFLATION FACTOR.—For purposes of subsection (a)(11), the population and cost inflation factor for a fiscal year is equal to the product of the following:

(1) POPULATION GROWTH FACTOR.—One plus the increase in the projected per capita amount of National Health Expenditures from fiscal year 2007 to the fiscal year involved, as most recently published by the Secretary before the beginning of the fiscal year involved.

(2) CAPITA HEALTH CARE GROWTH FACTOR.—One plus the percentage increase in the projected per capita amount of National Health Expenditures from fiscal year 2007 to the fiscal year involved, as most recently published by the Secretary before the beginning of the fiscal year involved.

(b) ADDITIONAL ALLOTMENTS TO TER RITORIES.—Section 2104(c)(4)(B) of such Act (42 U.S.C. 1397dd(c)(4)(B)) is amended by striking “and $40,000,000 for fiscal year 2007” and inserting “$40,000,000 for fiscal year 2007, and $40,000,000 for fiscal year 2008”.

(c) E FFECTIVE DATE.—The amendments made by this section shall apply beginning May 10, 2007.

SEC. 102. 2-YEAR INITIAL AVAILABILITY OF SCHIP ALLOTMENTS.

Section 2104(b) of the Social Security Act (42 U.S.C. 1397dd(e)) is amended to read as follows:

“(e) AVAILABILITY OF AMOUNTS ALLOTED—

“(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), amounts allotted to a State pursuant to this section—

“(A) for fiscal years 1996 through 2007, shall remain available for expenditure by the State through the end of the second succeeding fiscal year; and

“(B) for fiscal years 2008 and each fiscal year thereafter, shall remain available for expenditure by the State through the end of the succeeding fiscal year.

“(2) PERMANENT AVAILABILITY OF UNFUNDED FUNDS.—Amounts reallocated to a State under subsection (f) shall be available for expenditure by the State through the end of the fiscal year in which they are reallocated.

“(3) PERMANENT AVAILABILITY OF UNFUNDED FUNDS.—Reallocated funds that are not used by the State through the end of the fiscal year described in paragraph (2) shall be subject to reallocation under subsection (f) in subsequent fiscal years subject to such paragraph and shall remain available for subsequent reallocation until expended.”.

SEC. 103. REDISTRIBUTION OF UNUSED ALLOTMENTS TO STATES CONFRONTING SHORTFALLS.

Section 2104(f) of the Social Security Act (42 U.S.C. 1397dd(f)) is amended—

(1) by striking “the Secretary” and inserting the following:

“(1) IN GENERAL.—The Secretary;

(2) by striking “that have fully expended the amount of their allotments under this section” and inserting “States that the Secretary determines with respect to the fiscal year for which unused allotments are available for redistribution under this subsection, are shortfall States described in paragraph (2) for such fiscal year”; and

(3) by adding at the end the following new paragraph:

“(2) SHORTFALL STATES DESCRIBED.—

“(A) IN GENERAL.—For purposes of paragraph (1), with respect to a fiscal year, a shortfall State described in this subparagraph is a State with a State child health plan approved under this title for which the Secretary determines that the projected expenditures under such plan for the State for the fiscal year will exceed the sum of

(i) the amount of the State's allotments for any preceding fiscal years that remain available for expenditure and that will not be expended by the end of the immediately preceding fiscal year; and

(ii) the amount of the State's allotment for the fiscal year (taking into account any increase made in such allotment under section 2104(f)(2));

(B) PRORATION RULE.—If the amounts available for redistribution under paragraph (1) for fiscal year are less than the total amounts of the estimated shortfalls determined for the year subparagraph (A), the amount to be reallocated under such paragraph for each shortfall State shall be reduced proportionally.

(C) RETROSPECTIVE ADJUSTMENT.—The Secretary may adjust the estimates and determinations under this section (and this paragraph with respect to a fiscal year as necessary on the basis of the amounts reported by States not later than November 30 of the succeeding fiscal year, as approved by the Secretary.”.

TITLE II—STATE OPTIONS FOR INCREASED COVERAGE OF CHILDREN AND PREGNANT WOMEN UNDER MEDICAID AND SCHIP

SEC. 201. BONUS PAYMENTS FOR STATES THAT IMPLEMENT ADMINISTRATIVE POLICIES TO ADDRESS STATE FUNDING SHORTFALLS.

(a) BONUS IN FMAP AND ENHANCED FMAP FOR APPLICATION OF STREAMLINED ENROLLMENT PROCEDURES UNDER MEDICAID AND SCHIP.—Section 2102 of the Social Security Act (42 U.S.C. 1397bb) is amended by adding at the end the following new subsection:

“(d) STREAMLINE ENROLLMENT PROCEDURES.—

“(1) INCREASE IN FEDERAL MATCHING RATE.—

“(A) IN GENERAL.—In the case of a State that meets the conditions described in subparagraph (B) (relating to agreeing to implement administrative enrollment policies under this title and title XIX) for a fiscal year, the Federal medical assistance percentage (for purposes of title XIX only) and the enhanced FMAP (for purposes of this title, but determined without regard to the prior year percentage determined under title XIX) otherwise computed for such fiscal year as applied to medical assistance for children and child health assistance, respectively, shall be increased by such number of percentage points as the Secretary determines is necessary to provide an incentive for the State to satisfy the conditions described in subparagraph (B) (but not to exceed such number of percentage points that would result in a Federal medical assistance percent- age (for purposes of title XIX only) and an enhanced FMAP (for purposes of title XIX) otherwise computed for such fiscal year that would exceed 85 or 85 percent, respectively).

“(B) AGREEING TO REMOVE ENROLLMENT AND ACCESS BARRIERS.—The conditions described in this subparagraph, for a State for a fiscal year under title XIX are that the State agrees to do the following:

“(i) PRESCRIPTIVE ELIGIBILITY FOR CHILDREN.—The State agrees—

“(I) to provide presumptive eligibility for children under this title and title XIX in accordance with section 1920A; and

“(II) to treat any items or services that are provided to an uncovered child (as defined in section 1920A(b)) who is determined ineligible for medical assistance under title XIX as child health assistance for purposes of paying a provider of such items or services, so long as such items or services would be considered child health assistance for purposes of a targeted low-income child under title XIX.

“(ii) 12-MONTH CONTINUOUS ELIGIBILITY.—The State agrees to provide that eligibility of children for assistance under this title and title XIX shall not be regularly redetermined more often than once every year.

“(iii) AUTOMATIC RENEWAL.—The State agrees to provide for the automatic renewal of the eligibility of children for assistance under this title and title XIX if the child’s family does not report any changes to family income or other relevant circumstances, subject to verification of information from the Bureau for the State for such purpose.

“(iv) ELIMINATION OF ASSET TEST.—The State has amended its plans under this title and title XIX so that no asset or resource is applied for eligibility under this title or title XIX with respect to children.

“(v) ADMINISTRATIVE VERIFICATION OF INCOME.—The State agrees to permit the family of a child applying for child health assistance under this title or title XIX to declare and certify, by signature under penalty of perjury, the family income for purposes of collecting financial eligibility information.

“(b) CONFORMING MEDICAID AMENDMENTS.—

“(1) IN GENERAL.—Section 1905(b) of the Social Security Act (42 U.S.C. 1396b) is amended by inserting “and section 2102(d)(1)” after “section 1903(d)”.

“(2) INCREASE IN MEDICAID FOR TERRITORIES.—Section 1108(g) of such Act (42 U.S.C. 1390d) is amended—

“(A) in paragraph (2), by striking “paragraph (3) and inserting “paragraphs (3) and (4)”;

“(B) by adding at the end the following new paragraph:

“(4) DISBURSEMENT OF INCREASED EXPENDITURES DUE DIRECTLY ATTRIBUTABLE TO INCREASE IN FMAP FOR APPLICATION OF STREAMLINED ENROLLMENT PROCEDURES.—The limitation of paragraph (2) shall not apply to payment under title XIX to a territory insofar as such payment is attributable to an increase in the Federal medical assistance percentage under title XIX otherwise computed for such fiscal year as applied to medical assistance for children and child health assistance, respectively, shall be increased by such number of percentage points as the Secretary determines is necessary to provide an incentive for the State to satisfy the conditions described in subparagraph (B) (but not to exceed such number of percentage points that would result in a Federal medical assistance percentage (for purposes of title XIX only) and an enhanced FMAP (for purposes of title XIX) otherwise computed for such fiscal year that would exceed 85 or 85 percent, respectively).

“(C) EFFECTIVE DATE.—The amendments made by this section shall apply beginning with fiscal year 2007.
S5940

CONGRESSIONAL RECORD — SENATE
May 10, 2007

SEC. 202. STATE OPTION TO PROVIDE FOR "EX-PRESS LANE" AND SIMPLIFIED DETERMINATIONS OF A CHILD’S FINANCIAL ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER MEDICAID OR CHILD HEALTH ASSISTANCE UNDER SCHIP.

(a) MEDICAID.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following:

"(A) the option of the State, the plan may provide that eligibility requirements (including such requirements applicable to redeterminations or renewals of eligibility for medical assistance relating to income, assets (or resources), or citizenship status) are met for a child who is under an age specified by the State (not to exceed 21 years) and whose family or household income, or if applicable for purposes of determining eligibility under this title or title XXI, assets or resources, or citizenship status, respectively, (notwithstanding any other provision of law, including sections 1902(a)(46)(B), 1902(x), and 1137(d)), by a Federal or State agency, or a public or private entity making such determination on behalf of such agency, specified by the State for the purposes of determining eligibility for medical assistance under this title or for child health assistance under title XXI, is determined ineligible for such assistance.

(1) Regardless of whether a State otherwise provides for presumptive eligibility under section 1920A, a State may provide for presumptive eligibility consistent with subsection (e) of section 1920A, to a child who, based on a determination by a non-health agency, would qualify for child health assistance under a State child health plan under title XXI. During such presumptive eligibility period, the State may determine the child's eligibility for medical assistance under this title.

(2) Nothing in this paragraph shall be construed to relieve a State of the obligation to determine eligibility for medical assistance relating to income, assets (or resources), or citizenship status for a child who is under an age specified by the State (not to exceed 21 years) by using a determination made pursuant to subparagraph (A) of section 2102(b)(3), based on telephone contact with family members, access to data available in electronic or paper form, and other procedures which are less burdensome to the family than completing an application form on behalf of the child. The procedures described in paragraph (1) shall be available regardless of whether the State uses similar procedures under other circumstances for purposes of determining eligibility for medical assistance under this title.

(b) SCHIP.—Section 1902(e)(13) of such Act (42 U.S.C. 1525(e)(13)) is amended by redesignating subparagraphs (B) through (E) as subparagaphs (C) through (F) and by inserting after subparagraph (B) the following new subparagraph:

"(C) Section 1902(e)(13) (relating to the State option to base a determination of a child's eligibility for determinations made by a program providing nutrition or other public assistance (except that the State option under subparagraph (D) of such section shall apply under this title only if an individual is pregnant))."

(c) PRESUMPTIVE ELIGIBILITY.—Section 1902(e) of such Act (42 U.S.C. 1396a(e)) is amended—

(1) in subsection (b)(3)(A)(i), by striking "or (IV)", and inserting "(IV) is an agency or entity described in section 1902(e)(13)(A), or (V)"); and

(2) by adding at the end the following:

"(I) In the case of a child health plan under title XXI that provides for presumptive eligibility under such plan for children, the State shall make a reasonable effort to place such presumptively eligible child in the program under this title or title XXI for which the child appears most likely to qualify. During the child's period of presumptive eligibility, the State shall receive Federal matching funds under section 1903 or section 2115, depending on the program in which the child has been placed. In the conclusion of such period, the child is found to qualify for, and is enrolled in, the program established under this title or title XXI when the child was enrolled in the program under the other such title during such period, the State's receipt of Federal matching funds shall be adjusted both retroactively and prospectively so that Federal matching funds are provided, both during and following such period of presumptive eligibility, under the program in which the child is enrolled...

(d) SIGNATURE REQUIREMENTS.—Section 1902(a) of such Act (42 U.S.C. 1396a(a)) is amended by adding at the end the following:

"(E)(i) At the option of a State, an individual’s signature may be obtained on an application form for medical assistance to any element of eligibility for which eligibility is based on information received from a source other than the applicant, rather than on representation of the applicant. Notwithstanding any other provision of law, any signature requirement for an application for medical assistance may be satisfied through an electronic signature, as defined in section 1710(1) of the Government Paperwork Elimination Act (44 U.S.C. 3504 note)."

SEC. 203. INFORMATION TECHNOLOGY CONNECTIONS TO IMPROVE HEALTH COVERAGE DETERMINATIONS.

(a) ENHANCED FEDERAL FUNDING FOR IMPROVEMENTS RELATED TO IMPLEMENTATION OF CERTAIN MODEL OUTREACH AND ENROLLMENT PROGRAMS.

(1) IN GENERAL.—Section 1902(a)(3)(A) of the Social Security Act (42 U.S.C. 1396a(a)(3)(A)) is amended—

(A) by striking "and" at the end of clause (1); and

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

"(ii) 75 percent of so much of the sums expended during such quarter as are attributable to the design, development, or installation of such mechanized claims processing and information retrieval systems and the implementation of administrative systems and processes (including modification of eligibility computer systems to permit the exchange of information under Federal or State programs) as the Secretary determines are directly related to the implementation of a model outreach and enrollment program (as defined in section 2102(b)(2)(B), (C), (D), (E), or (F) of section 1905(y)(3)), and"

(2) CONFORMING AMENDMENT TO ENSURE AVAILABILITY FOR TERRITORIES.—Section 1902(a)(3)(A) of such Act, as amended by section 201(b)(2)(B), is amended—

(A) in paragraph (2), by striking "and (4)" and inserting "(4) and (A)"; and

(B) by adding at the end the following new paragraph:

"(B) by adding at the end the following new paragraph:
‘‘(5) ADDITIONAL INCREASE FOR CERTAIN EXPENDITURES.—With respect to fiscal year 2008 and each fiscal year thereafter, if Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa receive a payment under section 1909(a)(3)(A)(iii) for a calendar quarter of such fiscal year, the additional Federal financial participation under such section shall not be considered towards the limitation on expenditures under title XIX for such commonwealth or territory otherwise determined under subsection (f) and (g) or otherwise meets applicable Federal requirements.

(b) AUTHORIZATION OF INFORMATION DISCLOSURE.

(1) IN GENERAL.—Title XIX, such Act (42 U.S.C. 1396a), is amended—

(A) by redesignating section 1938 as section 1940; and

(B) by inserting after section 1938 the following:

‘‘AUTHORIZATION TO RECEIVE PERTINENT INFORMATION

‘‘SEC. 1938. (a) IN GENERAL.—Notwithstanding any other provision of law, a Federal or State agency or private entity in possession of the sources of the data potentially pertinent to eligibility determinations under this title or title XXI (including eligibility files and programs described in section 1902(e)(13)(A)), information described in paragraph (2) or (3) of section 1137(a), vital records information about births in any State, and information described in section 453(i) and 1902(a)(25)(I)) is authorized to convey such data or information to a State agency administering a State plan under this title or title XXI if—

(1) such data or information are used only to establish or verify eligibility or provide coverage under this title or title XXI, and

(2) such data or information, consistent with standards developed by the Secretary, prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements safeguarding privacy and data security.

(b) REQUIREMENTS FOR CONVEYANCE.—Data or information may be conveyed pursuant to this section only if the following requirements are met:

(1) the data and information whose circumstances are described in the data or information (or such individual’s parent, guardian, caretaker relative, or authorized representative) has either (a) been consent to disclosure or has not objected to disclosure after receiving advance notice of disclosure and a reasonable opportunity to object.

(2) the data and information used solely for the purposes of—

(A) identifying individuals who are eligible or potentially eligible for assistance under this title or title XXI and enrolling such individuals in the State plans established under such titles; and

(B) verifying the eligibility of individuals as established in the State plans established under this title or title XXI.

(3) An interagency or other agreement, consistent with standards developed by the Secretary—

(A) prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements safeguarding privacy and data security; and

(B) requires the State agencies administering the State plans established under this title and title XXI to use the data and information obtained under this section to seek to enroll individuals in such plans.

(c) CRIMINAL PENALTY.—A person described in the subsection (a) who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law, any information obtained under this section shall be fined not more than $1,000 or imprisoned not more than 1 year, or both for each such unauthorized activity.

(1) RULE OF CONSTRUCTION.—The limitations and prohibitions to disclosure pursuant to this section shall not be construed to prohibit the conveyance or disclosure of data permitted under Federal law (without regard to this section).

(2) CONFORMING AMENDMENT TO ASSURE ACCESS TO NATIONAL NEWBIES DATABASE.—Section 453(i)(1) of such Act (42 U.S.C. 653b(i)(1)) is amended by striking ‘‘and programs funded under title XIX or XXI’’ and inserting ‘‘and programs funded under State plans approved under title XIX or XXI’’.

(3) CONFORMING AMENDMENT TO PROVIDE SCHIP PROGRAMS WITH ACCESS TO NATIONAL INCOME DATA.—Section 6103(l)(7)(D)(ii) of the Internal Revenue Code of 1986 is amended by inserting ‘‘or title XXI’’ after ‘‘title XIX’’.

(4) CONFORMING AMENDMENT TO PROVIDE ACCESS TO DATA ABOUT ENROLLMENT IN INSURANCE PROGRAMS.—Section 1902(l)(2)(A)(i) of the Social Security Act (42 U.S.C. 1396l(a)(2)(A)(i)) is amended by—

(A) by inserting ‘‘(and, at State option, individuals who are potentially eligible or who apply)’’ after ‘‘with respect to individuals who are eligible’’;

(B) by inserting ‘‘under this title (and, at State option, child health assistance under title XXI)’’ after ‘‘the State plan’’.

SEC. 204. STATE OPTION TO EXPAND OR ADD COVERAGE OF CERTAIN PREGNANT WOMEN UNDER MEDICAID AND TITLE XXI.

(a) MEDICAID.—

(1) AUTHORITY TO EXPAND COVERAGE.—Section 1902(l)(2)(A)(i) of the Social Security Act (42 U.S.C. 1396l(a)(2)(A)(i)) is amended—

(A) by inserting ‘‘(and, at State option, individuals who are potentially eligible or who apply)’’ after ‘‘with respect to individuals who are eligible’’;

(B) by inserting ‘‘under this title (and, at State option, child health assistance under title XXI)’’ after ‘‘the State plan’’.

(b) CHIP.—

(1) COVERAGEN.—Title XXI of such Act (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following new section:

‘‘SEC. 2111. OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN.

‘‘(a) OPTIONAL COVERAGE.—Notwithstanding any other provision of law, a State may provide for coverage, through an amendment to its State child health plan under section 2102, of pregnant-related assistance to targeted low-income pregnant women in accordance with this section, but only if—

(1) the State has established an income eligibility level for eligibility purposes under section (a)(10)(A)(i)(III) or (I)(2)(A) of section 1902 that is at least 185 percent of the income official poverty line; and

(2) the State meets the conditions described in section 1905(u)(4)(B).

‘‘(b) DEFINITIONS.—For purposes of this section:

‘‘(1) PREGNANCY-RELATED ASSISTANCE.—The term ‘pregnancy-related assistance’ has the meaning given the term ‘child health assistance’ in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income pregnant women.

‘‘(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term ‘targeted low-income pregnant woman’ means a woman—

(A) during pregnancy and through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends;

(B) whose family income exceeds the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) specified under subsection (a)(10)(A)(i)(III) or (I)(2)(A) of section 1902, on January 1, 2008, to be eligible for medical assistance as a pregnant woman under title XIX but does not exceed the income eligibility level established under the State child health plan under this title for a targeted low-income child; and

(c) REFERENCES TO TERMS AND SPECIAL RULES.—In the case of, and with respect to, a State providing for coverage of pregnancy-related assistance to targeted low-income pregnant women under subsection (a), the following special rules apply:

(1) Any reference in this title other than in section 1902(b) to a targeted low-income child is deemed to include a reference to a targeted low-income pregnant woman.

(2) Any such reference to child health assistance under this title other than in section 1902(b) to a targeted low-income child is deemed to include a reference to pregnancy-related assistance.
“(3) Any such reference to a child is deemed a reference to a woman during pregnancy and the period described in subsection (b)(2)(A).

“(4) In applying section 2102(b)(3)(B), any reference to children found through screening to be eligible for medical assistance under the State Medicaid plan under title XIX is deemed a reference to pregnant women.

“(5) There shall be no exclusion of benefits for services described in subsection (b)(1) based upon the physical condition or age of the child if the screening test results are available or if the child attains 1 year of age. During the period any waiting period including any waiting period imposed to carry out section 2102(b)(3)(C) shall apply.

“(6) In applying section 2106(e)(3)(B) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

“(7) The reference in section 1907(e)(1)(F) to section 1902A (relating to presumptive eligibility for children) is deemed a reference to section 2102, paragraph (1) of subsection (e) of such section for pregnant women.

“(d) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO LOW-INCOME PREGNANT WOMEN.—If a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under title IV of the Social Security Act and who remains (or would remain if not otherwise eligible for such assistance until the child attains 1 year of age) eligible for such assistance under the title IV State plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age, during the period in which the woman remains eligible for medical assistance under such title, the child shall be deemed to have applied for child health assistance under the State child health plan and to have been found eligible for child health assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age.

“(2) ADDITIONAL CONFORMING AMENDMENTS.—

“(a) NO COST SHARING FOR PREGNANCY-RELATED SERVICES.—In section 2102(c)(2) (42 U.S.C. 1397cc(e)(2)) is amended—

“(i) in the heading, by inserting ‘or pregnancy-related services’ after ‘preventive services’; and

“(ii) by inserting before the period at the end the following new paragraph:

‘(D) No waiting period.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is amended—

“(i) in clause (i), by striking ‘, and’ and at the end inserting a semicolon;

“(ii) in clause (ii), by striking the period at the end and inserting ‘; and’; and

“(iii) by adding at the end the following new clause:

‘(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income pregnant woman.’

“(c) OTHER AMENDMENTS TO MEDICAID.—

“(1) ELIGIBILITY OF A NEWBORN.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in the first sentence by striking ‘so long as the child is a member of the woman’s household and the woman remains (or would remain if pregnant) eligible for such assistance’ and substituting ‘so long as the child is a member of the woman’s household and the woman remains (or would remain if pregnant) eligible for such assistance’; and

“(2) APPLICATION OF QUALIFIED ENTITIES TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1928(b) (42 U.S.C. 1396o-1(b)) is amended by adding after paragraph (2) the following new flush sentence:

“The term ‘qualified provider’ includes a qualified entity as defined in section 1920a(b)(3).”

“SEC. 205. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS UNDER MEDICAID AND SCHIP.

“(a) MEDICAID PROGRAM.—Section 1903(v) of the Social Security Act (42 U.S.C. 1396v(v)) is amended—

“(1) in paragraph (1), by striking ‘paragraph (2) and inserting ‘paragraphs (2) and (4)’; and

“(2) by adding at the end the following new paragraph:

“(4A) A State may elect to plan amendment under this title to provide medical assistance under this title, notwithstanding sections 401(a), 402(b), 403, and 421 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, for aliens who are lawfully residing in the United States (including battered aliens described in section 433(c) of such Act) and who are otherwise eligible for such assistance, within either or both of the following eligibility categories:

“(i) PREGNANT WOMEN.—Women during pregnancy (and during the 60-day period beginning on the last day of the pregnancy).

“(ii) CHILDREN.—Individuals under 21 years of age, including optional targeted low-income children described in section 1906(u)(2)(B).

“(B) In the case of a State that has elected to provide medical assistance to a category of aliens under subparagraph (A), no debt shall accrue under an affidavit of support agreement or any other agreement of such a nature based on the basis of provision of assistance to such category and the cost of such assistance shall not be considered as an unreimbursed cost.

“(b) SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 202(b), is amended by redesignating subparagraphs (D) and (E) as subparagraphs (D) and (F), respectively, and by inserting after subparagraph (C) the following new subparagraph:

“(d) Section 1903(v)(4) (relating to optional coverage of categories of lawfully residing immigrant children), but only if the State has elected to apply such section to the category of children under title XIX.

“(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2007, and apply to medical assistance and child health assistance furnished on or after such date.

“(b) CONSTRUCTION.—Nothing in this section shall be construed as affecting eligibility of aliens who are not lawfully residing in the United States to benefits under the Medicaid program under title XIX of the Social Security Act or under the State children’s health insurance program (SCHIP) under title XXI of such Act.

“SEC. 206. AUTHORIZING ADJUSTMENT OF SCHIP ALLOTMENT DUE TO INCREASED OUTREACH.

“(a) IN GENERAL.—Section 2014 of the Social Security Act (42 U.S.C. 1396q(d)), as amended by section 202(b)(2), is further amended by adding at the end the following new subsection:

“(1) AUTHORIZING ALLOTMENT ADJUSTMENT DUE TO INCREASED OUTREACH.

“(A) IN GENERAL.—Notwithstanding the previous provisions of this section, the Secretary determines that

“(i) a State, under its SCHIP plan, has made an increase in the average number of children enrolled under its State child health plan in a fiscal year that exceeds the enrollment of children projected under paragraph (2) for the State for such fiscal year, and

“(B) the total Federal expenditures under the State child health plan (or waiver) under this title for the fiscal year for which the allotment made available to the State for the fiscal year.

“the Secretary shall increase the allotment under this section for the State for the fiscal year by the amount specified in paragraph (3). There are hereby appropriated, out of any money in the Treasury for otherwise appropriated, such sums as may be necessary to provide for such increase in allotment.

“(2) PROJECTED ENROLLMENT OF CHILDREN.—The projected enrollment for a State for the fiscal year is equal to the average number of children enrolled under the State child health plan in the previous fiscal year increased by the subsequent fiscal year through the fiscal year involved, by a factor equal to the population growth of children in the State for such fiscal year as projected by the Census Bureau before the beginning of the fiscal year involved.

“(3) AMOUNT OF ALLOTMENT INCREASE.—

“(A) IN GENERAL.—Subject to subparagraph (B), the amount of the allotment increase under this subsection for a State for a fiscal year shall be an amount equal to the product of—

“(i) the number by which the average number of children enrolled under the State child health plan in the fiscal year in the amount of such per capita expenditures.

“The amount of the allotment increase under this subsection shall not be subject to administrative or judicial review.

“(B) LIMITATION.—

“(i) IN GENERAL.—Subject to clause (ii), in no case shall the sum of the allotment increase for all States under this paragraph for a fiscal year exceed an amount equal to 20 percent of the total Federal payments to all of the States otherwise made under this title for the fiscal year. If such sum exceeds such amount, subject to clause (ii), the allotment increase for each State under this subsection for the fiscal year shall be reduced in a pro rata manner in order that such sum does not exceed such amount.

“(ii) CONGRESSIONAL APPROVAL OF ADDITIONAL AMOUNTS.—If the Secretary determines that the allotment increase should be provided under this subsection, but for clause (i), would exceed the limitation established under such clause, the Secretary shall submit to Congress a request for supplemental appropriations for the purpose of meeting such shortfall.

“(4) CLARIFICATION.—An adjustment in an allotment section shall not be made under this section due to excess State expenditures resulting from a growth in per capita costs, increased reimbursement to providers, or other factors not directly related to an increase of outreach to eligible, but previously unenrolled children.”.

“(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect beginning with allotments for fiscal year 2008.

“SEC. 207. MODEL OF INTERSTATE COORDINATED ENROLLMENT AND COVERAGE PROCESS.

“In order to assure continuity of coverage of low-income children under the Medicaid program and the State Children’s Health Insurance Program (SCHIP), the Secretary, in consultation with State Medicaid and SCHIP directors, shall develop and disseminate a model process for the coordination of the enrollment and coverage under such programs of children who, because of migration of families, school age and need for other services, or otherwise, frequently change their State of residency or otherwise are temporarily
shall be provided at least the reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality under this subsection as is provided under clause (i) of paragraph (1) of section 1902(a)(46)(B) to an individual for the submission to the State of evidence indicating a satisfactory immigration status.

"(3) In addition to the criteria established by the State for purposes of section 1902(a)(46)(B), a State shall deem presentation of the following documents to be 'satisfactory documentary evidence of citizenship or nationality' (and shall not favor presentation of 1 type of document described over another):

"(i) Any document described in subparagraph (B).

"(ii) Any document described in subparagraph (C) when presented with any document described in subparagraph (D).

"(iii) Any document described in subparagraph (E) if the requirements of that subparagraph are met.

"(B) The following are documents described in this subparagraph:

"(i) A United States passport.

"(ii) Form N-550 or N-570 (Certificate of Naturalization).

"(iii) Form N-560 or N-561 (Certificate of United States Citizenship).

"(C) A valid State-issued driver's license or identification card, as described in section 274A(b)(1)(D) of the Immigration and Nationality Act, but only if the State issuing the license or such document requires proof of United States citizenship before issuance of such license or document or obtains a social security number from the applicant and verifies before certification that such number is valid and assigned to the applicant who is a citizen.

"(D) Such other document as the Secretary may specify, by regulation, that provides proof of United States citizenship or nationality and that provides a reliable means of documentation of personal identity.

"(E) The following are documents described in this subparagraph:

"(i) A certificate of birth in the United States.

"(ii) Form FS-545 or Form DS-1130 (Certification of Birth Abroad).

"(iii) Form I-197 (United States Citizen Identification Card).


"(v) Such other document (not described in subparagraph (B)(iv)) as the Secretary may specify that provides proof of United States citizenship or nationality.

"(D) The following are documents described in this subparagraph:


"(ii) Any other documentation of personal identity of such other type as the Secretary may specify, by regulation, that provides a reliable means of identification.

"(E) A document described in this subparagraph is an affidavit of citizenship or identity, or both, which need not be notarized or witnessed, but only if the individual has been unable to acquire other satisfactory documentary evidence within the reasonable opportunity period established by the State, despite a good faith effort to do so. An individual shall be deemed unable to acquire such documentary evidence—

"(i) if there is good reason to believe that such documentary evidence does not exist;

"(ii) if, after a timely request for such documentary evidence, it has not been received by the individual within the reasonable opportunity period established by the State;
be eligible for such assistance as of the date
vidual, a State may deem the individual to
by this section, had applied to the indi-
assistance if such subsections, as amended
result of the application of subsections (i)(22)
case of an individual who, during the period
BORN IN THE UNITED STATES TO MOTHERS ELI-
REDUCTION ACT OF 2005 (PUBLIC LAW 109–171; 120
SEC. 302. INCREASED FEDERAL MATCHING RATE
(25 U.S.C. 1651 ET SEQ.) FOR OUTREACH TO, AND
of the Indian Health Care Improvement Act
(42 U.S.C. 256b(a)(4)); and
section 17 of the child nutrition Act of 1966 (42 U.S.C.
defined in section 1905(l)(2)(B));

(ii) faith-based organizations or con-
(ii) racial and ethnic minorities and
including such children who reside in rural
(ii) eligible but unenrolled children, in-
(i) IN GENERAL.—In making grants
(i) IN GENERAL.—The Secretary shall give
(i) hospital defined as a dispropor-
(i) 85 percent of the sums expended with
(b) EFFECTIVE DATE.—The amendments
(b) EFFECTIVE DATE.—The amendments
(a) quality and outcomes performance
(b) priority for award of grants.—
(1) IN GENERAL.—In general, the Secretary shall give priority to—
(1) INFORMATION DETERMINED FROM EFFECT-
(iii) such assessments to the Secretary, in such form
and manner as the Secretary shall re-
(iv) dissemination of enrollment data
and information determined from effect-
iveness assessments; annual report.—
The Secretary shall—
(1) disseminate to eligible entities and
make publicly available the enrollment
data and information collected and reported
in accordance with subsection (a)(1); and
(2) submit an annual report to Congress on the outreach activities funded
by grants awarded under this section.
(v) Supplement, not supplant.—Federal
funds awarded under this section shall be used
to supplement, not supplant, non-Fed-
eral funds that are otherwise available for
activities funded under this section.
(vi) definitions.—In this section:
(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means any of the following:
(A) A state or local government.
(B) A Federal health safety net organiza-
tion.
(C) A national, local, or community-based
public or nonprofit private organization, in-
cluding organizations that use community
workers or community-based doulas
programs.
(D) A faith-based organization or con-
sortia, to the extent that a grant awarded
to such entity is consistent with the require-
ments of section 1955 of the Public Health Service Act (42 U.S.C. 300x–65) relating to
government to non-governmental entities.
(E) An elementary or secondary school.
(F) FEDERAL HEALTH SAFETY NET ORGANI-
ZATION.—The term ‘Federal health safety net
organization’ means—
(i) Indian tribe, tribal organization,
or an urban Indian organization receiving
funds under title V of the Indian Health Care
Improvement Act (25 U.S.C. 1615 et seq.), or
An Indian Health Service provider.
(G) A Federally-qualified health center (as
defined in section 1905(l)(2)(C));
(H) A hospital defined as a disproportion-
ate share hospital for purposes of section
1923;
(I) A covered entity described in section
3610(a)(4) of the Public Health Service Act
(42 U.S.C. 256b(a)(4)); and
(J) Any other entity or a consortium that
serves children under a medically-funded pro-
gram, including the special supplemental nu-
trition program for women, infants, and
children (WIC) established under section 17 of
the Child Nutrition Act of 1966 (42 U.S.C.
1786), the head start and early head start pro-
grams under the Head Start Act (42 U.S.C.
9801 et seq.), the school lunch program estab-
lished under the Richard B. Russell National
School Lunch Act, and an elementary or sec-
ondary school.
(K) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-
ZATION; URBAN INDIAN ORGANIZATION.—The
terms ‘Indian’, ‘Indian tribe’, ‘tribal organi-
zation’, and ‘urban Indian organization’ have
the meanings given such terms in section 4
of the Indian Health Care Improvement Act
(L) Appropriation.—There is appropri-
ated, out of any money in the Treasury not
otherwise appropriated, $50,000,000 for
each of fiscal years 2008 through 2012 for the purpose of awarding grants under this sec-
tion. Such amounts appropriated under
the authority of this section shall be in addi-
tion to amounts appropriated under section
2101 and paid to States in accordance with
section 2105, including with respect to exp-
penses for outreach activities in according
with subsection (a)(1)(D)(iii) of such section.”.
TITLE V—IMPROVING THE QUALITY OF PEDIATRIC CARE

SEC. 501. REQUIRING COVERAGE OF EPSDT SERVICES, INCLUDING DENTAL SERVICES; STATE OPTION TO PROVIDE SUPPLEMENTAL COVERAGE OF DENTAL SERVICES.

(a) ADDITIONAL REQUIRED SERVICES.—

(1) REQUIRED COVERAGE OF EPSDT SERVICES, INCLUDING DENTAL SERVICES.—Section 1933(c) of the Social Security Act (42 U.S.C. 1397ccc) is amended—

(A) by redesigning paragraph (5) as paragraph (6); and

(B) by inserting after paragraph (4), the following:

’’(5) Other required services.—The child health assistance provided to a targeted low-income population described in subsection (a)(2) shall include—(i) emergency care; (ii) necessary services; (iii) medical and dental services described in subsections (a)(4)(D) and (a)(4)(E); (iv) services necessary for the diagnosis and treatment of chronic conditions and treat emergency conditions).’’.

(b) STATE OPTION TO PROVIDE SUPPLEMENTAL COVERAGE OF DENTAL SERVICES UNDER SCHIP TO CHILDREN WITH OTHER HEALTH COVERAGE.—

(A) IN GENERAL.—Section 1931(b) of the Social Security Act (42 U.S.C. 1397cc-1(b)) is amended—

(B) by redesignating subparagraphs (C) through (D) as subparagraphs (C) through (E), respectively; and

(C) by striking paragraph (5) and inserting the following new subparagraph:

’’(F) Other required services .—The State may choose to extend eligibility for EPSDT services to children in the State, which may not exceed the maximum income level otherwise established for other children in the State child health plan .’’.

(2) APPLICATION OF ENHANCED MATCH UNDER MEDICAID.—Section 1905 of such Act (42 U.S.C. 1396d) is amended—

(A) by redesigning paragraph (4) as paragraph (5) and by inserting after paragraph (3) the following:

’’(4) For purposes of subsection (b), the expenditures for the provision of dental services described in subsection (a)(3) for children whose dental care is covered by the State, which may not exceed the maximum income level otherwise established for other children in the State child health plan .’’.

(B) by striking ''subsection (u)(3)'' and inserting ''subsection (u)(4)’’.

(3) CONFORMING AMENDMENTS.—Section 1933(a) of such Act (42 U.S.C. 1397ccc-a) is amended by inserting ‘’and health'’ after ‘’and other services’’ in subsection (a)(2) and by redesigning paragraph (3) as paragraph (4).
including demonstration projects in each of the 4 categories described in subsection (d),
to award grants to States to improve the de-

delivery of health care services provided to

children under this title and title XXI.

(b) DURATION.—The demonstration

projects shall be conducted for a period of 4

years.

(c) ELIGIBILITY.—A State shall not be eli-

gible to receive a grant under this section un-

til the State has demonstrated experi-

ence with the concept of the transformation

in the delivery of pediatric care.

(d) CATEGORIES OF PROJECTS.—The fol-

lowing categories of projects are described in

this subsection:

(1) HEALTH INFORMATION TECHNOLOGY SYS-

TERRNS.—Projects for developing health in-

formation technology systems, including tech-

nology acquisition, electronic health record

development, data standards development,

and software development, for pediatric hos-

pital and physician services and other com-

munity-based services; implementing model

systems; and evaluating their impact on the

quality, safety, and costs of care.

(2) DISEASE MANAGEMENT.—Projects for

providing provider-based care disease man-

agement for children with chronic conditions

(including developmental, behavioral,

and psychological conditions), demon-

strating the effectiveness of provider-

base management models in promoting bet-

ter care and improving health outcomes,

and preventing avoidable hospitalizations.

(3) EVIDENCE-BASED QUALITY IMPROVE-

MENTS.—Projects for implementing evidence-

based approaches to improving care to the

extent necessary to carry out the


demonstration projects under this section.

(4) QUALITY AND PERFORMANCE MEASURES

FOR PROVIDERS OF CHILDREN’S HEALTH CARE

SERVICES.—Projects to pilot test evidence-

based pediatric quality and performance

measures for inpatient hospital services,

physician services, or services of other

health professionals, determining the reli-

ability, feasibility, and validity of such

measures, and evaluating their potential

impact on improving the quality and delivery

of children’s health care. To the extent fea-

sible, such measures shall have been ap-

proved by consensus standards setting orga-

nizations.

(e) UNIFORM METRICS.—The Secretary

shall establish uniform metrics (adjusted, as

appropriate, for patient acuity), collect data,

and conduct evaluations with respect to each
demonstration project category described in

subsection (d). In establishing such metrics,

collecting such data, and conducting such

evaluations, the Secretary shall consult with—

(1) experts in each such demonstration

project category;

(2) participating States;

(3) national pediatric provider organiza-

tions;

(4) health care consumers; and

(5) such other entities or individuals with

relevant expertise as the Secretary deter-

mines appropriate.

(f) EVALUATION AND REPORT.—The Sec-

retary shall evaluate the demonstration

projects under this section and submit a report to Congress not later than 3 months

before the completion of each demon-

stration project that includes the results

of the evaluation and recommendations with

respect to—

(1) the expansion of the demonstration

projects to additional States and sites; and

(2) the broader implementation of ap-

proaches identified as being successful in ad-

vancing quality and performance in the de-


delivery of medical assistance provided to

children under this title and title XXI.

(g) WAIVER.—The Secretary may waive

the requirements of this subsection with

to the extent necessary to carry out the

demonstration projects under this section.

(h) AMOUNTS PAID TO A STATE.—Amounts

paid to a State under section 1902(b) shall

be in addition to Federal payments

made to the State under section 1902(b).

(i) shall not be used for the State share of

any expenditures claimed for payment under

such section; and

(j) shall be used only for expenditures of

the State for costs associated with the de-

sign and implementation of a demonstration

project, or for expenditures of pro-

viders in participating in the demonstration

projects, including—

(A) administrative costs of States and

participating providers (such as costs associ-

ated with the design and evaluation of, and

data collection under, the demonstration

projects); and

(B) such other expenditures that are not

otherwise eligible for reimbursement under

this title or title XXI as the Secretary may

determine appropriate.

(k) APPROPRIATION.—There are authorized

to be appropriated and there are appro-

priated, for the operation of this section, to remain available until expended

$10,000,000,000 for each of fiscal years 2008

through 2012.

SEC. 504. REPORT BY THE COMPTROLLER GEN-

ERAL ON DESIGN AND IMPLEMENTATION

OF A DEMONSTRATION PROJECT EVALUATING

EXISTING QUALITY AND PERFORMANCE MEAS-

URES FOR CHILDREN’S INPATIENT

HOSPITAL SERVICES.

(a) IN GENERAL.—Not later than 12 months

after the date of enactment of this Act, the

Comptroller General of the United States (in

decisions referred to as the “Comptroller

General”) shall submit a report to Congress

containing recommendations for the design

and implementation of a demonstration

project to evaluate the suitability of exist-

ing quality and performance measures for

children’s inpatient hospital services for

public reporting, differentiating quality,

identifying best practices, and providing a

basis for payment rewards.

(b) DEVELOPMENT OF RECOMMENDATIONS.—

In developing the recommendations sub-

mitted under section 1908(a)(1) and (2), the

Comptroller General shall accomplish the

following:

(1) Consider which agency within the De-

partment of Health and Human Services

should have primary responsibility and over-

sight for such a demonstration project.

(2) Determine a sufficient number of par-

ticipating hospitals and volume of children’s

cases, given existing measures suggested under paragraph

(1), that might be chosen for evaluation under such a dem-

onstration project.

(3) Determine the number of States and va-

riety of approaches that may be re-

quired to conduct such a demonstration

project.

(4) Describe alternatives for administering and

directing funding for such a demonstra-

tion project, taking into consideration the

potential involvement of multiple States,

States plans under title XIX of the Social

Security Act (42 U.S.C. 1396 et seq.), and State

child health plans under title XXI of such

Act (42 U.S.C. 1397aa et seq.). Such descrip-

tion shall be included in the recommenda-

tions submitted under subsection (a).

(5) Determine requirements for consistency in

measures, metrics, and risk adjustment for

such a demonstration project, across hos-

pitals and across State lines.

(6) Consider the infrastructure require-

ments involved in public reporting of quality

and performance measures for children’s in-

patient hospital services at the national and

State levels, including the requirements in-

cluded with respect to maintaining such measures and data.

(7) Estimate the cost of undertaking such a

demonstration project.

(c) SUGGESTION OF EXISTING MEASURES FOR

EVALUATING UNDER THE DEMONSTRATION

PROJECT.—

(1) IN GENERAL.—The report submitted

under subsection (a) shall include sugges-

tions for existing measures to be evaluated

under the demonstration project recom-

mended in such report, including, to the

extent feasible, measures with respect to—

(A) high volume pediatric inpatient condi-

tions;

(B) high cost pediatric inpatient services;

(C) pediatric conditions with predicted high morbidities; and

(D) pediatric cases at high risk of patient

safety failures.

(2) SUGGESTED MEASURES.—The measures

suggested under paragraph (1) shall be meas-

ures representing process, structure, patient

outcomes, or patient and family experience—

(A) that are evidence-based;

(B) that are feasible and cost effective;

(C) that include a mechanism for risk ad-

justment when necessary; and

(D) for which there is a consensus within

the pediatric hospital community or a con-

sensus determined by a voluntary consensus

standards setting organization involved in

the advancement of evidence-based measures

of health care.

(3) CONSULTATION.—In determining the ex-

isting measures suggested under paragraph

(1), the Comptroller General shall consult

with representatives of the following:

(A) National associations of pediatric hos-

pitals and pediatric health professionals.

(B) Experts in pediatric quality and per-

formance measurement.

(C) Voluntary consensus standards setting

organizations and other organizations in-

volved in the advancement of consensus on

evidence-based measures.

(D) The Department of Health and Human

Services, States, and other purchasers of

health care items and services.

SEC. 505. MEDICAL HOME DEMONSTRATION

PROJECT.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary of Health

and Human Services (in this section re-

ferred to as the “Secretary”) shall establish

a medical home demonstration project (in this sec-

tion referred to as the “project”) under titles

XIX and XXI of the Social Security Act (42

U.S.C. 1396 et seq.; 1397aa et seq.) to redesign

the health care delivery system by providing

targeted, accessible, continuous, coordi-

nated, and family-centered care to eligible

individuals.

(2) ELIGIBLE INDIVIDUALS DEFINED.—In this

section, the term “eligible individual” means an individual who—

(A) is receiving child health assistance

under a State child health plan implemen-

ted under title XXI of the Social Security Act

(42 U.S.C. 1396a et seq.), title XIX of such

Act (42 U.S.C. 1396 et seq.), or both such ti-

tles; and

(B) is a member of a high need popula-

tion (as determined by the Secretary).

(3) PROJECT GOALS.—The project shall be

designed in order to determine whether, and

if so, the extent to which, medical homes ac-

complish the following:

(A) Increase—

(i) cost efficiencies of health care delivery;

(ii) access to appropriate health care serv-

ices; and

(iii) patient satisfaction;

(iv) school attendance; and

and

and
(v) the quality of health care services provided, as determined based on measures of quality the Secretary determines are broadly accepted in the health care community.

(b) Duration—

(1) inappropriate emergency room utilization; and

(ii) duplication of health care services provided.

(C) Provide appropriate—

(i) preventive care; and

(D) Makes arrangements with teams of community-based organizations to ensure cultural competency of health care professionals and linguistic access for persons with limited English proficiency.

(b) Demonstration Projects—

(1) In general.—The Secretary shall establish demonstration projects for the purpose of developing models and evaluating methods that—

(A) improve the quality of medical assistance and child health assistance provided to target individuals under Medicaid and SCHIP in order to reduce disparities in the provision of health care services;

(B) improve clinical outcomes, satisfaction, quality of life, and the appropriate use of services covered and referral patterns among Medicaid and SCHIP among target individuals;

(C) eliminate disparities in the rate of preventive measures, such as well child visits and immunizations, among target individuals; and

(D) promote collaboration with community-based organizations to ensure cultural competency of health care professionals and linguistic access for persons with limited English proficiency.

(2) Design.—

(A) General Design.—Not later than 1 year after the date of enactment of this Act, the Secretary shall—

(i) evaluate best practices in the private sector, community programs, and academic research with respect to methods for reducing health care disparities among target individuals; and

(ii) design the projects based on such evaluation.

(B) Number and Project Areas.—

(i) In general.—Not later than 2 years after the date of enactment of this Act, the Secretary shall implement not less than 9 projects, including the following:

(I) projects for each of the 4 following racial and ethnic minority group:

(aa) American Indians, including Alaskan Natives, Eskimos, and Aleuts.

(bb) Asian Americans and Pacific Islanders.

(cc) Blacks.

(dd) Hispanics (as defined in section 1903(j)(2) of the Public Health Service Act (42 U.S.C. 300u–6(1)).

(ii) One project within Puerto Rico.

(iii) Racial and Ethnic Minority Group.—The term “racial and ethnic minority group” has the meaning given such term in section 1903(j)(2) of the Public Health Service Act (42 U.S.C. 300u–6(1)).

(iv) Rural and Inner-City Areas.—Not less than 1 of the projects implemented under clause (i)(I) shall be conducted in a rural area and not less than 1 of such projects shall be conducted in an inner-city area.

(v) SCHIP.—The term “SCHIP” means the State Children’s Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(vi) Target Individual.—The term “target individual” means a child—

(A) who is a member of a racial and ethnic minority group; and

(B) who is enrolled in a State Medicaid program or a State child health plan under SCHIP.

(vi) Rural and Inner-City Area.—Not less than 1 of the projects implemented under clause (i)(I) shall be conducted in a rural area and not less than 1 of such projects shall be conducted in an inner-city area.

(C) Reports to Congress.—

(1) In general.—Not later than 2 years after the date on which the Secretary implements the projects, and biannually thereafter for the duration of the projects, the Secretary shall submit to Congress a report on the projects.

(2) Contents of report submitted under paragraph (1) shall include the following:
(A) A description of the projects; (B) An evaluation of—
(i) the cost and benefits of the projects, including whether the projects have reduced expenditures and used for purposes of claiming a Federal matching payment under section 1903(a) or used for purposes of claiming a Federal
(ii) the quality of the health care services provided to target individuals under the projects, including whether the projects have reduced racial and ethnic health disparities in the quality of health care services provided to such individuals;
(iii) beneficiary and health care provider satisfaction with the projects; and
(iv) whether, based on the factors evaluated under clauses (i) through (iii), the projects should be continued or conducted on an expanded basis.
(C) Any other information with respect to the projects the Secretary determines appropriate.
(3) EXPANSION OF PROJECTS; IMPLEMENTATION OF RESULTS.—If the initial report submitted under paragraph (1) includes an evaluation under paragraph (2)(B)(iv) that the projects initially established under subsection (b)(1) should be continued or conducted on an expanded basis, the Secretary—
(A) shall continue to conduct such projects; and
(B) may conduct such additional projects as the Secretary determines appropriate.
(4) FUNDING PROJECTS.—
(1) IN GENERAL.—There are authorized to be appropriated, such sums as may be necessary to carry out this section.
(2) PROHIBITION.—Amounts paid to a State or territory under the projects shall not be used for purposes of claiming a Federal matching payment under section 1903(a) or 2105(a) of the Social Security Act (42 U.S.C. 1396b(a); 1396e(a)).
(5) WAIVER.—The Secretary shall waive compliance with such requirements of titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq.; 1396a et seq.) to the extent necessary to carry out the projects.
(6) STAFF.—
(A) IN GENERAL.—The Commission shall have such staff and such temporary and intermittent services as the Commission determines necessary to perform the duties of the Commission.
(B) FEDERAL EMPLOYEES.—A member of the Commission who is an officer or employee of the Federal Government shall no longer be a member of the Commission if the employee is otherwise eligible to serve in the Federal Government.
(C) COMPENSATION.—
(1) IN GENERAL.—The Commission shall determine the compensation.
(2) INFORMATION FROM FEDERAL AGENCIES.—
(A) IN GENERAL.—The Commission may receive such information from Federal agencies as is necessary to enable the Commission to perform the duties of the Commission.
(b) DUTIES.—
(1) STUDY.—The Commission shall conduct a study of all matters relating to children's health coverage.
(2) RECOMMENDATIONS.—The Commission shall develop recommendations on policy improvements at the State and national levels, and in the private sector, with respect to children’s health coverage.
(3) REPORT.—
(A) ANNUAL REPORTS.—During the 2 year period beginning on the date of enactment of this Act, the Commission shall submit to the President and Congress a report that contains the recommendations of the Commission for such legislation and administrative actions as the Commissioner determines would result in improvements in such health coverage at the State and national levels, and in the private sector, with respect to children’s health coverage.
(B) FINAL REPORT.—Not later than 3 years after such date of enactment, the Commission shall submit to the President and Congress a report that contains the recommendations of the Commission for such legislation and administrative actions as the Commission determines would result in comprehensive health coverage of all children in the United States.
(c) POWERS.—
(1) HEARINGS.—The Commission may hold such hearings, meet and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this Act.
(2) INFORMATION FROM FEDERAL AGENCIES.—
(A) IN GENERAL.—The Commission may secure directly from a Federal agency such information as the Commission considers necessary to carry on its work.
(B) PROVISION OF INFORMATION.—On request of the Chairperson of the Commission, the head of the agency shall provide the information to the Commission.
(3) POSTAL SERVICES.—The Commission may use the United States mails in the same manner and under the same conditions as other agencies of the Federal Government.
(4) GIFTS.—The Commission may accept, use, and dispose of gifts or donations of services or property.
(d) COMMISSION PERSONNEL MATTERS.—
(1) COMPENSATION OF MEMBERS.—
(A) NON-FEDERAL EMPLOYEES.—A member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5316 of title 5, United States Code, for each day (including travel time) during which the member is engaged in the performance of the duties of the Commission.
(B) FEDERAL EMPLOYEES.—A member of the Commission who is an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5316 of title 5, United States Code, for each day (including travel time) during which the member is engaged in the performance of the duties of the Commission.
(e) AUTHORIZATION OF APPROPRIATIONS.—The Commission shall terminate 90 days after the date on which the Commission submits the final report of the Commission under subsection (b)(3)(B).

By Mr. HARKIN:
S. 1367. A bill to amend the Public Health Service Act to provide methamphetamine prevention and treatment services to the Committee on Health, Education, Labor, and Pensions.
Mr. HARKIN. Mr. President, I am honored today to introduce the Methamphetamine Abuse Treatment and Prevention Act. Meth is one of the most deadly, addictive, rapidly spreading drugs in history. It is ravaging rural and urban communities alike. And it is leaving a path of destruction, human, financial, and environmental, that is staggering.
We've seen violent crime increase significantly for the first time in more than a decade. This increase was most evident in the meth-plagued Midwest.
We must realize meth is not just a State problem, but a national problem that is threatening communities across the country.
Law enforcement efforts to curb the distribution of dangerous meth making chemicals and locking up fertilizers have been successful. In Iowa, we've reduced the number of meth labs by nearly 80 percent. But our effort to fight meth is not over. Unfortunately, many State and local law enforcement labs are still using this more dangerous form. This drug puts a heavy toll on our communities, our justice and health care system, and tears apart families.

We need to remember that the meth epidemic is a double scourge. It is a public safety crisis. And it is also a public health crisis. Even if we shut down every home-based lab, we would still have a meth problem in this country. It will not go away until we do a better job of preventing people from using meth in the first place and giving addicts the treatment they need to kick the habit for good.

Bears in mind that meth is more addictive than crack cocaine or heroin. More than 50 percent of meth users started when they were under age 18. Law enforcement officers across Iowa tell me that prevention and treatment are the keys to stopping this epidemic.

Yet this is exactly where we are falling far short. In defiance of the billions of dollars in need of treatment for substance addiction. Less than 3 million are able to get help. The bill I am introducing today would aggressively step up efforts to prevent meth addiction and provide more treatment options.

Given the highly addictive nature of methamphetamine, prevention is crucial. Over 50 percent of meth users started when they were under age 18. We must target our efforts to ensure that those who ever start using meth. My bill provides grants to schools and communities for meth prevention programs. It creates a telephone helpline and an online parent resource center. When parents or family members want information on keeping their children safe from drugs, or they fear a young person is experimenting or in trouble with drugs, this telephone helpline and Internet resource will give live, real-time support and information, as well as referrals to community resources.

At the same time, the bill takes a comprehensive approach to treatment. We know that with proper treatment, meth addicts can recover and live productive lives. Every dollar spent on treatment saves taxpayer several dollars, largely by reducing crime, incarceration, and health care costs. The bill that I am introducing today is designed to realize these savings by promoting a comprehensive approach to meth treatment.

This legislation promotes range of treatment options. First, it includes family-based treatment. Parental sub-

stance use is the culprit in at least 70 percent of all child welfare spending. Yet only 10 percent of child welfare agencies are able to successfully find substance abuse programs for mothers and children. Comprehensive treatment specifically for parents can assist them in recognizing the need and providing safe and nurturing environments for their children. This legislation provides critical resources for adolescent and family-based treatment services to ensure that young parents are able to access the treatment they need.

Second, this legislation includes grants to offer treatment services for nonviolent adults and juveniles as an alternative to jail and detention. Nearly 80 percent of those in jail have been identified as having a substance abuse problem and one-third of inmates reported being under the influence at the time of their offense. We must provide treatment in order to prevent recidivism and cycling through the justice system.

My bill also improves services to help recovering addicts make the transition from treatment to the community, including housing assistance and help finding work and mental health services. These things are critical to long-term abstinence and recovery.

I ask for your help now in joining me in fighting the meth epidemic that is plaguing our country. This drug tears apart families and is a heavy burden on our communities, our justice and health care system. We must dedicate the time and resources to getting this problem under control and we must do it now.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 192—RECOGNIZING NATIONAL NURSES WEEK ON MAY 12 THROUGH MAY 18, 2007

Mr. DURBIN (for himself and Ms. MIKULSKI) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

WHEREAS, since 2003, National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing; and

WHEREAS National Nurses Week is the time each year when nurses are recognized for the critical role they play in providing safe, high quality, and preventative health care; and

WHEREAS nurses are the cornerstone of the Nation's complex health care system, representing the largest single component of the health care profession, with an estimated 2,900,000 registered nurses in the United States; and

WHEREAS, according to a study published in the New England Journal of Medicine in May 2002, a higher proportion of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better outcomes for hospitalized patients; and

WHEREAS nurses are experienced researchers and their work encompasses a wide scope of scientific inquiry including clinical research, health systems and outcomes research, and nursing education research; and

WHEREAS nurses are currently serving the Nation admirably in the conflicts in Iraq and Afghanistan; and

WHEREAS nurses help inform and educate the public to improve the practice of all nurses and, more importantly, the health and safety of the patients they care for; and

WHEREAS our Nation continues to face a nursing shortage unprecedented in its depth and duration, with a projected 1,200,000 new and replacement nurses needed by 2014; and

WHEREAS the nationwide nursing shortage has caused dedicated nurses to work longer hours and care for more acutely ill patients; and

WHEREAS nurses are strong allies to Congress as they help inform, educate, and work closely with legislators to improve the education, retention, recruitment, and practice of all nurses and, more importantly, the health and safety of the patients they care for; and

WHEREAS nurses are an integral part of the health care delivery team and provide quality care, support, and education to patients and their families, conduct essential research, and serve as strong patient advocates: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the significant contributions of nurses to the health care system of the United States; and

(2) supports the goals and ideals of National Nurses Week, as founded by the American Nurses Association; and

(3) encourages the people of the United States to observe National Nurses Week with appropriate recognition, ceremonies, activities, and programs to demonstrate the importance of nurses to the everyday lives of patients.

Mr. DURBIN. Mr. President, I rise today to express my sincere appreciation for the more than 2.9 million nurses in our country. In recognition of National Nurses Week, May 6 through 12, I am pleased to introduce a resolution with Senators MIKULSKI and SNOWE to commemorate this week and the valuable role of nurses nationwide.

Our resolution honors the contributions that nurses make day—after day—on the front lines of patient care. We do not thank nurses as often as we should. Nurses are an invaluable resource not only to our health care system but also to medical research—in health systems and outcomes, in nursing education, and in clinical settings. They serve our Nation admirably in our communities and in our military, including the current conflicts in Iraq and Afghanistan.

Nurses do so much for our country, yet one of the biggest challenges facing our health care system today is a shortage of nurses. According to an April 2006 report by the American Hospital Association, we need approximately 118,000 registered nurses to fill vacant positions nationwide. By 2020, there will be a shortfall of more than 1 million nurses.

The problem is not a lack of interest by capable people willing to be trained. The issue is a lack of funding to educate future nurses. Last year, nursing colleges across the Nation denied admission to more than 40,000 qualified