(Mr. COCHRAN) was added as a cosponsor of S. Res. 231, a resolution recognizing the historical significance of Juneteenth Independence Day and expressing the sense of the Senate that history should be regarded as a means for understanding the past and solving the challenges of the future.

S. RES. 253

At the request of Mr. LUGAR, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. Res. 253, a resolution expressing the sense of the Senate that the establishment of a Museum of the History of American Diplomacy through private donations is a worthy endeavor.

AMENDMENT NO. 1930

At the request of Mr. COBURN, the names of the Senator from Texas (Mr. CORNYN), the Senator from Wyoming (Mr. ENZI) and the Senator from North Carolina (Mrs. DOLE) were added as cosponsors of amendment No. 1930 intended to be proposed to S. 1639, a bill to provide for comprehensive immigration reform and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ROBERTS (for himself, Mr. KENNEDY, Ms. COLLINS, and Mr. LIEBERMAN):

S. 1702. A bill to promote employment of individuals with severe disabilities through Federal Government contracting and procurement processes, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

Mr. ROBERTS. Mr. President, today I rise for the purpose of introducing important legislation for the moral and fiscal posture of our great Nation: the Employer Work Incentive Act for Individuals with Severe Disabilities of 2007.

While there are obvious differences of opinion on the state of the U.S. economy, the U.S. workforce is experiencing relatively low unemployment rates. The average hourly wage and payroll employment levels are at an all-time high. As our economy has experienced a slow and steady rise, there is one sector of the population who has been left behind.

The unemployment rate for the severely disabled is higher than it has ever been. Despite previous efforts to increase employment opportunities for this population, the rate of unemployment has risen to 70 percent, that means increasing the amount of citizens relying on Social Security disability insurance.

In 1982, the amount of payments distributed through Social Security disability insurance was $15.8 billion. In 2004, that number climbed to $80.6 billion. According to a forecast by the Social Security trustees, the old age and survivors insurance trust fund will last until 2044, while the disability trust fund will be exhausted in 2029.

The Americans with Disabilities Act was enacted in 1990 as a means of leveling the playing field for citizens with disabilities. And while it has provided necessary reforms in employment practices, this legislation has had little to no effect on the rate of unemployment experienced by individuals with severe disabilities.

Even government-run programs such as the Javits-Wagner-O'Day Act or Randolph Shepard Act, have done little to improve this high unemployment rate. As our brave men and women serving in uniform in Iraq and Afghanistan return, this problem will be compounded. Many of our troops have been disabled in the cause of protecting this country, and it is incumbent upon us to ensure that there are opportunities for them in the workforce so that they can regain a semblance of their lives back.

It is time for a change in the way we think about employing individuals with severe disabilities. The goal should be to create job opportunities for the severely disabled in the national workforce, not just in government operated programs.

The Employer Work Incentive Act for Individuals with Severe Disabilities, a bipartisan bill authored by Senator KENNEDY and myself, creates these opportunities while reducing dependence on Social Security disability insurance. This legislation gives government contract procurement advantages to those companies who employ significant percentages of individuals with disabilities in their workforce.

Our goal is to employ at least 1 percent of individuals with severe disabilities, or 94,000 people. In doing this, we have the opportunity to save approximately $45 billion in Social Security disability insurance over the next 10 years.

I know firsthand how important individuals with severe disabilities are to our workforce. In my home State of Kansas, persons like my good friend, Pat Terick, play an important role in local business. His agency, the Cerebral Palsy Research Foundation of Kansas, has long advocated the importance of creating job opportunities for the severely disabled. This advocacy group, located in Wichita, is dedicated to showing companies the advantages of hiring individuals with disabilities. Our bill will be a powerful incentive for businesses to enhance their workforce.

I would like to thank Senator KENNEDY for his leadership in helping to craft this bipartisan legislation. Special thanks to my longtime friend and to a great Kansan and American, Senator Bob Dole, cochair of the One Percent Coalition. With Bob's remarkable devotion to disability advocacy, it comes as no surprise that he is leading the effort to increase job opportunities for those individuals with severe disabilities.

It is time for a change in the way we think about employing individuals with severe disabilities. We must create job opportunities for the severely disabled in the national workforce, not just in government-operated programs. With the support of my colleagues, this legislation will do just that.

Mr. KENNEDY. Mr. President, today we take one more giant step to open the workplace doors wider for people with disabilities. The joining of businesses, consumers, and the Congress is powerful—and we will pass this bill. I thank Senator ROBERTS for his vision and leadership on this legislation.

In the winter of 1999, President Clinton signed the last bill of the millennium into law at the FDR Memorial—it was the ''Ticket to Work'' Act.

Hundreds of disabled people managed through the snow to get to the memorial that day, in hopes of finally being of part of our Nation's great economy.

That law has made a big difference in giving disabled workers access to health care by allowing them to work and buy Medicaid—but securing actual employment has been a much harder challenge.

Many of the nation's ''return to work'' programs are outdated and do not engage employers to hire disabled workers to the fullest extent possible.

This legislation will expand opportunities for disabled workers and reward employers who are willing to do the right thing: by paying disabled workers a decent salary; by providing and contributing to the cost of their health care insurance; and by placing workers in an environment where they can work alongside their non-disabled friends and neighbors.

ADA has led to enormous societal change. It has fundamentally altered how our society views disability, and that change will be its most lasting and significant contribution.

But the ADA was also intended to address the very real barriers to people with disabilities looking for a job, a house, an education, and even a bus ride—and we still have a lot of work to do to meet that promise.

This legislation is one positive step forward as we continue to fight for more opportunities for disabled people to go to work and contribute to their communities.

By Mr. BIDEN (for himself, Mr. SPECTER, Mr. ALEXANDER, Mr. CARPER, Mr. CARDIN, Mr. COCHRAN, Mr. KENNEDY, Mr. KERRY, Mr. LEVIN, and Mr. OBAMA):

S. 1709. A bill to amend the National Underground Railroad Network to Freedom Act of 1998 to provide additional staff and oversight of funds to carry out the Act, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. BIDEN. Mr. President, I rise today to introduce, with my good friend and colleague from Pennsylvania, Senator SPECTER, the Underground Railroad Network Reauthorization Act of 2007. The original act, signed into law in 1998, has increased public awareness of the Underground Railroad, a cornerstone in African-American heritage and history, with sites and programs in 28 States and the

District of Columbia. This is the only national program dedicated to the preservation, interpretation and dissemination of underground railroad history. I am pleased that we are joined in this effort by Senators ALEXANDER, CARPER, CARDIN, COCHRAN, KENNEDY, KERRY, LEVIN and OBAMA.

Throughout this Nation there are sites in the underground railroad network that, while still standing, have suffered structural damage. There are also many sites that no longer house a physical structure, but still are important to recognize. A good example is the Thomas Garrett House, located in Wilmington in my home State of Delaware. The Garrett House was the last station on the Underground Railroad before the slaves reached freedom in Pennsylvania. It has been estimated that Garrett, a well known Quaker, helped more than 2,000 runaway slaves escape from the Southern States. The legislation being introduced today will not only help pay to repair damaged structures, but also to educate the general public about those sites that are no longer in existence, like the Thomas Garrett House.

The underground railroad network is a special part of American history that we cannot afford to let slip away. This legislation will preserve these invaluable memorials and educational resources by raising the authorization level from $500,000 to $2.5 million. We must move now to ensure that the brave acts of these individuals are preserved for future generations to observe and honor.

A companion bill has already been introduced in the House by Representatives, H.R. 1239, by Representative ALCEE L. HASTINGS and my friend and colleague from Delaware, Representative MIKE CASTLE. I hope both Chambers move quickly to preserve this precious history.

It is my honor to ask my colleagues here in the Senate to join me today in supporting this bill so that this part of our Nation's past will not be forgotten.

By Mr. BIDEN:

S. 1711. A bill to target cocaine kingpins and address sentencing disparity between crack and powder cocaine; to the Committee on the Judiciary.

Mr. BIDEN. Mr. President, 20 years ago, I helped write the law that established the current Federal cocaine sentencing scheme. Under this law, it takes 100 times more powder cocaine than crack cocaine to trigger the 5- and 10-year mandatory minimum sentences. And mere possession of five grams of crack, the weight of about two sugar cubes, gets you the same 5-year mandatory minimum penalty as trafficking 500 grams of the powder form of cocaine, which is equivalent to about a 1 pound bag of sugar.

The facts that informed our decision at the time have proved to be wrong, making the underlying cocaine sentencing structure we created unfounded and unfair. It is time to change the law to reflect this new understanding. That is why, today, I am introducing the Drug Sentencing Reform & Cocaine Kingpin Trafficking Act of 2007, which eliminates this unjustified disparity in Federal cocaine sentencing policy.

Back in 1986, when we wrote the law that established the current sentencing structure, crack was hitting our streets and communities like a storm. I remember one headline that I think summed it up. It read ''New York City Being Swamped by 'Crack'; Authorities Say They Are Almost Powerless to Halt Cocaine.'' That summer was called ''the summer of crack,'' and we were inundated with horror stories about how this new form of smokeable cocaine was ravaging communities. We were told that crack was instantly addictive, prompting the expression, ''Once on crack, you never go back.'' We heard that it caused users to go on violent rampages, was more harmful to babies than powder cocaine when used by mothers during pregnancy, and would lead to the disintegration of inner-city communities.

And in Congress, there was a feeling of desperation that summer, a sense that we had to give law enforcement the power they needed to save neighborhoods being ravaged by this drug.

More than a dozen bills were introduced to increase the penalties for this form of cocaine, but because we knew so little about it, the proposals were all over the map. They ranged from the Reagan administration's proposal of a 20-to-1 sentencing disparity between crack and powder cocaine to a 1000-to-1 disparity proposed by Senator Lawton Chiles. I joined Senators BYRD and Dole in leading the effort to enact the Anti-Drug Abuse Act of 1986, which established the current 100-to-1 disparity.

Our intentions were good, but as further scientific and sociological study has shown, we got it wrong.

We now know that these initial assumptions about crack and powder cocaine, which are just two forms of the same drug, simply were not true. Scientific evidence shows that crack does not have unique, inherent properties that make it instantly addictive. According to the Journal of the American Medical Association, ''cocaine in any form produces the same physiological and subjective effects.'' We also have learned that the dire predictions about a generation of ''crack babies'' whose mothers used crack during pregnancy have not proven true. The negative effects of prenatal exposure to crack cocaine and powder cocaine are identical. Furthermore, data that the U.S. Sentencing Commission has collected show that crack users rarely commit acts of violence. Almost all crack-related violence is associated with trafficking, not with someone on a so-called crack-induced rampage.

Looking back over more than 20 years, it is also clear that the harsh crack penalties have had a disproportionate impact on the African American community. Eighty-two percent of those convicted of crack offenses at the Federal level are African American, fueling the notion that the Federal cocaine sentencing scheme is unfair.

There is widespread recognition that the current cocaine sentencing scheme is out of date and out of touch with reality. There are others here in the Senate, on both sides of the aisle, who feel the current cocaine sentencing policy is unfounded. Like me, Senators SESSIONS and HATCH have introduced legislation to reduce the disparity and I want to congratulate them for their hard work and dedication to this issue.

As a matter of fact, when President Bush was asked about the longer sentences for crack cocaine, he said that the disparity, and I am quoting the President here, ''ought to be addressed by making sure the powder cocaine and crack cocaine penalties are the same. I don't believe we ought to be discriminatory.''

A slew of commentators, Federal judges, Federal prosecutors, doctors, academics, social scientists, civil rights leaders, clergy, and others have spoken out about the unwarranted disparity between crack and powder cocaine sentences.

And just last month, the U.S. Sentencing Commission, a bipartisan panel comprised in large part of Federal judges who preside over cocaine cases, issued a report stating that the current Federal cocaine sentencing scheme ''continues to come under almost universal criticism from representatives of the Judiciary, criminal justice practitioners, academics, and community interest groups.''

This is not the first time the Sentencing Commission has urged reform. In 1995, the Commission recommended eliminating the crack/powder sentencing disparity. Congress rejected this proposal. As scientific understanding of cocaine evolved, the Commisson urged Congress three more times to address this problem. Yet Congress did not act. We are long overdue in heeding the call for reform.

The Sentencing Cmission has provided us with a roadmap. In its most recent report, the Commission ''unanimously and strongly urge[d]'' Congress to: 1. Act swiftly to increase the threshold quantities of crack necessary to trigger the 5- and 10-year mandatory minimum sentences, so that Federal resources are focused on major drug traffickers as intended in the original 1986 legislation; and 2. repeal the mandatory minimum penalty sentence for simple possession of crack, the only controlled substance for which there is a mandatory minimum for a first time offense of simple possession. The Sentencing Commission also unanimously rejected any effort to increase the penalties for powder since there is no evidence to justify any such upward adjustment.

My bill implements all of these recommendations.

Specifically, my bill will eliminate the current 100-to-1 disparity by increasing the 5-year mandatory minimum threshold quantity for crack cocaine to 500 grams, from 5 grams, and the 10-year threshold quantity to 5,000 grams, from 50 grams, while maintaining the current statutory mandatory minimum threshold quantities for powder cocaine. It will also eliminate the current 5-year mandatory minimum penalty for simple possession of crack cocaine, the only mandatory minimum sentence for simple possession of a drug by a first time offender.

It also increases penalties for major drug traffickers and provides additional resources for the Federal agencies that investigate and prosecute drug offenses. Furthermore, because I have always believed that the best approach to fighting crime is a holistic one that incorporates enforcement, prevention, and treatment, my bill authorizes funds for prison- and jail-based drug treatment programs.

My bill both remedies the historic injustice in the current cocaine sentencing laws and focuses Federal resources on, and increases penalties for, the big fish, the major drug traffickers and kingpins who drive the drug trade. Unlike Federal powder cocaine offenders, over half of Federal crack offenders are low-level street dealers who could and should be prosecuted at the State level. States are better equipped to handle these small-time dealers and users, and under my bill, these offenders would still be punished, without expending precious Federal resources.

Drug use is a serious problem, and I have long supported strong antidrug legislation. But in addition to being tough, our drug laws should be rational and fair. My bill achieves the right balance. We have talked about the need to address this cocaine sentencing disparity for long enough. It is time to act. I hope that my colleagues will join with me to support this legislation.

By Mrs. CLINTON:

S. 1712. A bill to amend the Public Health Service Act to improve newborn screening activities, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. CLINTON. Mr. President, today I am pleased to introduce the Screening for Health of Infants and Newborns Act, also known as the SHINE Act. This legislation is critical for the health of newborns and children because we know that public education and early detection are two of the greatest weapons we have in the battle against early childhood disorders.

Each year in our Nation, at least 4 million newborns are screened for severe disorders, with 5,000 newborns diagnosed as a result. Although these numbers may seem small, these disorders are often life threatening and can cause serious mental and physical disabilities if left untreated. Early detection by newborn screening can lessen these illnesses, or completely prevent progression of many of these disorders if medical intervention can be started early enough.

I am proud to say that New York has been a leader in newborn screening since 1960 when Dr. Robert Guthrie developed the first newborn screening test. Since then, more than 10 million babies have been tested. In 2004, New York expanded their newborn screening program from 11 conditions to encompass 44 conditions. These improvements were the result of a concerted effort by State officials and parent advocacy groups like the Save Babies through Screening Foundation and Hunter's Hope Foundation. They share a common goal, that every child born with a treatable disease should receive early diagnosis and lifesaving treatment so that they can grow up as healthy as possible. Today, we want to ensure that the great strides made by New York can be a model for all States and that New York can continue to make advancements that will benefit the children of New York and around the Nation.

Newborn screening experts suggest States should test for minimum of 29 treatable core conditions. However, as of today, some States only screen for seven conditions. Every child should have access to tests that may prevent them from a life threatening disease. This bill establishes grant programs so that States can increase their capacity to screen for all the core conditions. Grant funds are also available for States like New York to expand newborn screening panels above and beyond the core conditions by developing additional newborn screening tests.

We should expect equity within newborn screening so that it does not matter where your baby is born. This legislation will establish recommended guidelines for States for newborn screening tests, reporting, and data standards. By tracking the prevalence of diseases identified by newborn screening within States, we will be able to meet these goals and improve the long-term health of our children.

I hear from many parents how frightening it is to have a sick child and to not have a diagnosis. Many parents spend years trying to find out what is wrong with their child and feel helpless. This legislation will insure that current information on newborn screening is available and accessible to health providers and parents. The SHINE Act will provide interactive formats through the Maternal Child Health Bureau of the Health Services and Resources Administration so that parents and providers can ask questions and receive answers about newborn screening test, diagnosis, follow-up and treatment.

Early treatment can prevent negative and irreversible health outcomes for affected newborns. We should be doing all we can to give every child born in our country the opportunity for a happy and healthy life.

I ask unanimous consent to have printed in the RECORD letters of support.

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

HUNTER'S HOPE,
Orchard Park, NY, June 25, 2007.

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

DEAR SENATOR CLINTON: on behalf of the Hunter's Hope Foundation, I respectively submit this letter as our full and complete support for the bill titled "Screening for the Health of Infants and Newborns (SHINE Act)".

The Hunter's Hope Foundation was established in 1997 by Pro Football Hall of Fame member and former Buffalo Bills Quarterback, Jim Kelly, and his wife, Jill, after their infant son, Hunter, was diagnosed with Krabbe (Crab ā) Leukodystrophy, an inherited, fatal, nervous system disease.

The Foundation's mission is to: increase public awareness of Krabbe disease and other leukodystrophies, support those afflicted and their families, identify new treatments, and ultimately find a cure.

Since 1997, Cord Blood Transplant (CBT) has become a viable treatment for Krabbe disease as well as a few other leukodystrophies. But, CBT is only effective if the child is treated before the disease inflicts irreversible damage to the brain and nervous system. There are many other treatable diseases that if not treated early will cause irreversible damage. And, the number of such diseases continues to increase with advancements in science and technology. We must establish an infrastructure in our country that not only addresses the immediate need, but also creates a system for expansion. The SHINE Act will accomplish this.

Hunter passed away August 5, 2005. Like thousands of other children, if he had been screened at birth, he may be living a healthy life today. Please help these children and their families and pass this bill. We implore you to expedite the passing and implementing of this bill. With each day that passes, children are suffering and dying needlessly.

Thank you from the bottom of our hearts.

Sincerely,

JACQUE WAGGONER,
Board of Directors, Chair.

SAVE BABIES THROUGH SCREENING,
FOUNDATION, INC.,
Scarsdale, NY, June 25, 2007.

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

DEAR SENATOR CLINTON: I am writing on behalf of the Save Babies Through Screening Foundation to show our support for the Screening for Health of Infants and NEwborns (SHINE Act). As you know, our organization's mission is to improve the lives of babies by working to prevent disabilities and early death resulting from disorders detectable through newborn screening. Our organization was founded in 1998 and is the only organization solely dedicated to raising awareness in regard to newborn screening.

We believe that this bill will greatly enhance the expansion of newborn screening throughout the United States and will save the lives of thousands of babies—our tiniest citizens. Additionally, this will spare Parents the agonizing pain of watching their children suffer as I can attest to firsthand. With the great expansion of newborn screening, children will be able to live healthy and productive lives.

We thank you for your vision and hard work. Nobody should suffer the loss or impairment of a child when there are tests and treatment available and this bill will put an end to future suffering. Please feel free to contact me if we can be of any assistance.

Regards,

JILL LEVY-FISCH,
President.

FOD FAMILY SUPPORT GROUP,
Okemos, MI, June 26, 2007.

TO WHOM IT MAY CONCERN: As Founder and Director of an international Family Support Group for rare metabolic disorders called Fatty Oxidation Disorders (many of which can be screened for at birth, as well as many other metabolic disorders), I strongly endorse the Screening for Health of Infants and Newborns Act (SHINE Act of 2007) that Senator Clinton originally introduced on February 15, 2007. It would greatly enhance the lives of many families in our country.

My family, and many others in our Group, has experienced the tragedy of not having the awareness/education of, screening for, and short- and long-term followup treatment for an FOD. Our daughter, Kristen, died suddenly at the age of 21 months. Fortunately, by the time our 2nd child was born, we had become aware of these rare disorders and had Kevin tested at birth—he is now a healthy, active, and soon-to-be college graduate. If it wasn't for the newborn screening and follow-up treatment for MCAD, Kevin would have died when he had his 1st illness at 6 months of age.

I wholeheartedly endorse all parts of the bill that will help educate and create awareness of these many disorders (and more in the future) for families and professionals across our country. Many aspects of the bill mirror our Group's foundation and mission—to create awareness about FODs, to educate the public, to network and support FOD families and professionals around the world, to provide ongoing education and information about metabolic disorders, to inform families and the public of new developments in screening, diagnosis, research and treatment (I also endorse assisting in covering formulas, drugs, supplements etc), and to advocate expanded universal and comprehensive newborn screening and long-term follow-up treatment for FODs and other related metabolic disorders.

Please pass this bill for the benefit of many infants and families!

Take Care,

DEB LEE GOULD,
Director.

JUNE 25, 2007.

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

DEAR SENATOR CLINTON: We are pleased to write this letter of support for the Screening for Health of Infants and Newborns Act of 2007. We commend you for your leadership in calling for a uniform and comprehensive national approach to screening newborns for the full panel of core conditions recommended by the American College of Medical Genetics and endorsed by the American Academy of Pediatrics. If diagnosed early, these disorders, including metabolic and hearing deficiency, can be managed or treated to prevent severe consequences.

As a hospital which provides a wide array of services to children with special health care needs, we know how important early detection and treatment of conditions can be. We were particularly pleased to see the provisions of this legislation which provide for a Central Clearinghouse of current educational and family support information, critical to assuring a national standard of care.

According to the latest March of Dimes Newborn Screening Report Card, nearly two-thirds of all babies born in the United States this year will be screened for more than 20 life-threatening disorders. However, disparities in state newborn screening programs mean some babies will die or develop brain damage or other severe complications from these disorders because they are not identified in time for effective treatment.

At present, the United States lacks consistent national guidelines for newborn screening, and each state decides how many and which screening tests are required for every baby. As a result, only 9 percent of all babies are screened for all of the 29 recommended conditions. Clearly it is a wise investment to take full advantage of the information available to detect treatable conditions in children.

We commend you for your leadership on this most important issue and look forward to working with you and your colleagues to secure passage of this legislation.

Sincerely,

LARRY LEVINE,
President.
JUDITH WIENER GOODHUE,
Vice Chair, Board of Trustees, Chair, Government Relations Committee.

MARCH OF DIMES,
Washington, DC, March 5, 2007.

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

DEAR SENATOR CLINTON: On behalf of more than 3 million volunteers and 1400 staff members of the March of Dimes, I am writing to thank you for introducing the ''Screening for Health of Infants and Newborns Act'' or the ''SHINE Act.'' We understand the purpose of this legislation would be to authorize grant programs to support state efforts to expand the number of conditions for which newborns are screened and to improve dissemination of educational resources to healthcare professionals and the public.

As you may know, the March of Dimes president served on the steering committee that developed the American College of Medical Genetics recommendation that every baby born in the United States be screened for a 'core' set of twenty-nine treatable disorders, including certain metabolic conditions and hearing deficiency. The March of Dimes has endorsed this recommendation because early detection and treatment of these disorders can avert lifelong disabilities (including mental retardation), other serious illnesses and even death. Parents are often unaware that the number and quality of newborn screening varies from state to state and while newborns are regularly screened and treated for debilitating conditions in some states, in others, screening may not be required and conditions may go undiagnosed and untreated.

Federal guidance and incentives for states to improve their newborn screening programs are sorely needed and the ''SHINE Act'' will go a long way to enhancing the capacity of states to expand their programs and to provide much needed educational materials to families via the internet.

We at the March of Dimes are sincerely grateful for your leadership on this issue and we look forward to working with you and others Members of Congress to expand federal support for newborn screening.

Sincerely,

MARINA L. WEISS,
Senior Vice President, Public Policy & Government Affairs.

AMERICAN COLLEGE OF MEDICAL GENETICS,
Bethesda, MD, June 27, 2007.

Re Screening for Health of Infants and Newborns (SHINE) Act.

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

DEAR SENATOR CLINTON: I am writing in reference to the SHINE Act, a bill that your office will introduce into the Senate imminently to ensure the health and quality of life of all newborns in the United States by providing resources to further improve the capacity and quality of newborn screening programs. The American College of Medical Genetics (ACMG), which represents approximately 1400 medical geneticists who comprise the workforce that cares for these patients and their families, as well as houses the National Coordinating Center for the Regional Genetic and Newborn Screening Services Collaboratives, appreciates that you have acknowledged our ongoing roles in the development of newborn screening programs in the United States. ACMG is fully supportive of the bill and recognizes the importance of each of the areas it addresses. Newborn screening programs have always represented a unique partnership between public health and private healthcare and as such, they require a high degree of coordination, collaboration and communication, as recognized by this bill. Likewise, surveillance and data collection are pivotal to harnessing new developments in the areas of diagnostics and therapeutics.

We are pleased that you have recognized this important public health program and have sought positive activities to improve it. If there is anything we can do to further the goals of this legislation, please feel free to contact us.

Sincerely,

MICHAEL S. WATSON,
Executive Director.
JUDITH L. BENKENDORF,
Project Manager.

Mr. KERRY (for himself and Ms. SNOWE):

S. 1714. A bill to establish a multiagency nationwide campaign to educate small business concerns about health insurance options available to children; to the Committee on Small Business and Entrepreneurship.

Mr. KERRY. Mr. President, in the coming weeks, the Finance Committee will meet to consider legislation to reauthorize the vitally important State Children's Health Insurance Program, S–CHIP. The legislation that comes through committee will represent this Congress's first opportunity to make a loud and clear statement regarding the importance of children's health as a national priority.

As a member of the Finance Committee, I am focused on one goal: to insure each and everyone of the 11 million kids under the age of 21 who are uninsured today, while making sure that no other kids slip through the cracks. The first bill I introduced in this Congress, S. 95, the Kids Come First Act, would accomplish just that.

Because the Bush administration and previous Republican Congresses have played fast and loose with our Nation's finances, today we face an enormous budget deficit. The unfortunate reality is that we may not be able to accomplish all of the goals set forth in Kids

Come First. But the Democratic Congress is committed to doing everything in our power to expand health coverage to children this year.

Much of our efforts will be focused on S–CHIP reauthorization. But there are additional steps we can take to begin to address this problem. The Small Business Children's Health Education Act, which I am introducing today with Senator SNOWE, represents one of those steps.

In February of 2007, the Urban Institute reported that among those eligible for the State Children's Health Insurance Program, children whose families are self-employed or who work for small business concerns are far less likely to be enrolled. Specifically, one out of every four eligible children with parents who work for a small business or who are self-employed are not enrolled. This statistic compares with just 1 out of every 10 eligible children whose parents work for a large firm.

We need to do a better job of informing and educating America's small business owners and employees of the options that may be available for covering uninsured children. To that effect, the Small Business Children's Health Education Act creates an intergovernmental task force, consisting of the Administrator of the Small Business Administration, the Secretary of Health and Human Services, the Secretary of Labor and the Secretary of Treasury, to conduct a campaign to enroll kids of small business employees who are eligible for S–CHIP and Medicaid but are not currently enrolled. To educate America's small businesses on the availability of S–CHIP and Medicaid, the task force is authorized to make use of the Small Business Administration's business partners, including the Service Corps of Retired Executives, the Small Business Development Centers, Certified Development Companies, and Women's Business Centers, and is authorized to enter into memoranda of understanding with chambers of commerce across the country.

Additionally, the Small Business Administration is directed to post S–CHIP and Medicaid eligibility criteria and enrollment information on its website, and to report back to the Senate and House Committees on Small Business regarding the status and successes of the task force's efforts to enroll eligible kids.

If you believe that we should be doing everything in our power to get every kid in this country insured, then this proposal is a no-brainer. It is estimated that 6 million of the 9 million uninsured children living in the United States are currently eligible for S–CHIP and Medicaid. These are kids who already meet the criteria for coverage, we just need to get the word to their parents and to their parents' employers that they are eligible. Ultimately, this is about priorities. I believe that the richest country on earth should not rest until all of our children are as safe and as healthy as they can possibly be. I thank Senator SNOWE for our longstanding partnership on issues critical to America's small business owners, and for her work on this legislation. I urge my colleagues to support this bill.

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. 1714

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 ''Small Business Children's Health Education Act of 2007''.

SEC. 2. FINDINGS.

Congress finds that—

(1) nearly 2,000,000 of the 9,000,000 uninsured children in the United States are currently eligible for the State Children's Health Insurance Program based on their family income, but are not enrolled;

(2) nearly 4,000,000 uninsured children appear to be eligible for Medicaid, but remain uninsured;

(3) the State Children's Health Insurance Program appears to reach only 69 percent of its target population;

(4) according to a study conducted by the Urban Institute in February, 2007, among those eligible for the State Children's Health Insurance Program, children whose families are self-employed or who work for small business concerns are far less likely to be enrolled in that program, specifically that 1 out of every 4 eligible children with parents who work for a small business concern or are self employed are not enrolled, compared with 1 out of 10 eligible children whose parents work for a large firm who are not enrolled; and

(5) the Federal Government can improve the lives of uninsured families eligible for the State Children's Health Insurance Program through increasing awareness of the availability, eligibility, and enrollment process for the State Children's Health Insurance Program (and other private options for health insurance) among owners of small business concerns.

SEC. 3. DEFINITIONS.

In this Act—

(1) the terms ''Administration'' and ''Administrator'' means the Small Business Administration and the Administrator thereof, respectively;

(2) the term ''certified development company'' means a development company participating in the program under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

(3) the term ''Medicaid program'' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(4) the term ''Service Corps of Retired Executives'' means the Service Corps of Retired Executives authorized by section 8(b)(1) of the Small Business Act (15 U.S.C. 637(b)(1));

(5) the term ''small business concern'' has the meaning given that term in section 3 of the Small Business Act (15 U.S.C. 632);

(6) the term ''small business development center'' means a small business development center described in section 21 of the Small Business Act (15 U.S.C. 648);

(7) the term ''State'' has the meaning given that term for purposes of title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(8) the term ''State Children's Health Insurance Program'' means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(9) the term ''task force'' means the task force established under section 4(a); and

(10) the term ''women's business center'' means a women's business center described in section 29 of the Small Business Act (15 U.S.C. 656).

SEC. 4. ESTABLISHMENT OF TASK FORCE.

(a) ESTABLISHMENT.—There is established a task force to conduct a nationwide campaign of education and outreach for small business concerns regarding the availability of coverage for children through private insurance options, the Medicaid program, and the State Children's Health Insurance Program.

(b) MEMBERSHIP.—The task force shall consist of the Administrator, the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury.

(c) RESPONSIBILITIES.—The campaign conducted under this section shall include—

(1) efforts to educate the owners of small business concerns about the value of health coverage for children;

(2) information regarding options available to the owners and employees of small business concerns to make insurance more affordable, including Federal and State tax deductions and credits for health care-related expenses and health insurance expenses and Federal tax exclusion for health insurance options available under employer-sponsored cafeteria plans under section 125 of the Internal Revenue Code of 1986;

(3) efforts to educate the owners of small business concerns about assistance available through public programs; and

(4) efforts to educate the owners and employees of small business concerns regarding the availability of the hotline operated as part of the Insure Kids Now program of the Department of Health and Human Services.

(d) IMPLEMENTATION.—In carrying out this section, the task force may—

(1) use any business partner of the Administration, including—

(A) a small business development center;

(B) a certified development company;

(C) a women's business center; and

(D) the Service Corps of Retired Executives;

(2) enter into—

(A) a memorandum of understanding with a chamber of commerce; and

(B) a partnership with any appropriate small business concern or health advocacy group; and

(3) designate outreach programs at regional offices of the Department of Health and Human Services to work with district offices of the Administration.

(e) WEBSITE.—The Administrator shall ensure that links to information on the eligibility and enrollment requirements for the Medicaid program and State Children's Health Insurance Program of each State are prominently displayed on the website of the Administration.

(f) REPORT.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, and every 2 years thereafter, the Administrator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report on the status of the nationwide campaign conducted under subsection (a).

(2) CONTENTS.—Each report submitted under paragraph (1) shall include a status update on all efforts made to educate owners and employees of small business concerns on options for providing health insurance for children through public and private alternatives.

By Ms. SNOWE (for herself, Mr. KERRY, Mr. SMITH, Mr. BIDEN, Ms. COLLINS, and Mr. REED):

S. 1715. A bill to amend title XVIII of the Social Security Act to eliminate discriminatory copayment rates for outpatient psychiatric services under the Medicare program; to the Committee on Finance.

Ms. SNOWE. Mr. President, I rise to introduce the Medicare Mental Health Copayment Equity Act of 2007. I am pleased to be joined again this year by my colleague from Massachusetts, Senator KERRY. Since the 107th Congress, Senator KERRY has worked tirelessly with me to address the problem of mental health care parity. Today, we unite yet again to achieve equality between mental and physical health services under Medicare.

Mental illness ranks as the second leading reason that Americans lose healthy years of life to premature death or disability. The occurrence of mental illness among older adults is widespread, with nearly one in five Americans aged 55 and older experiencing specific disorders that are not a part of normal aging. In fact, older Americans have the highest rate of suicide in the country, and their risk increases with age, and is further exacerbated by impediments to treatment.

It is critical to note that while Medicare is often viewed as health insurance for people over age 65, it also provides care for those with severe disabilities. In fact, mental disorders are the single most frequent cause of disability, affecting more than one out of four Medicare beneficiaries. So the problem of access to mental health treatment is a pressing one for Medicare.

The good news is that, today, there are increasingly effective treatments for mental illness. The majority of people with mental disorders who receive proper treatment can lead productive lives.

Yet Medicare pays far less for critical mental health services needed by these beneficiaries than it does for medical treatment for physical disabilities. Medicare beneficiaries typically pay 20 percent of the cost of covered outpatient services, including doctor's visits, and Medicare pays the remaining 80 percent. However, this does not apply to outpatient mental health services; here Medicare law imposes a special limitation, which requires patients to pay a much higher copayment of 50 percent.

Let me give an example of the current disparity in copayments. If a Medicare patient sees a doctor in an office for treatment of cancer, heart disease, or the flu, the patient must pay 20 percent of the fee for the visit. Yet if a Medicare patient sees a psychiatrist, psychologist, social worker, or other professional in an office for treatment of depression, schizophrenia, or any other type of mental illness, the patient must pay 50 percent of the fee. That impedes critically-needed treatment, creating disability and resulting in lives needlessly lost.

Our bill will eliminate the barrier to access which the present discriminatory copayment imposes, by phasing out the disparate payment policy over a 6-year period. This will lower the copayment rate for mental health services from the current 50 percent to the standard 20 percent. This means that, in 2013, patients seeking outpatient treatment for mental illness will pay the same 20 percent copayment that is required of Medicare patients today who receive outpatient treatment for other illnesses. Our bill creates ‘‘copayment equity'' for Medicare mental health services. It is time to end the distinction between physical and mental disorders under Medicare.

I urge my colleagues to join with Senator KERRY and myself in supporting the Medicare Mental Health Copayment Equity Act of 2007 for equal treatment of mental health services under Medicare.

Mr. KERRY. Mr. President, I am pleased to join my colleague Senator SNOWE in once again introducing the Medicare Mental Health Copayment Equity Act of 2007. This legislation will establish mental health care parity in the Medicare Program.

Medicare currently requires patients to pay a 20 percent copayment for all Part B services except mental health care services, for which patients are assessed a 50 percent copayment. Thus, under the current system, if a Medicare patient sees an endocrinologist for diabetes treatment, an oncologist for cancer treatment, a cardiologist for heart disease treatment or an internist for treatment of the flu, the copayment is 20 percent of the cost of the visit. If, however, a Medicare patient visits a psychiatrist for treatment of mental illness, the copayment is 50 percent of the cost of the visit. This disparity in outpatient copayment represents blatant discrimination against Medicare beneficiaries with mental illness.

The prevalence of mental illness in older adults is considerable. According to the U.S. Surgeon General, 20 percent of older adults in the community and 40 percent of older adults in primary care settings experience symptoms of depression, while as many as one out of every two residents in nursing homes are at risk of depression. The elderly have the highest rate of suicide in the U.S., and there is a clear correlation between major depression and suicide: 60 to 75 percent of suicides among patients 75 and older have diagnosable depression. In addition to our seniors, hundreds of thousands of nonelderly disabled Medicare beneficiaries become Medicare-eligible by virtue of severe and persistent mental disorders. To subject the mentally disabled to discriminatory costs in coverage for the very conditions for which they became Medicare eligible is illogical and unfair.

There is ample evidence that mental illness can be treated. Unfortunately, among the general population, those in need for treatment often do not seek it because they are ashamed of their condition. Among our Medicare population, the mentally ill face a double burden: not only must they overcome the stigma about their illness, but once they seek treatment they must pay one-half of the cost of care out of their own pocket. The Medicare Mental Health Copayment Equity Act will provide for the reduction of the coinsurance rate for outpatient mental health services over a 6-year period. By applying the same 20 percent copayment rate to mental health services to which all other outpatient services are subjected, the Medicare Mental Health Copayment Equity Act will bring parity to the Medicare Program and improve access to care for our senior and disabled beneficiaries who are living with mental illness.

By Mr. THUNE:

S. 1716. A bill to amend the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act, 2007, to strike a requirement relating to forage producers; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. THUNE. Mr. President, I rise today to introduce a bill that seeks to fix a potentially devastating mistake in the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, Public Law No. 110–28.

In May 2007, Congress passed H.R. 2206, which included much-needed disaster assistance for our Nation's farmers and ranchers. After much delay, it is critical that those producers impacted by natural disasters receive the assistance they need and deserve.

Over the past few years, drought conditions and other natural disasters have financially strained tens of thousands of agriculture producers across the country. Congress has responded to the needs of America's producers by enacting emergency disaster assistance for our farm and ranch families.

However, it has been brought to my attention that many livestock producers will likely be ineligible for assistance due to an unintended technicality. Congress clearly intended disaster assistance to be available to those producers most impacted by years of devastating weather conditions. This assistance includes livestock producer eligibility for Livestock Indemnity Payments and Livestock Compensation Program without participation in the Non-Insured Crop Disaster Assistance program, NAP, or Federal crop insurance pilot program as a prerequisite.

However, it is my understanding that the Department of Agriculture will interpret section 9012 of Public Law 110–28 as Congress intending that all livestock producers must have NAP or pilot crop insurance coverage in order to be eligible for disaster payments. If disaster benefits are limited to only those livestock producers with NAP or crop insurance coverage, the vast majority of livestock producers in drought-stricken regions will be ineligible for disaster assistance.

Only a small percentage of producers participated in the NAP program, which only paid $1 to $2 per acre. As a result, few grazing producers bought policies. It is not good policy to exclude producers from disaster assistance who chose not to participate in what many consider an ineffective program.

My legislation would strike section 9012 of Public Law 110–28, and ensure that those producers in need of assistance receive assistance in a timely manner.

It is my belief that both the Senate and the House of Representatives should pass my bill to ensure that livestock producers are able to qualify for the disaster assistance that President Bush signed into law earlier this year.

By Mr. DURBIN (for himself, Mr. LUGAR, Mr. OBAMA, Mr. BROWN, Mr. CARDIN, Mr. LEVIN, and Ms. STABENOW):

S. 1717. A bill to reqire the Secretary of Agriculture, acting through the Deputy Chief of State and Private Forestry organization, to provide loans to eligible units of local government to finance purchases of authorized equipment to monitor, remove, dispose of, and replace infested trees that are located on land under the jurisdiction of the eligible units of local government and within the borders of quarantine areas infested by the emerald ash borer, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. DURBIN. Mr. President, I rise today to introduce the bipartisan Emerald Ash Borer Municipality Assistance Act of 2007, a bill designed to help local units of government manage the costs of combating this pernicious invasive pest species.

Although some of my colleagues in the Senate may not have heard of the Emerald Ash Borer, it is a destructive pest that poses a significant threat to our forests and urban and residential landscapes.

Some of my colleagues are all too familiar with the destructive power of EAB because of the speed with which it can move from State to State and the extensive damage it can cause to a State's ash tree population. Before this species was discovered in Illinois, I had been following its deadly march across the Midwest and had discussed the dangers of EAB with my colleagues from Michigan and Indiana.

The emerald-green beetle was most likely brought to North America in solid wood packing material from Asia about 10 years ago. Our new flat world means that in addition to improved global communications and more foreign trade and foreign travel, we are also witnessing the international movement of bugs like this beetle.

The beetle was first discovered in Michigan in 2002. Since then, the beetle has killed 20 million of the State's more than 700 million ash trees. Since then, the beetle has been found in Indiana, Ohio, and Maryland. The tiny beetle kills with astonishing speed. During the mating season, the ash borer lays its larva under the bark of the ash trees. When they hatch, hundreds of these beetles feed on the inner bark of the ash tree, disrupting the tree's ability to transport water and nutrients through the tree.

Within 2 to 3 years of introduction, the beetles will destroy a host ash tree and spread. Each beetle has a half mile flying range, widening the beetle's infestation every year in expanding concentric circles. The beetle is also spread artificially and often unknowingly by campers and others who transport ash firewood and thus introduce the beetle to new environments.

Managing this deadly beetle is a significant challenge. At an average cost of $500 per tree removal and a couple of hundred dollars to replant a tree to maintain forest and urban canopies, this bug presents a serious economic impact on our communities. Additional costs are incurred for equipment, marshalling yards, and survey activities.

While the Federal Government administers a national EAB program through USDA-APHIS, many of the costs of managing EAB are borne by municipalities and homeowners. For example, the city of Woodridge, IL, a town of 30,000, is home to 8,000 public trees, 25 percent of which are ash. If the Emerald Ash Borer were to infest the public-owned ash trees of Woodridge, the cost of removing and replanting Woodridge's trees would be about $1.8 million.

One of the missing pieces in the Federal Emerald Ash Borer, EAB, Program is a mechanism to help municipalities defray the costs of performing EAB prevention duties normally performed by the Federal Government. These costs include managing the EAB population by surveying trees, removing infested trees, and replacing removed trees. The expenses associated with these activities include purchasing bucket trucks, tub grinders, and replacement trees and renting or leasing space for marshalling yards.

The legislation would create a low-interest revolving loan fund for communities for the purchase of capital equipment and replacement trees within quarantine areas. Communities would have a 20-year window to repay the loan. In addition, the bill would allow states to contract with local units of government to perform EAB duties.

Ash trees are among the most commonly found trees in our forests and urban canopies. Wisconsin is home to more than 700 million of them. They make up 20 percent of the tree population of beautiful Madison, WI. The beetle threatens billions of ash trees in North America. Losing our ash trees would incur costs that are difficult to measure. Homeowners deeply love their trees and value the shade and aesthetic beauty they add. Ash trees are a part of our wildlife habitat and diverse environment.

In my State of Illinois, the beetle has been found in multiple locations, in several parts of both Kane County and Cook County. Experts say that unchecked, this beetle could threaten ash trees nationwide on a scale equal to the Dutch Elm Disease, which destroyed more than half of the elm trees in the northern United States.

It is a problem of significant magnitude and I hope my colleagues will join me in this effort to control and eradicate the Emerald Ash Borer.

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. 1717

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 ''Emerald Ash Borer Municipality Assistance Act of 2007''.

SEC. 2. EMERALD ASH BORER REVOLVING LOAN FUND.

(a) DEFINITIONS.—In this section:

(1) AUTHORIZED EQUIPMENT.—

(A) IN GENERAL.—The term ''authorized equipment'' means any equipment necessary for the management of forest land.

(B) INCLUSIONS.—The term ''authorized equipment''includes—

(i) cherry pickers;

(ii) equipment necessary for—

(I) the construction of staging and marshalling areas;

(II) the planting of trees; and

(III) the surveying of forest land;

(iii) vehicles capable of transporting harvested trees;

(iv) wood chippers; and

(v) any other appropriate equipment, as determined by the Secretary.

(2) FUND.—The term ''Fund'' means the Emerald Ash Borer Revolving Loan Fund established by subsection (b).

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Agriculture, acting through the Deputy Chief of the State and Private Forestry organization.

(b) ESTABLISHMENT OF FUND.—There is established in the Treasury of the United States a revolving fund, to be known as the ''Emerald Ash Borer Revolving Loan Fund'', consisting of such amounts as are appropriated to the Fund under subsection (f).

(c) EXPENDITURES FROM FUND.—

(1) IN GENERAL.—Subject to paragraph (2), on request by the Secretary, the Secretary of the Treasury shall transfer from the Fund to the Secretary such amounts as the Secretary determines are necessary to provide loans under subsection (e).

(2) ADMINISTRATIVE EXPENSES.—An amount not exceeding 10 percent of the amounts in the Fund shall be available for each fiscal year to pay the administrative expenses necessary to carry out this section.

(d) 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 transferred to the extent prior estimates were in excess of or less than the amounts required to be transferred.

(e) USES OF FUND.—

(1) LOANS.—

(A) IN GENERAL.—The Secretary shall use amounts in the Fund to provide loans to eligible units of local government to finance purchases of authorized equipment to monitor, remove, dispose of, and replace infested trees that are located—

(i) on land under the jurisdiction of the eligible units of local government; and

(ii) within the borders of quarantine areas infested by the emerald ash borer.

(B) MAXIMUM AMOUNT.—The maximum amount of a loan that may be provided by the Secretary to an eligible unit of local government under this subsection shall be the lesser of—

(i) the amount that the eligible unit of local government has appropriated to finance purchases of authorized equipment to monitor, remove, dispose of, and replace infested trees that are located—

(I) on land under the jurisdiction of the eligible unit of local government; and

(II) within the borders of a quarantine area infested by the emerald ash borer; or

(ii) $5,000,000.

(C) INTEREST RATE.—The interest rate on any loan made by the Secretary under this paragraph shall be a rate equal to 2 percent.

(D) REPORT.—Not later than 180 days after the date on which an eligible unit of local government receives a loan provided by the Secretary under subparagraph (A), the eligible unit of local government shall submit to the Secretary a report that describes each purchase made by the eligible unit of local government using assistance provided through the loan.

(2) LOAN REPAYMENT SCHEDULE.—

(A) IN GENERAL.—To be eligible to receive a loan from the Secretary under paragraph (1), in accordance with each requirement described in subparagraph (B), an eligible unit of local government shall enter into an agreement with the Secretary to establish a loan repayment schedule relating to the repayment of the loan.

(B) REQUIREMENTS RELATING TO LOAN REPAYMENT SCHEDULE.—A loan repayment schedule established under subparagraph (A) shall require the eligible unit of local government—

(i) to repay to the Secretary of the Treasury, not later than 1 year after the date on which the eligible unit of local government receives a loan under paragraph (1), and semiannually thereafter, an amount equal to the quotient obtained by dividing—

(I) the principal amount of the loan (including interest); by

(II) the total quantity of payments that the eligible unit of local government is required to make during the repayment period of the loan; and

(ii) not later than 20 years after the date on which the eligible unit of local government receives a loan under paragraph (1), to complete repayment to the Secretary of the Treasury of the loan made under this section (including interest).

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Fund such sums as are necessary to carry out this section.

SEC. 3. COOPERATIVE AGREEMENTS RELATING TO EMERALD ASH BORER PREVENTION ACTIVITIES.

Any cooperative agreement entered into after the date of enactment of this Act between the Secretary of Agriculture and a State relating to the prevention of emerald ash borer infestation shall allow the State to provide any cost-sharing assistance or financing mechanism provided to the State under the cooperative agreement to a unit of local government of the State that—

(1) is engaged in any activity relating to the prevention of emerald ash borer infestation; and

(2) is capable of documenting each emerald ash borer infestation prevention activity generally carried out by—

(A) the Department of Agriculture; or

(B) the State department of agriculture that has jurisdiction over the unit of local government.

By Mr. SPECTER (for himself and Mr. CASEY):

S. 1722. A bill to amend the Agricultural Adjustment Act to require the Secretary of Agriculture to determine the price of all milk used for manufactured purposes, which shall be classified as Class II milk, by using the national average cost of production, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. SPECTER. Mr. President, agriculture is Pennsylvania's No. 1 industry. According to 2004 U.S. Department of Agriculture, USDA, statistics, the market value of all agriculture production in PA was approximately $7,026,739,000. Further, dairy is the number one sector of our agriculture industry. In 2005, Pennsylvania dairy farmers produced 10.5 billion pounds of milk from 558,000 cows on approximately 9,000 dairy farms. In 2004, milk production in PA contributed about $1,770,912,000 to the economy.

I have consistently fought for Pennsylvania's dairy producers since taking office in 1981. Last year, I fought to ensure the viability of the dairy industry by ensuring that the Senate Budget Committee opposed the administration's fiscal year 2007 proposals that would have been detrimental to our Nation's dairy farmers. I, along with 16 other Senators, wrote a letter on March 8, 2006, to the Senate Budget Committee urging rejection of the proposed budget cuts and tax increases on America's dairy farmers that included: 1. reducing the value of the price support program; 2. cutting Milk Income Loss Contract, MILC, payments by 5 percent; and 3. taxing every dairy farmer in America 3 cents per hundredweight, cwt., on all production. We were successful in this fight to protect Pennsylvania's, and the Nation's, dairy producers.

Also, I, along with five other Senators, requested that the Government Accountability Office, GAO, review the Chicago Mercantile Exchange, CME, cash cheese market because the price of cheese is strongly correlated to the price of milk. The GAO is expected to have a final report in the near future. This report will help us set legislative priorities by giving us a better understanding of the CME cheese market and its relation to the price of milk.

Even though milk production in Pennsylvania had a market value of $1,770,912,000 in 2004, dairy farmers across PA and the Nation experienced decreased prices of milk from November of 2005 until early this year. Our dairy producers should not be receiving decreased milk prices, especially with the increased costs of production, such as fuel, feed, and fertilizer.

These unpredictable fluctuations in the price of milk paid to our dairy farmers place an undue financial burden on our producers, which in turn negatively impact our rural communities. As a result, I worked hard with Senators SANTORUM, CHAMBLISS, KOHL, and LEAHY to extend the Milk Income Loss Contract, MILC, program until September of 2007. The MILC program was created as part of the 2002 farm bill to provide supplemental payments to dairy farmers when the market price falls below a statutory trigger. This program has provided timely and crucial payments to producers, particularly when prices were low in 2002, 2003, and 2006. Although milk prices are expected to be above the statutory trigger price of $16.94 through 2007, we need to ensure a more stable milk pricing system.

The 2007 farm bill creates an opportunity to address the current volatile milk pricing system. While many legislative measures have been proposed, it is essential that any program address costs of production, ensure market and price transparency, and provide a safety-net for our producers. Additionally, we need to provide dairy producers with tools to help them should milk prices fall below sustainable levels, such as a voluntary revenue insurance program.

I, along with Senator BOB CASEY, have worked with our constituents to propose two dairy legislative proposals to ensure that we continue to discuss America's milk pricing system and the need for change in the 2007 farm bill. I have met with dairy producers from across the Commonwealth and there is a broad consensus that the unpredictable milk pricing system needs to be addressed. The hard part is coming to a consensus on how to reform the system. Although these two legislative proposals may not be perfect, they provide ideas on assuring an equitable milk price for our dairy producers.

The first bill that we are introducing is the Federal Milk Marketing Improvement Act of 2007. This legislation would reduce the number of classes of milk from four to two with the intent of simplifying the pricing of milk. The bill would require the Secretary of Agriculture to determine the price of all milk used for manufacturing purposes, which will be classified as Class II milk, by using the national average cost of production. This price would then be the basis formula for calculating the price of Class I milk, which is fluid milk. Although costs of production can vary drastically farm by farm, this legislation would ensure that dairy farmers receive a fair price for their milk based on a national average cost of production figure.

Costs of production for dairy farmers all across America have increased, not just in one region. Fuel, feed, and fertilizer costs have more than doubled. Only recently has the price of milk paid to farmers reached higher than the MILC program trigger price of $16.94 per cwt. With the price of milk above this target price, no payments to farmers will be made, even though input costs have more than doubled. Addressing costs of production is necessary to ensure that our family dairy farmers survive.

The second bill that we have introduced aims to promote growth and opportunity for the dairy industry. This bill would change the current MILC Program to a Milk Target Price Program and would link payments to dairy farmers on Class III milk. The program would pay farmers when the price of Class III falls below $12.00 per hundredweight. This trigger price would be adjusted by a feed adjustment factor to reflect the feed cost of producing 100 pounds of milk. The USDA would determine this factor based on a feed price index using a baseline period of calendar years 2001 through 2005.

Further, the second bill would require the mandatory reporting of dairy commodities by requiring that dairy prices be reported on a daily and weekly basis. The current system is not mandatory and it is estimated that dairy farmers lost $6.4 million due to a Federal reporting error by the USDA over the past nine months. Along with 10 other Senators, I sent a letter to USDA Secretary Mike Johanns on May 9, 2007, requesting an explanation on how this misreporting occurred. This bill aims to close any loops in current law and assure proper auditing, data verification, and enforcement of reporting in order to ensure a transparent dairy market.

Finally, the second bill would provide authorization for a Federal dairy education loan forgiveness program. This would allow students at higher education institutions across America who focus on agriculture for a 2- or 4-year degree and become a full-time owner of a farm to become eligible to have their Federal student loans forgiven. This is aimed to ensure that there is a younger generation of farmers to work the lands across the fields in America.

Both of these bills aim to help our family dairy farms who deserve a fair price for their milk. I am committed to Pennsylvania's dairy farmers and will continue to work with my Pennsylvania colleague, Senator CASEY, and all my colleagues in the U.S. Senate to ensure our dairy farmers are not left behind. As more ideas and solutions are proposed, I will consider each and every one. Debate is important to finding a solution to any problem.

Farmers and rural America are the backbone of our great country. Every day, they work the fields, milk the cows, herd the cattle, and pick the produce. I myself grew up in rural Kansas and at the age of 14, I worked for Clyde Mills, father of my close friend and high school classmate Steve, driving a tractor in the wheat fields, providing lessons on the difficulties of working on a farm.

Agriculture is crucial to Pennsylvania and to the entire nation. We need to ensure that the next farm bill provides all our fanners with the assistance they need to overcome hardships, as well as providing our rural communities the financial and technical assistance they need to assure a vibrant and stable rural economy. Even though I voted against final passage of the 2002 farm bill because it disproportionately provided more Federal funds to other states and regions in the U.S., I look forward to working with the Senate Committee on Agriculture and my colleagues in the full Senate to ensure farmers across America are equitably treated when it comes to Federal agricultural programs and assistance.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 258—RECOGNIZING THE HISTORICAL AND EDUCATIONAL SIGNIFICANCE OF THE ATLANTIC FREEDOM TOUR OF THE FREEDOM SCHOONER AMISTAD, AND EXPRESSING THE SENSE OF THE SENATE THAT PRESERVING THE LEGACY OF THE AMISTAD STORY IS IMPORTANT IN PROMOTING MULTICULTURAL DIALOGUE, EDUCATION AND COOPERATION

Mr. DODD (for himself and Mr. LIEBERMAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 258

Whereas the Slave Trade Act of the British Parliament in 1807 was the first major legislation to abolish the slave trade and began the march to end slavery;

Whereas, in 1839, 53 Africans were illegally kidnapped from Sierra Leone and sold into the transatlantic slave trade;

Whereas the captives were brought to Havana, Cuba, aboard the Portuguese vessel Tecora, where they were fraudulently classified as native-born Cuban slaves;

Whereas the captives were sold to José Ruiz and Pedro Montez of Spain, who transferred them onto the coastal cargo schooner La Amistad;

Whereas, on the evening of the rebellion, La Amistad was secretly directed to return west up the coast of North America, where after two months the Africans were seized and arrested in New London, Connecticut;

Whereas the captives were jailed and awaited trial in New Haven, Connecticut;

Whereas the trial of the captives became historic when former President John Quincy Adams argued on behalf of the enslaved before the United States Supreme Court and won their freedom;

Whereas, in 2007, the Freedom Schooner Amistad will embark on its first transatlantic voyage to celebrate the 200th anniversary of the abolition of the transatlantic slave trade; and

Whereas the Amistad case represents an opportunity to call to public attention the evils of slavery and the struggle for freedom and the restoration of human dignity: Now, therefore, be it

Resolved, That—

(1) the Senate recognizes the historical and educational significance of the Atlantic Freedom Tour of the Freedom Schooner Amistad;

(2) the Senate encourages the people of the United States to learn about the history of the United States and better understand the experiences that have shaped this Nation; and

(3) it is the sense of the Senate that preserving the legacy of the Amistad should be regarded as a means in fostering multicultural dialogue, education, and cooperation.

SENATE RESOLUTION 259—COMMENDING THE OREGON STATE UNIVERSITY BASEBALL TEAM FOR WINNING THE 2007 COLLEGE WORLD SERIES

Mr. WYDEN (for himself and Mr. SMITH) submitted the following resolution; which was considered and agreed to:

S. RES. 259

Whereas on June 24, 2007, the Oregon State University baseball team won the 2007 College World Series in Omaha, Nebraska after defeating California State University, Fullerton by a score of 3 to 2; Arizona State University by a score of 12 to 6; University of California, Irvine by a score of 7 to 1; and the University of North Carolina at Chapel Hill in the championship by scores of 11 to 4 and 9 to 3;

Whereas this is the second consecutive College World Series championship Oregon State University has won, making the University the first repeat College World Series champion in a decade;

Whereas the success of the team was a direct result of the skill, intensity, and resolve of every player on the Oregon State University baseball team, including Erik Ammon, Darwin Barney, Hunter Beaty, Scotty Berke, Reed Brown, Brian Budrow, Mitch Canham, Bryn Card, Brett Casey, Jackson Evans, Kyle Foster, Drew George, Mark Grbavac, Chad Hegdahl, Chris Hopkins, Koa Kahalehoe, Greg Keim, Blake Keitzman, Josh Keller, Eddie Kunz, Joey Lakowske, Lonnie Lechelt, Jordan Lennerton, Mike Lissman, Anton Maxwell, Jake McCormick, Chad Nading, Jason Ogata, Ryan Ortiz, Joe Paterson, Tyrell Poggemeyer, Joe Pratt, Jorge Reyes, Scott Santschi, Kraig Sitton, Alex Sogard, Dale Solomon, Michael Stutes, Daniel Turpen, John Wallace, Braden Wells, and Joey Wong;

Whereas freshman pitcher Jorge Reyes was recognized as the Most Outstanding Player of the 2007 College World Series tournament;

Whereas Darwin Barney, Mitch Canham, Mike Lissman, Jorge Reyes, Scott Santschi, and Joey Wong were named to the 2007 All-College World Series tournament team; and

Whereas the 2007 College World Series victory of the Oregon State University baseball team ended a terrific season in which the team compiled a record of 49 wins to 18 losses: Now, therefore, be it

Resolved, That the Senate—

(1) commends the Oregon State University baseball team, Head Coach Pat Casey and his coaching staff, Athletic Director Bob DeCarolis, and Oregon State University President Edward John Ray on their tremendous accomplishment in defending their 2007 College World Series championship title; and

(2) respectfully requests the Secretary of the Senate to transmit an enrolled copy of this resolution to the President of Oregon State University.