

Whereas, in 1983, on the bicentennial of the naming of Fayetteville, the Lafayette Society and the great-great grandson of the Marquis de Lafayette, Count Rene de Chambrun, unveiled a statue of General Lafayette in the Downtown Historic District; and

Whereas the city of Fayetteville, North Carolina, will hold 3 days of celebration from September 6 through 8, 2007 to honor the 250th anniversary of the birth of the Marquis de Lafayette; Now, therefore, be it

Resolved, That the Senate—

(1) commends the City of Fayetteville, North Carolina for holding a 3-day celebration of the 250th anniversary of the birth of the Marquis de Lafayette; and

(2) recognizes that the great City of Fayetteville is where North Carolina celebrates the birthday of the Marquis de Lafayette.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2624. Mr. SALAZAR submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table.

SA 2625. Mr. BUNNING submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2626. Ms. SNOWE (for herself and Mr. BINGAMAN) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2627. Mr. COBURN (for himself, Mr. DEMINT, and Mr. VITTER) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra.

SA 2628. Ms. SNOWE (for herself, Mr. BINGAMAN, Mr. CARDIN, Ms. COLLINS, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2629. Mr. DOMENICI (for himself and Mr. DORGAN) submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2630. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2631. Mr. DODD (for himself, Mrs. CLINTON, Mr. DOLE, Mr. GRAHAM, Ms. MIKULSKI, Mr. CHAMBLISS, Mr. BROWN, Mr. CARDIN, Mr. MENENDEZ, Mr. SALAZAR, Mr. KENNEDY, Mr. REED, Mrs. BOXER, Mrs. MURRAY, Mr. LIEBERMAN, and Mr. ROBERTS) proposed an amendment to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra.

SA 2632. Mrs. CLINTON (for herself, Mr. BINGAMAN, Mr. KERRY, Mr. MENENDEZ, Mrs. BOXER, Mr. DODD, Mr. DURBIN, Mr. WHITEHOUSE, Mrs. FEINSTEIN, Mr. LEVIN, Mr. KENNEDY, Mrs. MURRAY, Mr. NELSON, of Florida,

Mr. REID, Mr. LAUTENBERG, and Mr. BROWN) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2633. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 2567 submitted by Mr. CARDIN and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2634. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 2567 submitted by Mr. CARDIN and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2635. Mr. CARDIN (for himself, Mr. BINGAMAN, Ms. COLLINS, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2636. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2637. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2638. Ms. LANDRIEU (for herself and Mr. COLEMAN) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2639. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2640. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2641. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2642. Mr. BINGAMAN (for himself, Ms. COLLINS, Mr. CARDIN, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2604 submitted by Mrs. HUTCHISON and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 2643. Mr. KENNEDY (for himself, Mrs. MCCASKILL, Mr. LIEBERMAN, Ms. MIKULSKI, Mr. AKAKA, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal

year, and for other purposes; which was ordered to lie on the table.

SA 2644. Mr. LAUTENBERG submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table.

SA 2645. Mr. BAUCUS proposed an amendment to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, supra.

SA 2646. Mr. BAUCUS (for himself and Mr. GRASSLEY) proposed an amendment to the bill H.R. 976, supra.

SA 2647. Mr. DODD (for himself, Mrs. CLINTON, Mr. NELSON, of Nebraska, Mrs. DOLE, Mr. GRAHAM, Mr. CHAMBLISS, Mr. LIEBERMAN, Mr. SALAZAR, Mr. MENENDEZ, Mr. REED, Mrs. MURRAY, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

SA 2648. Mr. PRYOR (for Mrs. BOXER) proposed an amendment to the bill S. 775, to establish a National Commission on the Infrastructure of the United States.

TEXT OF AMENDMENTS

SA 2624. Mr. SALAZAR submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. . . DEMONSTRATION PROJECT TO PROVIDE NURSE HOME VISITATION SERVICES UNDER MEDICAID AND CHIP.

(a) FINDINGS AND PURPOSE.—

(1) FINDINGS.—Congress makes the following findings:

(A) Medicaid and CHIP have collectively provided health insurance coverage to over 38,000,000 low-income pregnant women and children.

(B) Evidence-based nurse home visitation programs can improve the health status of low-income pregnant women and children enrolled in Medicaid and CHIP by promoting access to prenatal and well-baby care, reducing pre-term births, reducing high-risk pregnancies, increasing time intervals between first and subsequent births, and improving child cognitive, social, and behavioral skills, and development.

(C) In addition to health benefits, evidence-based nurse home visitation programs have been proven to increase maternal employment and economic self-sufficiency and significantly reduce child abuse and neglect, child arrests, maternal arrests, and involvement in the criminal justice system.

(D) Evidence-based nurse home visitation programs are cost effective, yielding a 5-to-1 return on investment for every dollar spent on services, and producing a net benefit to society of \$34,000 per high risk family served.

(2) PURPOSE.—The purpose of this section is to establish a demonstration project to evaluate the cost-effectiveness and impact on the health and well-being of low-income pregnant mothers and children of providing evidence-based nurse home visitation services for low-income pregnant mothers and children under Medicaid and CHIP, particularly with respect to the impact of such services on—

(A) improving the prenatal health of children;

(B) improving pregnancy outcomes;

(C) improving child health and development;

(D) improving child development and mental health related to elementary school readiness;

(E) improving family stability and economic self-sufficiency;

(F) reducing the incidence of child abuse and neglect; and

(G) increasing birth intervals between pregnancies.

(b) REQUIREMENT TO CONDUCT DEMONSTRATION PROJECT.—

(1) IN GENERAL.—The Secretary shall establish a demonstration project under which a State may apply under section 1115 of the Social Security Act (42 U.S.C. 1315) to provide, in accordance with the provisions of this section, medical assistance under the State plan under title XIX of the Social Security Act, child health assistance under the State child health plan under title XXI of such Act, or both for evidence-based nurse home visitation services to children and pregnant women who are eligible for such assistance under such plans.

(2) LIMITATION ON NUMBER OF APPROVED APPLICATIONS.—The Secretary shall only approve as many State applications to provide medical assistance or child health assistance in accordance with this section as will not exceed the limitation on aggregate payments under subsection (d)(2)(A).

(3) AUTHORITY TO WAIVE RESTRICTIONS ON PAYMENTS TO TERRITORIES.—The Secretary shall waive the limitations on payment under subsections (f) and (g) of section 1108 of the Social Security Act (42 U.S.C. 1308) in the case of a State that is subject to such limitations and submits an approved application to provide medical assistance, child health assistance, or both in accordance with this section.

(c) LENGTH OF PERIOD FOR PROVISION OF ASSISTANCE.—A State shall not be approved to provide medical assistance or child health assistance for evidence-based nurse home visitation services in accordance with the demonstration project established under this section for a period of more than 5 consecutive years.

(d) LIMITATIONS ON FEDERAL FUNDING.—

(1) APPROPRIATION.—

(A) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to carry out this section, \$25,000,000 for the period of fiscal years 2008 through 2012.

(B) BUDGET AUTHORITY.—Subparagraph (A) constitutes budget authority in advance of appropriations Acts and represents the obligation of the Federal Government to provide for the payment of the amounts appropriated under that subparagraph.

(2) LIMITATION ON PAYMENTS.—In no case may—

(A) the aggregate amount of payments made by the Secretary to eligible States under this section exceed \$25,000,000; or

(B) payments be provided by the Secretary under this section after September 30, 2012.

(3) FUNDS ALLOCATED TO STATES.—The Secretary shall allocate funds to States with approved applications under this section based

on their applications and the availability of funds.

(4) PAYMENTS TO STATES.—The Secretary shall pay to each State, from its allocation under paragraph (3), an amount each quarter equal to 100 percent of the expenditures in the quarter for medical assistance or child health assistance (as applicable) for evidence-based nurse home visitation services provided to low-income pregnant mothers and children who are eligible for such assistance under a State plan under title XIX or XXI of such Act in accordance with the demonstration project established under this section.

(e) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall conduct an evaluation of the demonstration project established under this section. Such evaluation shall include an analysis of the cost-effectiveness of the project and the impact of the programs on Medicaid and CHIP. For purposes of conducting such evaluation, the Secretary shall require a State that submits an application to participate in the demonstration project established under this section to agree, as a condition of approval of such application, to maintain data related to, and be subject to, periodic evaluations based on performance outcomes regarding the following:

(A) Substance abuse during pregnancy.

(B) Prematurity.

(C) Immunizations.

(D) Developmental delay.

(E) Language development.

(F) Emergency room visits and hospitalizations for injury.

(G) Interval between pregnancies.

(H) Workforce participation.

(I) Government assistance use.

(2) REPORT TO CONGRESS.—Not later than December 31, 2012, the Secretary shall submit a report to Congress on the results of the evaluation of the demonstration project established under this section.

(f) DEFINITION.—In this section, the term “evidence-based nurse home visitation services” means services (such as services related to improving prenatal health, pregnancy outcomes, child health and development, school readiness, family stability and economic self-sufficiency, reducing child abuse, neglect, and injury, reducing maternal and child involvement in the criminal justice system, and increasing birth intervals between pregnancies) on behalf of a targeted low-income child who has not attained age 2 and is born to a first-time pregnant mother, but only if such services are provided in accordance with outcome standards that have been replicated in multiple, rigorous, randomized controlled trials in multiple sites, with outcomes that improve prenatal health of children, pregnancy outcomes, child health and development, child development, and mental health related to elementary school readiness, reduce child abuse, neglect, and injury, increase birth intervals between pregnancies, and improve maternal employment.

(g) RULE OF CONSTRUCTION.—Nothing in the demonstration project established under this section shall be construed as affecting the ability of a State under Medicaid or CHIP to provide nurse home visitation services as part of medical assistance, child health assistance, or an administrative expense, for which any State received payment under section 1903(a) or 2105(a) of the Social Security Act (42 U.S.C. 1396b(a), 1397ee(a)) for the provision of such services before, on, or after the date of enactment of this Act.

SA 2625. Mr. BUNNING submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr.

BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

Strike section 102 and insert the following:
SEC. 102. ALLOTMENTS FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA.

(a) IN GENERAL.—Section 2104 (42 U.S.C. 1397dd) is amended by adding at the end the following new subsection:

“(i) DETERMINATION OF ALLOTMENTS FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA FOR FISCAL YEARS 2008 THROUGH 2012.—

“(1) COMPUTATION OF ALLOTMENT.—

“(A) IN GENERAL.—The Secretary shall for each of fiscal years 2008 through 2012 allot to each subsection (b) State from the available national allotment for such fiscal year an amount which bears the same ratio to such available national allotment as the sales of cigarettes in such State bears to total sales of cigarettes in all subsection (b) States (based on the most current data available to the Secretary from the Centers for Disease Control).

“(B) AVAILABLE NATIONAL ALLOTMENT.—For purposes of this subsection, the term ‘available national allotment’ means, with respect to any fiscal year, the amount available for allotment under subsection (a) for the fiscal year, reduced by the amount of the allotments made for the fiscal year under subsection (c). The available national allotment with respect to the amount available under subsection (a)(15)(A) for fiscal year 2012 shall be increased by the amount of the appropriation for the period beginning on October 1 and ending on March 31 of such fiscal year under section 103 of the Children’s Health Insurance Program Reauthorization Act of 2007.

“(2) SUBSECTION (b) STATE.—In this subsection, the term ‘subsection (b) State’ means 1 of the 50 States or the District of Columbia.”.

(b) CONFORMING AMENDMENTS.—Section 2104 (42 U.S.C. 1397dd) is amended—

(1) in subsection (a), by striking “subsection (d)” and inserting “subsections (d), (h), and (i)”;

(2) in subsection (b)(1), by striking “subsection (d)” and inserting “subsections (d), (h), and (i)”;

(3) in subsection (c)(1), by striking “subsection (d)” and inserting “subsections (d), (h), and (i)”.

SA 2626. Ms. SNOWE (for herself and Mr. BINGAMAN) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes, which was ordered to lie on the table; as follows:

Beginning on page 213, strike line 13 and all that follows through page 216, line 6 and insert the following:

SEC. 608. STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.

(a) STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—

(1) IN GENERAL.—Section 2110(b) (42 U.S.C. 1397jj(b)) is amended—

(A) in paragraph (1)(C), by inserting “, subject to paragraph (5),” after “under title XIX or”;

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

“(5) STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—A State may waive the requirement of paragraph (1)(C) that a targeted low-income child may not be covered under a group health plan or under health insurance coverage, if the State satisfies the conditions described in section 2105(c)(12), in order to provide—

“(A) dental services; or

“(B) cost-sharing protection for dental services consistent with section 2103(e)(3)(B).

In waiving such requirement, a State may limit the application of the waiver to children whose family income does not exceed a level specified by the State, so long as the level so specified does not exceed the maximum income level otherwise established for other children under the State child health plan.”

(2) CONDITIONS DESCRIBED.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 602(a)(1), is amended by adding at the end the following new paragraph:

“(12) CONDITIONS FOR PROVISION OF WRAP-AROUND COVERAGE.—For purposes of section 2110(b)(5), the conditions described in this paragraph are the following:

“(A) INCOME ELIGIBILITY.—The State child health plan (whether implemented under title XIX or this title)—

“(i) has the highest income eligibility standard permitted under this title as of January 1, 2007;

“(ii) does not limit the acceptance of applications for children or impose any numerical limitation, waiting list, or similar limitation on the eligibility of such children for child health assistance under such State plan; and

“(iii) provides benefits to all children in the State who apply for and meet eligibility standards.

“(B) NO MORE FAVORABLE TREATMENT.—The State child health plan may not provide more favorable coverage of dental-only supplemental coverage to the children covered under section 2110(b)(5) than to children otherwise covered under this title.”

(3) STATE OPTION TO WAIVE WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)), as amended by section 107(b)(2), is amended—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period and inserting “; and”; and

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

“(iv) at State option, may not apply a waiting period in the case of a child described in section 2110(b)(5), if the State satisfies the requirements of section 2105(c)(12).”

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

(A) in subsection (b), in the fourth sentence, by striking “or (u)(4)” and inserting “(u)(4), or (u)(5)”; and

(B) in subsection (u)—

(i) by redesignating paragraph (5) as paragraph (6); and

(ii) by inserting after paragraph (4) the following new paragraph:

“(5) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for items and services for children described in section 2110(b)(5), but only in the case of a State that satisfies the requirements of section 2105(c)(8).”

(b) DENIAL OF DEDUCTION FOR PUNITIVE DAMAGES.—

(1) DISALLOWANCE OF DEDUCTION.—

(A) IN GENERAL.—Section 162(g) (relating to treble damage payments under the antitrust laws) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively,

(ii) by striking “If” and inserting:

“(1) TREBLE DAMAGES.—If”, and

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

“(2) PUNITIVE DAMAGES.—No deduction shall be allowed under this chapter for any amount paid or incurred for punitive damages in connection with any judgment in, or settlement of, any action. This paragraph shall not apply to punitive damages described in section 104(c).”

(B) CONFORMING AMENDMENT.—The heading for section 162(g) is amended by inserting “OR PUNITIVE DAMAGES” after “LAWS”.

(2) INCLUSION IN INCOME OF PUNITIVE DAMAGES PAID BY INSURER OR OTHERWISE.—

(A) IN GENERAL.—Part II of subchapter B of chapter 1 (relating to items specifically included in gross income) is amended by adding at the end the following new section:

“SEC. 91. PUNITIVE DAMAGES COMPENSATED BY INSURANCE OR OTHERWISE.

“Gross income shall include any amount paid to or on behalf of a taxpayer as insurance or otherwise by reason of the taxpayer’s liability (or agreement) to pay punitive damages.”

(B) REPORTING REQUIREMENTS.—Section 6041 (relating to information at source) is amended by adding at the end the following new subsection:

“(h) SECTION TO APPLY TO PUNITIVE DAMAGES COMPENSATION.—This section shall apply to payments by a person to or on behalf of another person as insurance or otherwise by reason of the other person’s liability (or agreement) to pay punitive damages.”

(C) CONFORMING AMENDMENT.—The table of sections for part II of subchapter B of chapter 1 is amended by adding at the end the following new item:

“Sec. 91. Punitive damages compensated by insurance or otherwise.”

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to damages paid or incurred on or after the date of the enactment of this Act.

(c) DENIAL OF DEDUCTION FOR CERTAIN FINES, PENALTIES, AND OTHER AMOUNTS.—

(1) IN GENERAL.—Subsection (f) of section 162 (relating to trade or business expenses) is amended to read as follows:

“(f) FINES, PENALTIES, AND OTHER AMOUNTS.—

“(1) IN GENERAL.—Except as provided in paragraph (2), no deduction otherwise allowable shall be allowed under this chapter for any amount paid or incurred (whether by suit, agreement, or otherwise) to, or at the direction of, a government or entity described in paragraph (4) in relation to the violation of any law or the investigation or inquiry by such government or entity into the potential violation of any law.

“(2) EXCEPTION FOR AMOUNTS CONSTITUTING RESTITUTION OR PAID TO COME INTO COMPLIANCE WITH LAW.—Paragraph (1) shall not apply to any amount which—

“(A) the taxpayer establishes—

“(i) constitutes restitution (including remediation of property) for damage or harm caused by or which may be caused by the violation of any law or the potential violation of any law, or

“(ii) is paid to come into compliance with any law which was violated or involved in the investigation or inquiry, and

“(B) is identified as restitution or as an amount paid to come into compliance with the law, as the case may be, in the court order or settlement agreement.

A taxpayer shall not meet the requirements of subparagraph (A) solely by reason an identification under subparagraph (B). This paragraph shall not apply to any amount paid or

incurred as reimbursement to the government or entity for the costs of any investigation or litigation.

“(3) EXCEPTION FOR AMOUNTS PAID OR INCURRED AS THE RESULT OF CERTAIN COURT ORDERS.—Paragraph (1) shall not apply to any amount paid or incurred by order of a court in a suit in which no government or entity described in paragraph (4) is a party.

“(4) CERTAIN NONGOVERNMENTAL REGULATORY ENTITIES.—An entity is described in this paragraph if it is—

“(A) a nongovernmental entity which exercises self-regulatory powers (including imposing sanctions) in connection with a qualified board or exchange (as defined in section 1256(g)(7)), or

“(B) to the extent provided in regulations, a nongovernmental entity which exercises self-regulatory powers (including imposing sanctions) as part of performing an essential governmental function.

“(5) EXCEPTION FOR TAXES DUE.—Paragraph (1) shall not apply to any amount paid or incurred as taxes due.”

(2) REPORTING OF DEDUCTIBLE AMOUNTS.—

(A) IN GENERAL.—Subpart B of part III of subchapter A of chapter 61 is amended by inserting after section 6050V the following new section:

“SEC. 6050W. INFORMATION WITH RESPECT TO CERTAIN FINES, PENALTIES, AND OTHER AMOUNTS.

“(a) REQUIREMENT OF REPORTING.—

“(1) IN GENERAL.—The appropriate official of any government or entity which is described in section 162(f)(4) which is involved in a suit or agreement described in paragraph (2) shall make a return in such form as determined by the Secretary setting forth—

“(A) the amount required to be paid as a result of the suit or agreement to which paragraph (1) of section 162(f) applies,

“(B) any amount required to be paid as a result of the suit or agreement which constitutes restitution or remediation of property, and

“(C) any amount required to be paid as a result of the suit or agreement for the purpose of coming into compliance with any law which was violated or involved in the investigation or inquiry.

“(2) SUIT OR AGREEMENT DESCRIBED.—

“(A) IN GENERAL.—A suit or agreement is described in this paragraph if—

“(i) it is—

“(I) a suit with respect to a violation of any law over which the government or entity has authority and with respect to which there has been a court order, or

“(II) an agreement which is entered into with respect to a violation of any law over which the government or entity has authority, or with respect to an investigation or inquiry by the government or entity into the potential violation of any law over which such government or entity has authority, and

“(ii) the aggregate amount involved in all court orders and agreements with respect to the violation, investigation, or inquiry is \$600 or more.

“(B) ADJUSTMENT OF REPORTING THRESHOLD.—The Secretary may adjust the \$600 amount in subparagraph (A)(ii) as necessary in order to ensure the efficient administration of the internal revenue laws.

“(3) TIME OF FILING.—The return required under this subsection shall be filed not later than—

“(A) 30 days after the date on which a court order is issued with respect to the suit or the date the agreement is entered into, as the case may be, or

“(B) the date specified Secretary.

“(b) STATEMENTS TO BE FURNISHED TO INDIVIDUALS INVOLVED IN THE SETTLEMENT.—Every person required to make a return

under subsection (a) shall furnish to each person who is a party to the suit or agreement a written statement showing—

“(1) the name of the government or entity, and

“(2) the information supplied to the Secretary under subsection (a)(1).

The written statement required under the preceding sentence shall be furnished to the person at the same time the government or entity provides the Secretary with the information required under subsection (a).

“(c) APPROPRIATE OFFICIAL DEFINED.—For purposes of this section, the term ‘appropriate official’ means the officer or employee having control of the suit, investigation, or inquiry or the person appropriately designated for purposes of this section.”.

(B) CONFORMING AMENDMENT.—The table of sections for subpart B of part III of subchapter A of chapter 61 is amended by inserting after the item relating to section 6050V the following new item:

“Sec. 6050W. Information with respect to certain fines, penalties, and other amounts.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to amounts paid or incurred on or after the date of the enactment of this Act, except that such amendments shall not apply to amounts paid or incurred under any binding order or agreement entered into before such date. Such exception shall not apply to an order or agreement requiring court approval unless the approval was obtained before such date.

SA 2627. Mr. COBURN (for himself, Mr. DEMINT, and Mr. VITTER) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976 to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; as follows:

Beginning on page 133, strike line 4 and all that follows through page 165, line 2, and insert the following:

SEC. 401. PREMIUM ASSISTANCE FOR HIGHER INCOME CHILDREN AND PREGNANT WOMEN WITH ACCESS TO EMPLOYER-SPONSORED COVERAGE.

(a) IN GENERAL.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 301(c) is amended by adding at the end the following:

“(10) PREMIUM ASSISTANCE.—

“(A) IN GENERAL.—Beginning with fiscal year 2008, a State may only provide child health assistance for a targeted low-income child or a pregnant woman whose family income exceeds 200 percent of the poverty line and who has access to qualified employer sponsored coverage (as defined in subparagraph (B)) through the provision of a premium assistance subsidy in accordance with the requirements of this paragraph.

“(B) QUALIFIED EMPLOYER SPONSORED COVERAGE.—

“(i) IN GENERAL.—In this paragraph, the term ‘qualified employer sponsored coverage’ means a group health plan or health insurance coverage offered through an employer that is—

“(I) substantially equivalent to the benefits coverage in a benchmark benefit package described in section 2103(b) or benchmark-equivalent coverage that meets the requirements of section 2103(a)(2);

“(II) for which the employer contribution toward any premium for such coverage is at least 50 percent (75 percent, in the case of an employer with more than 50 employees);

“(III) made similarly available to all of the employer’s employees and for which the employer makes a contribution to the premium that is not less for employees receiving a premium assistance subsidy under any option available under the State child health plan under this title or the State plan under title XIX to provide such assistance than the employer contribution provided for all other employees; and

“(IV) cost-effective, as determined under clause (ii).

“(ii) COST-EFFECTIVENESS.—A group health plan or health insurance coverage offered through an employer shall be considered to be cost-effective if—

“(I) the marginal premium cost to purchase family coverage through the employer is less than the State cost of providing child health assistance through the State child health plan for all the children in the family who are targeted low-income children; or

“(II) the marginal premium cost between individual coverage and purchasing family coverage through the employer is not greater than 175 percent of the cost to the State to provide child health assistance through the State child health plan for a targeted low-income child.

“(iii) HIGH DEDUCTIBLE HEALTH PLANS INCLUDED.—The term ‘qualified employer sponsored coverage’ includes a high deductible health plan (as defined in section 223(c)(2) of the Internal Revenue Code of 1986) purchased through a health savings account (as defined under section 223(d) of such Code).

“(C) PREMIUM ASSISTANCE SUBSIDY.—

“(i) IN GENERAL.—In this paragraph, the term ‘premium assistance subsidy’ means, with respect to a targeted low-income child, the amount equal to the difference between the employee contribution required for enrollment only of the employee under qualified employer sponsored coverage and the employee contribution required for enrollment of the employee and the child in such coverage, less any applicable premium cost-sharing applied under the State child health plan, subject to the annual aggregate cost-sharing limit applied under section 2103(e)(3)(B).

“(ii) STATE PAYMENT OPTION.—Subject to clause (iii), a State may provide a premium assistance subsidy directly to an employer or as reimbursement to an employee for out-of-pocket expenditures.

“(iii) REQUIREMENT FOR DIRECT PAYMENT TO EMPLOYEE.—A State shall not pay a premium assistance subsidy directly to the employee, unless the State has established procedures to ensure that the targeted low-income child on whose behalf such payments are made are actually enrolled in the qualified employer sponsored coverage.

“(iv) TREATMENT AS CHILD HEALTH ASSISTANCE.—Expenditures for the provision of premium assistance subsidies shall be considered child health assistance described in paragraph (1)(C) of subsection (a) for purposes of making payments under that subsection.

“(v) STATE OPTION TO REQUIRE ACCEPTANCE OF SUBSIDY.—A State may condition the provision of child health assistance under the State child health plan for a targeted low-income child on the receipt of a premium assistance subsidy for enrollment in qualified employer sponsored coverage if the State determines the provision of such a subsidy to be more cost-effective in accordance with subparagraph (B)(ii).

“(vi) NOT TREATED AS INCOME.—Notwithstanding any other provision of law, a premium assistance subsidy provided in accordance with this paragraph shall not be treated as income to the child or the parent of the child for whom such subsidy is provided.

“(D) NO REQUIREMENT TO PROVIDE SUPPLEMENTAL COVERAGE FOR BENEFITS AND ADDITIONAL COST-SHARING PROTECTION PROVIDED UNDER THE STATE CHILD HEALTH PLAN.—

“(i) IN GENERAL.—A State that elects the option to provide a premium assistance subsidy under this paragraph shall not be required to provide a targeted low-income child enrolled in qualified employer sponsored coverage with supplemental coverage for items or services that are not covered, or are only partially covered, under the qualified employer sponsored coverage or cost-sharing protection other than the protection required under section 2103(e)(3)(B).

“(ii) NOTICE OF COST-SHARING REQUIREMENTS.—A State shall provide a targeted low-income child or the parent of such a child (as appropriate) who is provided with a premium assistance subsidy in accordance with this paragraph with notice of the cost-sharing requirements and limitations imposed under the qualified employer sponsored coverage in which the child is enrolled upon the enrollment of the child in such coverage and annually thereafter.

“(iii) RECORD KEEPING REQUIREMENTS.—A State may require a parent of a targeted low-income child that is enrolled in qualified employer-sponsored coverage to bear the responsibility for keeping track of out-of-pocket expenditures incurred for cost-sharing imposed under such coverage and to notify the State when the limit on such expenditures imposed under section 2103(e)(3)(B) has been reached for a year from the effective date of enrollment for such year.

“(iv) STATE OPTION FOR REIMBURSEMENT.—A State may retroactively reimburse a parent of a targeted low-income child for out-of-pocket expenditures incurred after reaching the 5 percent cost-sharing limitation imposed under section 2103(e)(3)(B) for a year.

“(E) 6-MONTH WAITING PERIOD REQUIRED.—A State shall impose at least a 6-month waiting period from the time an individual is enrolled in private health insurance prior to the provision of a premium assistance subsidy for a targeted low-income child in accordance with this paragraph.

“(F) NON APPLICATION OF WAITING PERIOD FOR ENROLLMENT IN THE STATE MEDICAID PLAN OR THE STATE CHILD HEALTH PLAN.—A targeted low-income child provided a premium assistance subsidy in accordance with this paragraph who loses eligibility for such subsidy shall not be treated as having been enrolled in private health insurance coverage for purposes of applying any waiting period imposed under the State child health plan or the State plan under title XIX for the enrollment of the child under such plan.

“(G) ASSURANCE OF SPECIAL ENROLLMENT PERIOD UNDER GROUP HEALTH PLANS IN CASE OF ELIGIBILITY FOR PREMIUM SUBSIDY ASSISTANCE.—No payment shall be made under subsection (a) for amounts expended for the provision of premium assistance subsidies under this paragraph unless a State provides assurances to the Secretary that the State has in effect laws requiring a group health plan, a health insurance issuer offering group health insurance coverage in connection with a group health plan, and a self-funded health plan, to permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a child of such an employee if the child is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if the employee’s child becomes eligible for a premium assistance subsidy under this paragraph.

“(H) NO EFFECT ON PREVIOUSLY APPROVED PREMIUM ASSISTANCE PROGRAMS.—Nothing in this paragraph shall be construed as limiting

the authority of a State to offer premium assistance under section 1906, a waiver described in paragraph (2)(B) or (3), a waiver approved under section 1115, or other authority in effect on June 28, 2007, for targeted low-income children or pregnant women whose family income does not exceed 200 percent of the poverty line.

“(I) NOTICE OF AVAILABILITY.—A State shall—

“(i) include on any application or enrollment form for child health assistance a notice of the availability of premium assistance subsidies for the enrollment of targeted low-income children in qualified employer sponsored coverage and the requirement to provide such subsidies to the individuals described in subparagraph (A);

“(ii) provide, as part of the application and enrollment process under the State child health plan, information describing the availability of such subsidies and how to elect to obtain such a subsidy, or if required, to obtain such subsidies; and

“(iii) establish such other procedures as the State determines necessary to ensure that parents are informed of the availability of such subsidies under the State child health plan.”.

(b) APPLICATION TO MEDICAID.—Section 1906 (42 U.S.C. 1396e) is amended by inserting after subsection (c) the following:

“(d) The provisions of section 2105(c)(10) shall apply to a child who is eligible for medical assistance under the State plan in the same manner as such provisions apply to a targeted low-income child under a State child health plan under title XXI. Section 1902(a)(34) shall not apply to a child who is provided a premium assistance subsidy under the State plan in accordance with the preceding sentence.”.

SA 2628. Ms. SNOWE (for herself and Mr. BINGAMAN, Mr. CARDIN, Ms. COLLINS, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 213, strike line 13 and all that follows through page 216, line 6 and insert the following:

SEC. 608. STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.

(a) STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—

(1) IN GENERAL.—Section 2110(b) (42 U.S.C. 1397jj(b)) is amended—

(A) in paragraph (1)(C), by inserting “, subject to paragraph (5),” after “under title XIX or”; and

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

“(5) STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—A State may waive the requirement of paragraph (1)(C) that a targeted low-income child may not be covered under a group health plan or under health insurance coverage, if the State satisfies the conditions described in section 2105(c)(12), in order to provide—

“(A) dental services; or

“(B) cost-sharing protection for dental services consistent with section 2103(e)(3)(B). In waiving such requirement, a State may limit the application of the waiver to children whose family income does not exceed a level specified by the State, so long as the level so specified does not exceed the max-

imum income level otherwise established for other children under the State child health plan.”.

(2) CONDITIONS DESCRIBED.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 602(a)(1), is amended by adding at the end the following new paragraph:

“(12) CONDITIONS FOR PROVISION OF WRAP-AROUND COVERAGE.—For purposes of section 2110(b)(5), the conditions described in this paragraph are the following:

“(A) INCOME ELIGIBILITY.—The State child health plan (whether implemented under title XIX or this title)—

“(i) has the highest income eligibility standard permitted under this title as of January 1, 2007;

“(ii) does not limit the acceptance of applications for children or impose any numerical limitation, waiting list, or similar limitation on the eligibility of such children for child health assistance under such State plan; and

“(iii) provides benefits to all children in the State who apply for and meet eligibility standards.

“(B) NO MORE FAVORABLE TREATMENT.—The State child health plan may not provide more favorable coverage of dental-only supplemental coverage to the children covered under section 2110(b)(5) than to children otherwise covered under this title.”.

(3) STATE OPTION TO WAIVE WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)), as amended by section 107(b)(2), is amended—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period and inserting “; and”; and

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

“(iv) at State option, may not apply a waiting period in the case of a child described in section 2110(b)(5), if the State satisfies the requirements of section 2105(c)(12).”.

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

(A) in subsection (b), in the fourth sentence, by striking “or (u)(4)” and inserting “(u)(4), or (u)(5)”; and

(B) in subsection (u)—

(i) by redesignating paragraph (5) as paragraph (6); and

(ii) by inserting after paragraph (4) the following new paragraph:

“(5) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for items and services for children described in section 2110(b)(5), but only in the case of a State that satisfies the requirements of section 2105(c)(8).”.

(b) DENIAL OF DEDUCTION FOR PUNITIVE DAMAGES.—

(1) DISALLOWANCE OF DEDUCTION.—

(A) IN GENERAL.—Section 162(g) (relating to treble damage payments under the antitrust laws) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively,

(ii) by striking “If” and inserting:

“(1) TREBLE DAMAGES.—If”, and

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

“(2) PUNITIVE DAMAGES.—No deduction shall be allowed under this chapter for any amount paid or incurred for punitive damages in connection with any judgment in, or settlement of, any action. This paragraph shall not apply to punitive damages described in section 104(c).”.

(B) CONFORMING AMENDMENT.—The heading for section 162(g) is amended by inserting “OR PUNITIVE DAMAGES” after “LAWS”.

(2) INCLUSION IN INCOME OF PUNITIVE DAMAGES PAID BY INSURER OR OTHERWISE.—

(A) IN GENERAL.—Part II of subchapter B of chapter 1 (relating to items specifically included in gross income) is amended by adding at the end the following new section:

“SEC. 91. PUNITIVE DAMAGES COMPENSATED BY INSURANCE OR OTHERWISE.

“Gross income shall include any amount paid to or on behalf of a taxpayer as insurance or otherwise by reason of the taxpayer’s liability (or agreement) to pay punitive damages.”.

(B) REPORTING REQUIREMENTS.—Section 6041 (relating to information at source) is amended by adding at the end the following new subsection:

“(h) SECTION TO APPLY TO PUNITIVE DAMAGES COMPENSATION.—This section shall apply to payments by a person to or on behalf of another person as insurance or otherwise by reason of the other person’s liability (or agreement) to pay punitive damages.”.

(C) CONFORMING AMENDMENT.—The table of sections for part II of subchapter B of chapter 1 is amended by adding at the end the following new item:

“Sec. 91. Punitive damages compensated by insurance or otherwise.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to damages paid or incurred on or after the date of the enactment of this Act.

(c) DENIAL OF DEDUCTION FOR CERTAIN FINES, PENALTIES, AND OTHER AMOUNTS.—

(1) IN GENERAL.—Subsection (f) of section 162 (relating to trade or business expenses) is amended to read as follows:

“(f) FINES, PENALTIES, AND OTHER AMOUNTS.—

“(1) IN GENERAL.—Except as provided in paragraph (2), no deduction otherwise allowable shall be allowed under this chapter for any amount paid or incurred (whether by suit, agreement, or otherwise) to, or at the direction of, a government or entity described in paragraph (4) in relation to the violation of any law or the investigation or inquiry by such government or entity into the potential violation of any law.

“(2) EXCEPTION FOR AMOUNTS CONSTITUTING RESTITUTION OR PAID TO COME INTO COMPLIANCE WITH LAW.—Paragraph (1) shall not apply to any amount which—

“(A) the taxpayer establishes—

“(i) constitutes restitution (including remediation of property) for damage or harm caused by or which may be caused by the violation of any law or the potential violation of any law, or

“(ii) is paid to come into compliance with any law which was violated or involved in the investigation or inquiry, and

“(B) is identified as restitution or as an amount paid to come into compliance with the law, as the case may be, in the court order or settlement agreement.

A taxpayer shall not meet the requirements of subparagraph (A) solely by reason an identification under subparagraph (B). This paragraph shall not apply to any amount paid or incurred as reimbursement to the government or entity for the costs of any investigation or litigation.

“(3) EXCEPTION FOR AMOUNTS PAID OR INCURRED AS THE RESULT OF CERTAIN COURT ORDERS.—Paragraph (1) shall not apply to any amount paid or incurred by order of a court in a suit in which no government or entity described in paragraph (4) is a party.

“(4) CERTAIN NONGOVERNMENTAL REGULATORY ENTITIES.—An entity is described in this paragraph if it is—

“(A) a nongovernmental entity which exercises self-regulatory powers (including imposing sanctions) in connection with a qualified board or exchange (as defined in section 1256(g)(7)), or

“(B) to the extent provided in regulations, a nongovernmental entity which exercises

self-regulatory powers (including imposing sanctions) as part of performing an essential governmental function.

“(5) EXCEPTION FOR TAXES DUE.—Paragraph (1) shall not apply to any amount paid or incurred as taxes due.”.

(2) REPORTING OF DEDUCTIBLE AMOUNTS.—

(A) IN GENERAL.—Subpart B of part III of subchapter A of chapter 61 is amended by inserting after section 6050V the following new section:

“SEC. 6050W. INFORMATION WITH RESPECT TO CERTAIN FINES, PENALTIES, AND OTHER AMOUNTS.

“(a) REQUIREMENT OF REPORTING.—

“(1) IN GENERAL.—The appropriate official of any government or entity which is described in section 162(f)(4) which is involved in a suit or agreement described in paragraph (2) shall make a return in such form as determined by the Secretary setting forth—

“(A) the amount required to be paid as a result of the suit or agreement to which paragraph (1) of section 162(f) applies,

“(B) any amount required to be paid as a result of the suit or agreement which constitutes restitution or remediation of property, and

“(C) any amount required to be paid as a result of the suit or agreement for the purpose of coming into compliance with any law which was violated or involved in the investigation or inquiry.

“(2) SUIT OR AGREEMENT DESCRIBED.—

“(A) IN GENERAL.—A suit or agreement is described in this paragraph if—

“(i) it is—

“(I) a suit with respect to a violation of any law over which the government or entity has authority and with respect to which there has been a court order, or

“(II) an agreement which is entered into with respect to a violation of any law over which the government or entity has authority, or with respect to an investigation or inquiry by the government or entity into the potential violation of any law over which such government or entity has authority, and

“(ii) the aggregate amount involved in all court orders and agreements with respect to the violation, investigation, or inquiry is \$600 or more.

“(B) ADJUSTMENT OF REPORTING THRESHOLD.—The Secretary may adjust the \$600 amount in subparagraph (A)(ii) as necessary in order to ensure the efficient administration of the internal revenue laws.

“(3) TIME OF FILING.—The return required under this subsection shall be filed not later than—

“(A) 30 days after the date on which a court order is issued with respect to the suit or the date the agreement is entered into, as the case may be, or

“(B) the date specified Secretary.

“(b) STATEMENTS TO BE FURNISHED TO INDIVIDUALS INVOLVED IN THE SETTLEMENT.—Every person required to make a return under subsection (a) shall furnish to each person who is a party to the suit or agreement a written statement showing—

“(1) the name of the government or entity, and

“(2) the information supplied to the Secretary under subsection (a)(1).

The written statement required under the preceding sentence shall be furnished to the person at the same time the government or entity provides the Secretary with the information required under subsection (a).

“(c) APPROPRIATE OFFICIAL DEFINED.—For purposes of this section, the term ‘appropriate official’ means the officer or employee having control of the suit, investigation, or inquiry or the person appropriately designated for purposes of this section.”.

(B) CONFORMING AMENDMENT.—The table of sections for subpart B of part III of subchapter A of chapter 61 is amended by inserting after the item relating to section 6050V the following new item:

“Sec. 6050W. Information with respect to certain fines, penalties, and other amounts.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to amounts paid or incurred on or after the date of the enactment of this Act, except that such amendments shall not apply to amounts paid or incurred under any binding order or agreement entered into before such date. Such exception shall not apply to an order or agreement requiring court approval unless the approval was obtained before such date.

SA 2629. Mr. DOMENICI (for himself and Mr. DORGAN) submitted an amendment intended to be proposed by him to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . REAUTHORIZATION OF SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES AND INDIAN.

(a) SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.—Section 330B(b)(2) of the Public Health Service Act (42 U.S.C. 254c–2(b)(2)) is amended—

(1) in subparagraph (B), by striking “and” at the end;

(2) in subparagraph (C), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following: “(D) \$200,000,000 for each of fiscal years 2009 through 2013.”.

(b) SPECIAL DIABETES PROGRAMS FOR INDIANS.—Section 330C(c)(2) of the Public Health Service Act (42 U.S.C. 254c–3(c)(2)) is amended—

(1) in subparagraph (B), by striking “and” at the end;

(2) in subparagraph (C), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following: “(D) \$200,000,000 for each of fiscal years 2009 through 2013.”.

SA 2630. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . MORATORIUM ON CERTAIN PAYMENT RESTRICTIONS.

Notwithstanding any other provision of law, the Secretary shall not, prior to the date that is 1 year after the date of enactment of this Act, take any action (through promulgation of regulation, issuance of regulatory guidance, use of federal payment audit procedures, or other administrative action, policy, or practice, including a Medical Assistance Manual transmittal or letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for rehabilitation services,

or school-based administration, transportation, or medical services if such restrictions are more restrictive in any aspect than those applied to such coverage or payment as of July 1, 2007.

SA 2631. Mr. DODD (for himself, Mrs. CLINTON, Mrs. DOLE, Mr. GRAHAM, Ms. MIKULSKI, Mr. CHAMBLISS, Mr. BROWN, Mr. CARDIN, Mr. MENENDEZ, Mr. SALAZAR, Mr. KENNEDY, Mr. REED, Mrs. BOXER, Mrs. MURRAY, Mr. LIEBERMAN, and Mr. ROBERTS) proposed an amendment to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; as follows:

At the end of title VI, add the following:

SEC. 610. SUPPORT FOR INJURED SERVICEMEMBERS.

(a) SHORT TITLE.—This section may be cited as the “Support for Injured Servicemembers Act”.

(b) SERVICEMEMBER FAMILY LEAVE.—

(1) DEFINITIONS.—Section 101 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) is amended by adding at the end the following:

“(14) ACTIVE DUTY.—The term ‘active duty’ means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code.

“(15) COVERED SERVICEMEMBER.—The term ‘covered servicemember’ means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

“(16) MEDICAL HOLD OR MEDICAL HOLDOVER STATUS.—The term ‘medical hold or medical holdover status’ means—

“(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

“(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member’s unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

“(17) NEXT OF KIN.—The term ‘next of kin’, used with respect to an individual, means the nearest blood relative of that individual.

“(18) SERIOUS INJURY OR ILLNESS.—The term ‘serious injury or illness’, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.”.

(2) ENTITLEMENT TO LEAVE.—Section 102(a) of such Act (29 U.S.C. 2612(a)) is amended by adding at the end the following:

“(3) SERVICEMEMBER FAMILY LEAVE.—Subject to section 103, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

“(4) COMBINED LEAVE TOTAL.—During the single 12-month period described in paragraph (3), an eligible employee shall be entitled to a combined total of 26 workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.”.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 102(b) of such Act (29 U.S.C. 2612(b)) is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking “section 103(b)(5)” and inserting “subsection (b)(5) or (f) (as appropriate) of section 103”; and

(II) by inserting “or under subsection (a)(3)” after “subsection (a)(1)”; and

(ii) in paragraph (2), by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(B) SUBSTITUTION OF PAID LEAVE.—Section 102(d) of such Act (29 U.S.C. 2612(d)) is amended—

(i) in paragraph (1)—

(I) by inserting “(or 26 workweeks in the case of leave provided under subsection (a)(3))” after “12 workweeks” the first place it appears; and

(II) by inserting “(or 26 workweeks, as appropriate)” after “12 workweeks” the second place it appears; and

(ii) in paragraph (2)(B), by adding at the end the following: “An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, family leave, or medical or sick leave of the employee for leave provided under subsection (a)(3) for any part of the 26-week period of such leave under such subsection.”.

(C) NOTICE.—Section 102(e)(2) of such Act (29 U.S.C. 2612(e)(2)) is amended by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(D) SPOUSES EMPLOYED BY SAME EMPLOYER.—Section 102(f) of such Act (29 U.S.C. 2612(f)) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), and aligning the margins of the subparagraphs with the margins of section 102(e)(2)(A);

(ii) by striking “In any” and inserting the following:

“(1) IN GENERAL.—In any”; and

(iii) by adding at the end the following:

“(2) SERVICEMEMBER FAMILY LEAVE.—

“(A) IN GENERAL.—The aggregate number of workweeks of leave to which both that husband and wife may be entitled under subsection (a) may be limited to 26 workweeks during the single 12-month period described in subsection (a)(3) if the leave is—

“(i) leave under subsection (a)(3); or

“(ii) a combination of leave under subsection (a)(3) and leave described in paragraph (1).

“(B) BOTH LIMITATIONS APPLICABLE.—If the leave taken by the husband and wife includes leave described in paragraph (1), the limitation in paragraph (1) shall apply to the leave described in paragraph (1).”.

(E) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

“(f) CERTIFICATION FOR SERVICEMEMBER FAMILY LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.”.

(F) FAILURE TO RETURN.—Section 104(c) of such Act (29 U.S.C. 2614(c)) is amended—

(i) in paragraph (2)(B)(i), by inserting “or under section 102(a)(3)” before the semicolon; and

(ii) in paragraph (3)(A)—

(I) in clause (i), by striking “or” at the end;

(II) in clause (ii), by striking the period and inserting “; or”; and

(III) by adding at the end the following:

“(iii) a certification issued by the health care provider of the servicemember being cared for by the employee, in the case of an employee unable to return to work because of a condition specified in section 102(a)(3).”.

(G) ENFORCEMENT.—Section 107 of such Act (29 U.S.C. 2617) is amended, in subsection (a)(1)(A)(i)(II), by inserting “(or 26 weeks, in a case involving leave under section 102(a)(3))” after “12 weeks”.

(H) INSTRUCTIONAL EMPLOYEES.—Section 108 of such Act (29 U.S.C. 2618) is amended, in subsections (c)(1), (d)(2), and (d)(3), by inserting “or under section 102(a)(3)” after “section 102(a)(1)”.

(I) SERVICEMEMBER FAMILY LEAVE FOR CIVIL SERVICE EMPLOYEES.—

(1) DEFINITIONS.—Section 6381 of title 5, United States Code, is amended—

(A) in paragraph (5), by striking “and” at the end;

(B) in paragraph (6), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(7) the term ‘active duty’ means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code;

“(8) the term ‘covered servicemember’ means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness;

“(9) the term ‘medical hold or medical holdover status’ means—

“(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

“(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member’s unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces;

“(10) the term ‘next of kin’, used with respect to an individual, means the nearest blood relative of that individual; and

“(11) the term ‘serious injury or illness’, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.”.

(2) ENTITLEMENT TO LEAVE.—Section 6382(a) of such title is amended by adding at the end the following:

“(3) Subject to section 6383, an employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 administrative workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

“(4) During the single 12-month period described in paragraph (3), an employee shall be entitled to a combined total of 26 administrative workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.”.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 6382(b) of such title is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking “section 6383(b)(5)” and inserting “subsection (b)(5) or (f) (as appropriate) of section 6383”; and

(II) by inserting “or under subsection (a)(3)” after “subsection (a)(1)”; and

(iii) in paragraph (2), by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(B) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by adding at the end the following: “An employee may elect to substitute for leave under subsection (a)(3) any of the employee’s accrued or accumulated annual or sick leave under subchapter I for any part of the 26-week period of leave under such subsection.”.

(C) NOTICE.—Section 6382(e) of such title is amended by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(D) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

“(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.”.

SA 2632. Mrs. CLINTON (for herself, Mr. BINGAMAN, Mr. KERRY, Mr. MENENDEZ, Mrs. BOXER, Mr. DODD, Mr. DURBIN, Mr. WHITEHOUSE, Mrs. FEINSTEIN, Mr. LEVIN, Mr. KENNEDY, Mrs. MURRAY, Mr. NELSON of Florida, Mr. REID, Mr. LAUTENBERG, and Mr. BROWN) submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. . . . OPTIONAL COVERAGE OF LEGAL IMMIGRANTS UNDER MEDICAID AND CHIP.

(a) MEDICAID PROGRAM.—Section 1903(v) (42 U.S.C. 1396b(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:

“(4)(A) A State may elect (in a 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 431(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 1905(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 against any sponsor of such an alien 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) (42 U.S.C. 1397gg(e)(1)), as amended by section 609, is

amended by inserting after subparagraph (B) the following new subparagraph (and redesignating the succeeding subparagraphs accordingly):

“(C) 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.”.

SA 2633. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 2567 submitted by Mr. CARDIN and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

In lieu of the matter proposed to be inserted, insert the following:

SEC. ____ . TO MAKE DENTAL PROVIDER INFORMATION MORE ACCESSIBLE TO ENROLLEES UNDER MEDICAID AND CHIP.

(a) IN GENERAL.—The Secretary shall work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now website (<http://www.insurekidsnow.gov/>) and hotline (1-877-KIDS-NOW) a current and accurate list of all dentists and other dental providers within each State that provide dental services to children enrolled in a State plan under Medicaid or a State child health plan under CHIP.

(b) TIMEFRAME AND UPDATED LIST.—The Secretary shall ensure that—

(1) the list described in subsection (a) is available on such website and hotline by not later than 1 year after the date of enactment of this Act;

(2) such list is updated quarterly; and

(3) such website and hotline use the most up-to-date list.

SA 2634. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 2567 submitted by Mr. CARDIN and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title II, add the following:

SEC. ____ . TO MAKE DENTAL PROVIDER INFORMATION MORE ACCESSIBLE TO ENROLLEES UNDER MEDICAID AND CHIP.

(a) IN GENERAL.—The Secretary shall work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now website (<http://www.insurekidsnow.gov/>) and hotline (1-877-KIDS-NOW) a current and accurate list of all dentists and other dental providers within each State that provide dental services to children enrolled in a State plan under Medicaid or a State child health plan under CHIP.

(b) TIMEFRAME AND UPDATED LIST.—The Secretary shall ensure that—

(1) the list described in subsection (a) is available on such website and hotline by not later than 1 year after the date of enactment of this Act;

(2) such list is updated quarterly; and

(3) such website and hotline use the most up-to-date list.

SA 2635. Mr. CARDIN (for himself, Mr. BINGAMAN, Ms. COLLINS, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2530, proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 192, between lines 12 and 13, insert the following:

“(j) DEMONSTRATION PROJECTS TO INCREASE ACCESS TO PEDIATRIC DENTAL SERVICES IN UNDESERVED AREAS.—

“(1) IN GENERAL.—During the period of fiscal years 2008 through 2012, the Secretary shall award not more than 10 grants to States and school-based health centers to conduct demonstration projects to evaluate promising ideas for improving access to quality dental health services for children in undeserved areas under title XIX or XXI.”.

SA 2636. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530, proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 217, after line 25, add the following:

SEC. ____ . GAO REPORT REGARDING THE FINANCIAL IMPACT OF HURRICANE KATRINA AND HURRICANE RITA ON LOUISIANA HEALTH CARE FACILITIES.

(a) REPORT.—Not later than 6 months after enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the financial impact of Hurricane Katrina and Hurricane Rita on health care facilities located in Louisiana.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) ASSESSMENT.—An assessment of the continued financial impact on health care facilities located in Louisiana as a direct or indirect result of Hurricane Katrina and Hurricane Rita, including financial losses.

(2) POTENTIAL ROLE OF CONGRESS.—Recommendations regarding the potential role of Congress and the Louisiana State government in mitigating the losses determined under paragraph (1).

SA 2637. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530, proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 124, line 9, add at the end the following: “Notwithstanding the preceding sentence, the Secretary may waive the requirements of section 1902(a)(46)(B) of such Act for any State affected by Hurricane Katrina or

Hurricane Rita in order to allow the State to conditionally enroll individuals who are working in good faith to secure satisfactory documentation.”.

SA 2638. Ms. LANDRIEU (for herself and Mr. COLEMAN) submitted an amendment intended to be proposed to amendment SA 2530, proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 217, after line 25, insert the following:

SEC. ____ . COVERAGE OF MINOR CHILD’S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER UNDER GROUP AND INDIVIDUAL HEALTH INSURANCE COVERAGE AND GROUP HEALTH PLANS.

(a) GROUP HEALTH PLANS.—

(1) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—

(A) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.) is amended by adding at the end the following:

“**SEC. 2707. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD’S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.**

“(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

“(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child’s congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

“(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

“(3) TREATMENT DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘treatment’ includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

“(i) procedures that do not materially affect the function of the body part being treated; and

“(ii) procedures for secondary conditions and follow-up treatment.

“(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

“(b) NOTICE.—A group health plan under this part shall comply with the notice requirement under section 714(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.”.

(B) CONFORMING AMENDMENT.—Section 2723(c) of the Public Health Service Act (42 U.S.C. 300gg-23(c)) is amended by striking “section 2704” and inserting “sections 2704 and 2707”.

(2) ERISA AMENDMENTS.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

“SEC. 714. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

“(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

“(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

“(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

“(3) TREATMENT DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘treatment’ includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

“(i) procedures that do not materially affect the function of the body part being treated; and

“(ii) procedures for secondary conditions and follow-up treatment.

“(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

“(b) NOTICE UNDER GROUP HEALTH PLAN.—The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan; except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.”

(B) CONFORMING AMENDMENTS.—

(i) Section 731(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191(c)) is amended by striking “section 711” and inserting “sections 711 and 714”.

(ii) Section 732(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191a(a)) is amended by striking “section 711” and inserting “sections 711 and 714”.

(iii) The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by inserting after the item relating to section 713 the following:

“Sec. 714. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.”

(3) INTERNAL REVENUE CODE AMENDMENTS.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended—

(A) in the table of sections, by inserting after the item relating to section 9812 the following:

“Sec. 9813. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.”;

and

(B) by inserting after section 9812 the following:

“SEC. 9813. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

“(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

“(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

“(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

“(3) TREATMENT DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘treatment’ includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

“(i) procedures that do not materially affect the function of the body part being treated; and

“(ii) procedures for secondary conditions and follow-up treatment.

“(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.”

(b) INDIVIDUAL HEALTH INSURANCE.—

(1) IN GENERAL.—Part B of title XXVII of the Public Health Service Act is amended by inserting after section 2752 the following:

“SEC. 2753. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

“(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

“(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

“(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

“(3) TREATMENT DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘treatment’ includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

“(i) procedures that do not materially affect the function of the body part being treated; and

“(ii) procedures for secondary conditions and follow-up treatment.

“(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape

normal structures of the body to improve appearance or self-esteem.

“(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 714(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.”

(2) CONFORMING AMENDMENT.—Section 2762(b)(2) of the Public Health Service Act (42 U.S.C. 300gg-62(b)(2)) is amended by striking “section 2751” and inserting “sections 2751 and 2753”.

(c) EFFECTIVE DATES.—

(1) GROUP HEALTH COVERAGE.—The amendments made by subsection (a) shall apply with respect to group health plans for plan years beginning on or after January 1, 2008.

(2) INDIVIDUAL HEALTH COVERAGE.—The amendment made by subsection (b) shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after such date.

(d) COORDINATED REGULATIONS.—Section 104(1) of Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 300gg-92 note) is amended by striking “this subtitle (and the amendments made by this subtitle and section 401)” and inserting “the provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, the provisions of parts A and C of title XXVII of the Public Health Service Act, and chapter 100 of the Internal Revenue Code of 1986”.

SA 2639. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 38, line 3, insert “(or, in the case of Louisiana, the average monthly enrollment of low-income children enrolled in the such plan for the second quarter of fiscal year 2007, as determined over a 3-month period on such basis)” after “(MSIS)”.

SA 2640. Ms. LANDRIEU submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. . . SENSE OF THE SENATE CONCERNING THE HEALTH CARE OF CHILDREN DISPLACED DURING A CATASTROPHIC DISASTER.

(a) FINDINGS.—The Senate makes the following findings:

(1) Hurricanes Katrina and Rita of 2005 displaced more than 1,300,000 Louisianans, of those 372,000 were children displaced from schools.

(2) Before the Hurricanes, 48 percent of Louisiana children belonged to low income families.

(3) In New Orleans alone, 28 percent of children lived below the poverty line.

(4) In August of 2006, there were more than 251,000 evacuees still living in Texas, according to a study by the Texas Department of Health and Human Services. The study found that 54 percent of the evacuee households received Federal housing subsidies, 39 percent received food stamps, 32 percent received unemployment benefits, and about half of the households included children covered by Medicaid or the Children's Health Insurance Program. Thirty-nine percent of the evacuees in Texas are children, and 60 percent of the adult evacuees are women.

(5) Disasters of the magnitude of Hurricanes Katrina and Rita will occur again in the future.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that the conferees for this bill should review issues concerning the health care of displaced children during a manmade or natural disaster of a catastrophic nature and should consider solutions to the following concerns to prevent future evacuated children from being denied health insurance coverage:

(1) Lack of transferability of health insurance for children who are evacuated from one State to another.

(2) Length of eligibility review processes.

(3) Burdensome eligibility and enrollment requirements.

(4) Sources of funding for services provided by host States that receive evacuees.

SA 2641. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle E of title X, add the following:

SEC. 1070. UNIFORM STANDARDS FOR INTERROGATION TECHNIQUES APPLICABLE TO INDIVIDUALS UNDER CONTROL OR CUSTODY OF THE UNITED STATES GOVERNMENT.

(a) IN GENERAL.—No individual in the custody or under the effective control of the United States Government or any agency or instrumentality thereof, regardless of nationality or physical location, shall be subject to any treatment or technique of interrogation not authorized by sections 5-50 through 5-99 of the United States Army Field Manual on Human Intelligence Collector Operations.

(b) PROHIBITED ACTIONS.—The treatment or techniques of interrogation prohibited under subsection (a) include, but are not limited to, the following:

(1) Forcing an individual to be naked, perform sexual acts, or pose in a sexual manner.

(2) Placing a hood or sack over the head of an individual, or using or placing duct tape over the eyes of an individual.

(3) Applying a beating, electric shock, burns, or other forms of physical pain to an individual.

(4) Subjecting an individual to the procedure known as "waterboarding".

(5) Subjecting an individual to threats or attack from a military working dog.

(6) Inducing hypothermia or heat injury in an individual.

(7) Conducting a mock execution of an individual.

(8) Depriving an individual of necessary food, water, or medical care.

(c) APPLICABILITY.—Subsection (a) shall not apply with respect to any individual in

the custody or under the effective control of the United States Government pursuant to a criminal law or immigration law of the United States.

(d) CONSTRUCTION.—Nothing in this section shall be construed to affect the rights under the United States Constitution of any individual in the custody or under the effective control of the United States Government.

SA 2642. Mr. BINGAMAN (for himself, Ms. COLLINS, Mr. CARDIN, and Ms. MIKULSKI) submitted an amendment intended to be proposed to amendment SA 2604 submitted by Mrs. HUTCHISON and intended to be proposed to the amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

On page 2 of the amendment, between lines 8 and 9, insert the following:

"(i) limiting the authority a State described in clause (i), or any other State that provides premium assistance under the authority of this paragraph or otherwise, to provide dental coverage to children who would be targeted low-income children but for the application of paragraph (1)(C) of section 2110(b) and who do not otherwise have dental coverage; or".

SA 2643. Mr. KENNEDY (for himself, Mrs. MCCASKILL, Mr. LIEBERMAN, Ms. MIKULSKI, Mr. AKAKA, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 358. MODIFICATION TO PUBLIC-PRIVATE COMPETITION REQUIREMENTS BEFORE CONVERSION TO CONTRACTOR PERFORMANCE.

(a) COMPARISON OF RETIREMENT SYSTEM COSTS.—Section 2461(a)(1) of title 10, United States Code, is amended—

(1) in subparagraph (F), by striking "and" at the end;

(2) by redesignating subparagraph (G) as subparagraph (H); and

(3) by inserting after subparagraph (F) the following new subparagraph (G):

"(G) requires that the contractor shall not receive an advantage for a proposal that would reduce costs for the Department of Defense by—

"(i) not making an employer-sponsored health insurance plan (or payment that could be used in lieu of such a plan), health savings account, or medical savings account, available to the workers who are to be employed to perform the function under the contract;

"(ii) offering to such workers an employer-sponsored health benefits plan that requires the employer to contribute less towards the premium or subscription share than the amount that is paid by the Department of Defense for health benefits for civilian employees of the Department under chapter 89 of title 5; or

"(iii) offering to such workers a retirement benefit that, in any year, costs less than the annual retirement cost factor applicable to civilian employees of the Department of Defense under chapter 84 of title 5; and"

(b) CONFORMING AMENDMENTS.—Such title is further amended—

(1) by striking section 2467; and

(2) in section 2461—

(A) by redesignating subsections (b) through (d) as subsections (c) through (e); and

(B) by inserting after subsection (a) the following new subsection (b):

"(b) REQUIREMENT TO CONSULT DOD EMPLOYEES.—(1) Each officer or employee of the Department of Defense responsible for determining under Office of Management and Budget Circular A-76 whether to convert to contractor performance any function of the Department of Defense—

"(A) shall, at least monthly during the development and preparation of the performance work statement and the management efficiency study used in making that determination, consult with civilian employees who will be affected by that determination and consider the views of such employees on the development and preparation of that statement and that study; and

"(B) may consult with such employees on other matters relating to that determination.

"(2)(A) In the case of employees represented by a labor organization accorded exclusive recognition under section 7111 of title 5, consultation with representatives of that labor organization shall satisfy the consultation requirement in paragraph (1).

"(B) In the case of employees other than employees referred to in subparagraph (A), consultation with appropriate representatives of those employees shall satisfy the consultation requirement in paragraph (1).

"(C) The Secretary of Defense shall prescribe regulations to carry out this subsection. The regulations shall include provisions for the selection or designation of appropriate representatives of employees referred to in subparagraph (B) for purposes of consultation required by paragraph (1)."

(c) TECHNICAL AMENDMENTS.—Section 2461 of such title, as amended by subsection (a), is further amended—

(1) in subsection (a)(1)—

(A) in subparagraph (B), by inserting after "2003" the following: ", or any successor circular"; and

(B) in subparagraph (D), by striking "and reliability" and inserting ", reliability, and timeliness"; and

(2) in subsection (c)(2), as redesignated under subsection (b)(2), by inserting "of" after "examination".

SEC. 359. BID PROTESTS BY FEDERAL EMPLOYEES IN ACTIONS UNDER OFFICE OF MANAGEMENT BUDGET CIRCULAR A-76.

(a) ELIGIBILITY TO PROTEST PUBLIC-PRIVATE COMPETITIONS.—Section 3551(2) of title 31, United States Code, is amended to read as follows:

"(2) The term 'interested party'—

"(A) with respect to a contract or a solicitation or other request for offers described in paragraph (1), means an actual or prospective bidder or offeror whose direct economic interest would be affected by the award of the contract or by failure to award the contract; and

"(B) with respect to a public-private competition conducted under Office of Management and Budget Circular A-76 with respect to the performance of an activity or function of a Federal agency, or a decision to convert a function performed by Federal employees to private sector performance without a competition under Office of Management and Budget Circular A-76, includes—

“(i) any official who submitted the agency tender in such competition; and

“(ii) any one individual who, for the purpose of representing the Federal employees engaged in the performance of the activity or function for which the public-private competition is conducted in a protest under this subchapter that relates to such public-private competition, has been designated as the agent of the Federal employees by a majority of such employees.”

(b) EXPEDITED ACTION.—

(1) IN GENERAL.—Subchapter V of chapter 35 of such title is amended by adding at the end the following new section:

“SEC. 3557. EXPEDITED ACTION IN PROTESTS OF PUBLIC-PRIVATE COMPETITIONS.

“For any protest of a public-private competition conducted under Office of Management and Budget Circular A-76 with respect to the performance of an activity or function of a Federal agency, the Comptroller General shall administer the provisions of this subchapter in the manner best suited for expediting the final resolution of the protest and the final action in the public-private competition.”

(2) CLERICAL AMENDMENT.—The chapter analysis at the beginning of such chapter is amended by inserting after the item relating to section 3556 the following new item:

“3557. Expedited action in protests of public-private competitions.”

(c) RIGHT TO INTERVENE IN CIVIL ACTION.—Section 1491(b) of title 28, United States Code, is amended by adding at the end the following new paragraph:

“(5) If an interested party who is a member of the private sector commences an action described in paragraph (1) with respect to a public-private competition conducted under Office of Management and Budget Circular A-76 regarding the performance of an activity or function of a Federal agency, or a decision to convert a function performed by Federal employees to private sector performance without a competition under Office of Management and Budget Circular A-76, then an interested party described in section 3551(2)(B) of title 31 shall be entitled to intervene in that action.”

(d) APPLICABILITY.—Subparagraph (B) of section 3551(2) of title 31, United States Code (as added by subsection (a)), and paragraph (5) of section 1491(b) of title 28, United States Code (as added by subsection (c)), shall apply to—

(1) a protest or civil action that challenges final selection of the source of performance of an activity or function of a Federal agency that is made pursuant to a study initiated under Office of Management and Budget Circular A-76 on or after January 1, 2004; and

(2) any other protest or civil action that relates to a public-private competition initiated under Office of Management and Budget Circular A-76, or to a decision to convert a function performed by Federal employees to private sector performance without a competition under Office of Management and Budget Circular A-76, on or after the date of the enactment of this Act.

SEC. 360. PUBLIC-PRIVATE COMPETITION REQUIRED BEFORE CONVERSION TO CONTRACTOR PERFORMANCE.

(a) IN GENERAL.—The Office of Federal Procurement Policy Act (41 U.S.C. 403 et seq.) is amended by adding at the end the following new section:

“SEC. 43. PUBLIC-PRIVATE COMPETITION REQUIRED BEFORE CONVERSION TO CONTRACTOR PERFORMANCE.

“(a) PUBLIC-PRIVATE COMPETITION.—(1) A function of an executive agency performed by 10 or more agency civilian employees may not be converted, in whole or in part, to performance by a contractor unless the conver-

sion is based on the results of a public-private competition that—

“(A) formally compares the cost of performance of the function by agency civilian employees with the cost of performance by a contractor;

“(B) creates an agency tender, including a most efficient organization plan, in accordance with Office of Management and Budget Circular A-76, as implemented on May 29, 2003, or any successor circular;

“(C) includes the issuance of a solicitation;

“(D) determines whether the submitted offers meet the needs of the executive agency with respect to factors other than cost, including quality, reliability, and timeliness;

“(E) examines the cost of performance of the function by agency civilian employees and the cost of performance of the function by one or more contractors to demonstrate whether converting to performance by a contractor will result in savings to the Government over the life of the contract, including—

“(i) the estimated cost to the Government (based on offers received) for performance of the function by a contractor;

“(ii) the estimated cost to the Government for performance of the function by agency civilian employees; and

“(iii) an estimate of all other costs and expenditures that the Government would incur because of the award of such a contract;

“(F) requires continued performance of the function by agency civilian employees unless the difference in the cost of performance of the function by a contractor compared to the cost of performance of the function by agency civilian employees would, over all performance periods required by the solicitation, be equal to or exceed the lesser of—

“(i) 10 percent of the personnel-related costs for performance of that function in the agency tender; or

“(ii) \$10,000,000; and

“(G) examines the effect of performance of the function by a contractor on the agency mission associated with the performance of the function.

“(2) A function that is performed by the executive agency and is reengineered, reorganized, modernized, upgraded, expanded, or changed to become more efficient, but still essentially provides the same service, shall not be considered a new requirement.

“(3) In no case may a function being performed by executive agency personnel be—

“(A) modified, reorganized, divided, or in any way changed for the purpose of exempting the conversion of the function from the requirements of this section; or

“(B) converted to performance by a contractor to circumvent a civilian personnel ceiling.

“(b) REQUIREMENT TO CONSULT EMPLOYEES.—(1) Each civilian employee of an executive agency responsible for determining under Office of Management and Budget Circular A-76 whether to convert to contractor performance any function of the executive agency—

“(A) shall, at least monthly during the development and preparation of the performance work statement and the management efficiency study used in making that determination, consult with civilian employees who will be affected by that determination and consider the views of such employees on the development and preparation of that statement and that study; and

“(B) may consult with such employees on other matters relating to that determination.

“(2)(A) In the case of employees represented by a labor organization accorded exclusive recognition under section 7111 of title 5, consultation with representatives of that

labor organization shall satisfy the consultation requirement in paragraph (1).

“(B) In the case of employees other than employees referred to in subparagraph (A), consultation with appropriate representatives of those employees shall satisfy the consultation requirement in paragraph (1).

“(C) The head of each executive agency shall prescribe regulations to carry out this subsection. The regulations shall include provisions for the selection or designation of appropriate representatives of employees referred to in paragraph (2)(B) for purposes of consultation required by paragraph (1).

“(c) CONGRESSIONAL NOTIFICATION.—(1) Before commencing a public-private competition under subsection (a), the head of an executive agency shall submit to Congress a report containing the following:

“(A) The function for which such public-private competition is to be conducted.

“(B) The location at which the function is performed by agency civilian employees.

“(C) The number of agency civilian employee positions potentially affected.

“(D) The anticipated length and cost of the public-private competition, and a specific identification of the budgetary line item from which funds will be used to cover the cost of the public-private competition.

“(E) A certification that a proposed performance of the function by a contractor is not a result of a decision by an official of an executive agency to impose predetermined constraints or limitations on such employees in terms of man years, end strengths, full-time equivalent positions, or maximum number of employees.

“(2) The report required under paragraph (1) shall include an examination of the potential economic effect of performance of the function by a contractor on—

“(A) agency civilian employees who would be affected by such a conversion in performance; and

“(B) the local community and the Government, if more than 50 agency civilian employees perform the function.

“(3)(A) A representative individual or entity at a facility where a public-private competition is conducted may submit to the head of the executive agency an objection to the public private competition on the grounds that the report required by paragraph (1) has not been submitted or that the certification required by paragraph (1)(E) is not included in the report submitted as a condition for the public private competition. The objection shall be in writing and shall be submitted within 90 days after the following date:

“(i) In the case of a failure to submit the report when required, the date on which the representative individual or an official of the representative entity authorized to pose the objection first knew or should have known of that failure.

“(ii) In the case of a failure to include the certification in a submitted report, the date on which the report was submitted to Congress.

“(B) If the head of the executive agency determines that the report required by paragraph (1) was not submitted or that the required certification was not included in the submitted report, the function for which the public-private competition was conducted for which the objection was submitted may not be the subject of a solicitation of offers for, or award of, a contract until, respectively, the report is submitted or a report containing the certification in full compliance with the certification requirement is submitted.

“(d) EXEMPTION FOR THE PURCHASE OF PRODUCTS AND SERVICES OF THE BLIND AND OTHER SEVERELY HANDICAPPED PERSONS.—This section shall not apply to a commercial

or industrial type function of an executive agency that—

“(1) is included on the procurement list established pursuant to section 2 of the Javits-Wagner-O’Day Act (41 U.S.C. 47); or

“(2) is planned to be changed to performance by a qualified nonprofit agency for the blind or by a qualified nonprofit agency for other severely handicapped persons in accordance with that Act.

“(e) INAPPLICABILITY DURING WAR OR EMERGENCY.—The provisions of this section shall not apply during war or during a period of national emergency declared by the President or Congress.”.

(b) CLERICAL AMENDMENT.—The table of sections in section 1(b) of such Act is amended by adding at the end the following new item:

“Sec. 43. Public-private competition required before conversion to contractor performance.”.

SEC. 361. PERFORMANCE OF CERTAIN WORK BY FEDERAL GOVERNMENT EMPLOYEES.

(a) GUIDELINES.—

(1) IN GENERAL.—The Under Secretary of Defense for Personnel and Readiness shall prescribe guidelines and procedures for ensuring that consideration is given to using Federal Government employees on a regular basis for new work and work that is performed under Department of Defense contracts and could be performed by Federal Government employees.

(2) CRITERIA.—The guidelines and procedures prescribed under paragraph (1) shall provide for special consideration to be given to contracts that—

(A) have been performed by Federal Government employees at any time on or after October 1, 1980;

(B) are associated with the performance of inherently governmental functions;

(C) have been performed by a contractor pursuant to a contract that was awarded on a noncompetitive basis, either a contract for a function once performed by Federal employees that was awarded without the conduct of a public-private competition or a contract that was last awarded without the conduct of an actual competition between contractors; or

(D) have been performed poorly by a contractor because of excessive costs or inferior quality, as determined by a contracting officer within the last five years.

(3) DEADLINE FOR ISSUANCE OF GUIDELINES.—The Secretary of Defense shall implement the guidelines required under paragraph (1) by not later than 60 days after the date of the enactment of this Act.

(4) ESTABLISHMENT OF CONTRACTOR INVENTORY.—The Secretary of Defense shall establish an inventory of Department of Defense contracts to determine which contracts meet the criteria set forth in paragraph (2).

(b) NEW REQUIREMENTS.—

(1) LIMITATION ON REQUIRING PUBLIC-PRIVATE COMPETITION.—No public-private competition may be required under Office of Management and Budget Circular A-76 or any other provision of law or regulation before the performance of a new requirement by Federal Government employees commences, the performance by Federal Government employees of work pursuant to subparagraphs (B) through (D) of subsection (a)(2) commences, or the scope of an existing activity performed by Federal Government employees is expanded. Office of Management and Budget Circular A-76 shall be revised to ensure that the heads of all Federal agencies give fair consideration to the performance of new requirements by Federal Government employees.

(2) CONSIDERATION OF FEDERAL GOVERNMENT EMPLOYEES.—The Secretary of Defense shall,

to the maximum extent practicable, ensure that Federal Government employees are fairly considered for the performance of new requirements, with special consideration given to new requirements that include functions that—

(A) are similar to functions that have been performed by Federal Government employees at any time on or after October 1, 1980; or

(B) are associated with the performance of inherently governmental functions.

(c) USE OF FLEXIBLE HIRING AUTHORITY.—The Secretary may use the flexible hiring authority available to the Secretary under the National Security Personnel System, as established pursuant to section 9902 of title 5, United States Code, to facilitate the performance by civilian employees of the Department of Defense of functions described in subsection (b).

(d) INSPECTOR GENERAL REPORT.—Not later than 180 days after the enactment of this Act, the Inspector General of the Department of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the compliance of the Secretary of Defense with the requirements of this section.

(e) DEFINITIONS.—In this section:

(1) The term “National Security Personnel System” means the human resources management system established under the authority of section 9902 of title 5, United States Code.

(2) The term “inherently governmental function” has the meaning given that term in section 5 of the Federal Activities Inventory Reform Act of 1998 (Public Law 105-270; 112 Stat. 2384; 31 U.S.C. 501 note).

(f) CONFORMING REPEAL.—The National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163) is amended by striking section 343.

SEC. 362. RESTRICTION ON OFFICE OF MANAGEMENT AND BUDGET INFLUENCE OVER DEPARTMENT OF DEFENSE PUBLIC-PRIVATE COMPETITIONS.

(a) RESTRICTION ON OFFICE OF MANAGEMENT AND BUDGET.—The Office of Management and Budget may not direct or require the Secretary of Defense or the Secretary of a military department to prepare for, undertake, continue, or complete a public-private competition or direct conversion of a Department of Defense function to performance by a contractor under Office of Management and Budget Circular A-76, or any other successor regulation, directive, or policy.

(b) RESTRICTION ON SECRETARY OF DEFENSE.—The Secretary of Defense or the Secretary of a military department may not prepare for, undertake, continue, or complete a public-private competition or direct conversion of a Department of Defense function to performance by a contractor under Office of Management and Budget Circular A-76, or any other successor regulation, directive, or policy by reason of any direction or requirement provided by the Office of Management and Budget.

SEC. 363. PUBLIC-PRIVATE COMPETITION AT END OF PERIOD SPECIFIED IN PERFORMANCE AGREEMENT NOT REQUIRED.

Section 2461(a) of title 10, United States Code, is amended by adding at the end the following new paragraph:

“(4) A military department or defense agency may not be required to conduct a public-private competition under Office of Management and Budget Circular A-76 or any other provision of law at the end of the period specified in the performance agreement entered into in accordance with this section for any function of the Department of Defense performed by Department of Defense civilian employees.”.

SA 2644. Mr. LAUTENBERG submitted an amendment intended to be

proposed to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VI, insert the following:

SEC. ____ . EXPRESSING THE SENSE OF THE SENATE REGARDING THE MEDICARE NATIONAL COVERAGE DETERMINATION ON THE TREATMENT OF ANEMIA IN CANCER PATIENTS.

(a) FINDINGS.—The Senate finds the following:

(1) The Centers for Medicare & Medicaid Services issued a final Medicare National Coverage Determination on the Use of Erythropoiesis Stimulating Agents in Cancer and Related Neoplastic Conditions (CAG-000383N) on July 30, 2007.

(2) Fifty-two United States Senators and 235 Members of the House of Representatives, representing bipartisan majorities in both chambers, have written to the Centers for Medicare & Medicaid Services expressing significant concerns with the proposed National Coverage Determination on the Use of Erythropoiesis Stimulating Agents in Cancer and Related Neoplastic Conditions, issued on May 14, 2007, regarding the use of erythropoiesis stimulating agent therapy for Medicare cancer patients.

(3) Although some improvements have been incorporated into such final National Coverage Determination, the policy continues to raise significant concerns among physicians and patients about the potential impact on the treatment of cancer patients in the United States.

(4) The American Society of Clinical Oncology, the national organization representing physicians who treat patients with cancer, is specifically concerned about a provision in such final National Coverage Determination that restricts coverage whenever a patient’s hemoglobin goes above 10 g/dL.

(5) The American Society of Clinical Oncology has written to the Centers for Medicare & Medicaid Services—

(A) to note that such a “restriction is inconsistent with both the FDA-approved labeling and national guidelines”;

(B) to express deep concerns about such final National Coverage Determination; and

(C) to urge that the Centers for Medicare & Medicaid Services reconsider such restriction.

(6) Such restriction could increase blood transfusions and severely compromise the high quality of cancer care delivered by physicians in United States.

(7) The Centers for Medicare & Medicaid Services has noted that the agency did not address the impact on the blood supply in such final National Coverage Determination and has specifically stated, “[t]he concern about the adequacy of the nation’s blood supply is not a relevant factor for consideration in this national coverage determination”.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) the Centers for Medicare & Medicaid Services should begin an immediate reconsideration of the final National Coverage Determination on the Use of Erythropoiesis Stimulating Agents in Cancer and Related Neoplastic Conditions (CAG-000383N);

(2) the Centers for Medicare & Medicaid Services should consult with members of the clinical oncology community to determine appropriate revisions to such final National Coverage Determination; and

(3) the Centers for Medicare & Medicaid Services should implement appropriate revisions to such final National Coverage Determination as soon as feasible and provide a briefing to Congress in advance of announcing such changes.

SA 2645. Mr. BAUCUS proposed an amendment to amendment SA 2530 proposed by Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, AND MR. HATCH) to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; as follows:

On page 22, lines 3 and 4, strike "paragraph" and insert "subsection".

Beginning on page 53, strike line 15 and all that follows through page 54, line 4 and insert the following:

"(iv) AMOUNT OF FEDERAL MATCHING PAYMENT IN 2011 OR 2012.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2011 or 2012 is equal to—

"(I) the REMAP percentage if—

"(aa) the applicable percentage for the State under clause (iii) was the enhanced FMAP for fiscal year 2009; and

"(bb) the State met either of the coverage benchmarks described in subparagraph (B) or (C) of paragraph (3) for the preceding fiscal year; or

"(II) the Federal medical assistance percentage (as so determined) in the case of any State to which subclause (I) does not apply.

On page 56, line 5, insert "clause (ii) or (iii) of" after "under".

On page 74, lines 15 and 16, strike "13-consecutive week period" and insert "3-month period".

On page 118, strike lines 17 through 21.

Page 120, line 5, strike "section 1902(a)(46)(B)(ii)" and insert "subsection (a)(46)(B)(ii)".

Beginning on page 120, strike line 22 and all that follows through page 121, line 4, and insert the following:

(ii) provides the individual with a period of 90 days from the date on which the notice required under clause (i) is received by the individual to either present satisfactory documentary evidence of citizenship or nationality (as defined in section 1903(x)(3)) or cure the invalid determination with the Commissioner of Social Security; and

On page 130, strike lines 9 and 10, and insert the following:

(1) IN GENERAL.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the amendments made by this section shall take effect on October 1, 2008.

(B) TECHNICAL AMENDMENTS.—The amendments made by—

(i) paragraphs (1), (2), and (3) of subsection (b) shall take effect as if included in the enactment of section 6036 of the Deficit Reduction Act of 2005 (Public Law 109-171; 120 Stat. 80); and

(ii) paragraph (4) of subsection (b) shall take effect as if included in the enactment of section 405 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109-432; 120 Stat. 2996).

On page 142, lines 14 and 15, strike "PREVIOUSLY APPROVED PREMIUM ASSISTANCE" and insert "PREMIUM ASSISTANCE WAIVER".

On page 150, beginning on line 3, strike "issued" and all that follows through line 9 and insert "developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II))."

On page 151, line 14, strike "411(b)(2)(C)" and insert "411(b)(1)(C)".

On page 157, line 1, strike "411(b)(2)(C)" and insert "411(b)(1)(C)".

On page 161, between lines 14 and 15, insert the following:

(VII) health insurance issuers;

On page 165, between lines 2 and 3, insert the following:

(2) AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.—Section 2701(f) of the Public Health Service Act (42 U.S.C. 300gg(f)) is amended by adding at the end the following new paragraph:

"(3) SPECIAL RULES FOR APPLICATION IN CASE OF MEDICAID AND CHIP.—

"(A) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

"(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan (or health insurance coverage) not later than 60 days after the date of termination of such coverage.

"(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan or health insurance coverage, under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan or health insurance coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

"(B) COORDINATION WITH MEDICAID AND CHIP.—

"(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

"(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents. For purposes of compliance with this subclause, the employer may use any State-specific model notice developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II)).

"(II) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF SUMMARY PLAN DESCRIPTION.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of the summary plan description as provided in section 104(b) of the Employee Retirement Income Security Act of 1974.

"(i) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP

ELIGIBLE INDIVIDUALS.—In the case of an enrollee in a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 411(b)(1)(C) of the Children's Health Insurance Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority."

On page 205, line 11, strike "2112(b)(2)(A)(i)" and insert "2111(b)(2)(B)(i)".

SA 2646. Mr. BAUCUS (for himself and Mr. GRASSLEY) proposed an amendment to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; as follows:

Amend the title to read:

A bill to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes.

SA 2647. Mr. DODD (for himself, Mrs. CLINTON, Mr. NELSON of Nebraska, Mrs. DOLE, Mr. GRAHAM, Mr. CHAMBLISS, Mr. LIEBERMAN, Mr. SALAZAR, Mr. MENENDEZ, Mr. REED, Mrs. MURRAY, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. . . . SUPPORT FOR INJURED SERVICEMEMBERS.

(a) SHORT TITLE.—This section may be cited as the "Support for Injured Servicemembers Act".

(b) SERVICEMEMBER FAMILY LEAVE.—

(1) DEFINITIONS.—Section 101 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) is amended by adding at the end the following:

"(14) ACTIVE DUTY.—The term 'active duty' means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code.

"(15) COVERED SERVICEMEMBER.—The term 'covered servicemember' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

“(16) MEDICAL HOLD OR MEDICAL HOLDOVER STATUS.—The term ‘medical hold or medical holdover status’ means—

“(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

“(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member’s unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

“(17) NEXT OF KIN.—The term ‘next of kin’, used with respect to an individual, means the nearest blood relative of that individual.

“(18) SERIOUS INJURY OR ILLNESS.—The term ‘serious injury or illness’, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.”

(2) ENTITLEMENT TO LEAVE.—Section 102(a) of such Act (29 U.S.C. 2612(a)) is amended by adding at the end the following:

“(3) SERVICEMEMBER FAMILY LEAVE.—Subject to section 103, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

“(4) COMBINED LEAVE TOTAL.—During the single 12-month period described in paragraph (3), an eligible employee shall be entitled to a combined total of 26 workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.”

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 102(b) of such Act (29 U.S.C. 2612(b)) is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking “section 103(b)(5)” and inserting “subsection (b)(5) or (f) (as appropriate) of section 103”; and

(II) by inserting “or under subsection (a)(3)” after “subsection (a)(1)”; and

(ii) in paragraph (2), by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(B) SUBSTITUTION OF PAID LEAVE.—Section 102(d) of such Act (29 U.S.C. 2612(d)) is amended—

(i) in paragraph (1)—

(I) by inserting “(or 26 workweeks in the case of leave provided under subsection (a)(3))” after “12 workweeks” the first place it appears; and

(II) by inserting “(or 26 workweeks, as appropriate)” after “12 workweeks” the second place it appears; and

(ii) in paragraph (2)(B), by adding at the end the following: “An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, family leave, or medical or sick leave of the employee for leave provided under subsection (a)(3) for any part of the 26-week period of such leave under such subsection.”

(C) NOTICE.—Section 102(e)(2) of such Act (29 U.S.C. 2612(e)(2)) is amended by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(D) SPOUSES EMPLOYED BY SAME EMPLOYER.—Section 102(f) of such Act (29 U.S.C. 2612(f)) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), and aligning the margins of the subparagraphs with the margins of section 102(e)(2)(A);

(ii) by striking “In any” and inserting the following:

“(1) IN GENERAL.—In any”; and

(iii) by adding at the end the following:

“(2) SERVICEMEMBER FAMILY LEAVE.—

“(A) IN GENERAL.—The aggregate number of workweeks of leave to which both that husband and wife may be entitled under subsection (a) may be limited to 26 workweeks during the single 12-month period described in subsection (a)(3) if the leave is—

“(i) leave under subsection (a)(3); or

“(ii) a combination of leave under subsection (a)(3) and leave described in paragraph (1).

“(B) BOTH LIMITATIONS APPLICABLE.—If the leave taken by the husband and wife includes leave described in paragraph (1), the limitation in paragraph (1) shall apply to the leave described in paragraph (1).”

(E) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

“(f) CERTIFICATION FOR SERVICEMEMBER FAMILY LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.”

(F) FAILURE TO RETURN.—Section 104(c) of such Act (29 U.S.C. 2614(c)) is amended—

(i) in paragraph (2)(B)(i), by inserting “or under section 102(a)(3)” before the semicolon; and

(ii) in paragraph (3)(A)—

(I) in clause (i), by striking “or” at the end;

(II) in clause (ii), by striking the period and inserting “; or”; and

(III) by adding at the end the following:

“(iii) a certification issued by the health care provider of the servicemember being cared for by the employee, in the case of an employee unable to return to work because of a condition specified in section 102(a)(3).”

(G) ENFORCEMENT.—Section 107 of such Act (29 U.S.C. 2617) is amended, in subsection (a)(1)(A)(i)(II), by inserting “(or 26 weeks, in a case involving leave under section 102(a)(3))” after “12 weeks”.

(H) INSTRUCTIONAL EMPLOYEES.—Section 108 of such Act (29 U.S.C. 2618) is amended, in subsections (c)(1), (d)(2), and (d)(3), by inserting “or under section 102(a)(3)” after “section 102(a)(1)”.

(I) SERVICEMEMBER FAMILY LEAVE FOR CIVIL SERVICE EMPLOYEES.—

(1) DEFINITIONS.—Section 6381 of title 5, United States Code, is amended—

(A) in paragraph (5), by striking “and” at the end;

(B) in paragraph (6), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(7) the term ‘active duty’ means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code;

“(8) the term ‘covered servicemember’ means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness;

“(9) the term ‘medical hold or medical holdover status’ means—

“(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

“(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member’s unit while in need of health care based on a medical condi-

tion identified while the member is on active duty in the Armed Forces;

“(10) the term ‘next of kin’, used with respect to an individual, means the nearest blood relative of that individual; and

“(11) the term ‘serious injury or illness’, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.”

(2) ENTITLEMENT TO LEAVE.—Section 6382(a) of such title is amended by adding at the end the following:

“(3) Subject to section 6383, an employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 administrative workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

“(4) During the single 12-month period described in paragraph (3), an employee shall be entitled to a combined total of 26 administrative workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.”

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 6382(b) of such title is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking “section 6383(b)(5)” and inserting “subsection (b)(5) or (f) (as appropriate) of section 6383”; and

(II) by inserting “or under subsection (a)(3)” after “subsection (a)(1)”; and

(ii) in paragraph (2), by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(B) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by adding at the end the following: “An employee may elect to substitute for leave under subsection (a)(3) any of the employee’s accrued or accumulated annual or sick leave under subchapter I for any part of the 26-week period of leave under such subsection.”

(C) NOTICE.—Section 6382(e) of such title is amended by inserting “or under subsection (a)(3)” after “subsection (a)(1)”.

(D) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

“(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.”

SA 2648. Mr. PRYOR (for Mrs. BOXER) proposed an amendment to the bill S. 775, to establish a National Commission on the Infrastructure of the United States; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “National Infrastructure Improvement Act of 2007”.

SEC. 2. DEFINITIONS.

In this Act:

(1) ACQUISITION.—The term “acquisition” includes any necessary activities for siting a facility, equipment, structures, or rolling stock by purchase, lease-purchase, trade, or donation.

(2) COMMISSION.—The term “Commission” means the National Commission on the Infrastructure of the United States established by section 3(a).

(3) CONSTRUCTION.—The term “construction” means—

(A) the design, planning, and erection of new infrastructure;

(B) the expansion of existing infrastructure;

(C) the reconstruction of an infrastructure project at an existing site; and

(D) the installation of initial or replacement infrastructure equipment.

(4) INFRASTRUCTURE.—

(A) **IN GENERAL.**—The term “infrastructure” means a nonmilitary structure or facility, and any equipment and any nonstructural elements associated with such a structure or facility.

(B) **INCLUSIONS.**—The term “infrastructure” includes—

(i) a surface transportation facility (such as a road, bridge, highway, public transportation facility, and freight and passenger rail), as the Commission, in consultation with the National Surface Transportation Policy and Revenue Study Commission established by section 1909(b)(1) of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (Public Law 109-59; 119 Stat. 1471), determines to be appropriate;

(ii) a mass transit facility;

(iii) an airport or airway facility;

(iv) a resource recovery facility;

(v) a water supply and distribution system;

(vi) a wastewater collection, conveyance, or treatment system, and related facilities;

(vii) a stormwater treatment system to manage, reduce, treat, or reuse municipal stormwater;

(viii) waterways, locks, dams, and associated facilities;

(ix) a levee and any related flood damage reduction facility;

(x) a dock or port; and

(xi) a solid waste disposal facility.

(5) **NONSTRUCTURAL ELEMENTS.**—The term “nonstructural elements” includes—

(A) any feature that preserves and restores a natural process, a landform (including a floodplain), a natural vegetated stream side buffer, wetland, or any other topographical feature that can slow, filter, and naturally store storm water runoff and flood waters;

(B) any natural design technique that percolates, filters, stores, evaporates, and detains water close to the source of the water; and

(C) any feature that minimizes or disconnects impervious surfaces to slow runoff or allow precipitation to percolate.

(6) **MAINTENANCE.**—The term “maintenance” means any regularly scheduled activity, such as a routine repair, intended to ensure that infrastructure continues to operate efficiently and as intended.

(7) **REHABILITATION.**—The term “rehabilitation” means an action to extend the useful life or improve the effectiveness of existing infrastructure, including—

(A) the correction of a deficiency;

(B) the modernization or replacement of equipment;

(C) the modernization of, or replacement of parts for, rolling stock relating to infrastructure;

(D) the use of nonstructural elements; and

(E) the removal of infrastructure that is deteriorated or no longer useful.

SEC. 3. ESTABLISHMENT OF COMMISSION.

(a) **ESTABLISHMENT.**—There is established a commission to be known as the “National Commission on the Infrastructure of the United States” to ensure that the infrastructure of the United States—

(1) meets current and future demand;

(2) facilitates economic growth;

(3) is maintained in a manner that ensures public safety; and

(4) is developed or modified in a sustainable manner.

(b) **MEMBERSHIP.**—

(1) **COMPOSITION.**—The Commission shall be composed of 8 members, of whom—

(A) 2 members shall be appointed by the President;

(B) 2 members shall be appointed by the Speaker of the House of Representatives;

(C) 1 member shall be appointed by the minority leader of the House of Representatives;

(D) 2 members shall be appointed by the majority leader of the Senate; and

(E) 1 member shall be appointed by the minority leader of the Senate.

(2) **QUALIFICATIONS.**—Each member of the Commission shall—

(A) have experience in 1 or more of the fields of economics, public administration, civil engineering, public works, construction, and related design professions, planning, public investment financing, environmental engineering, or water resources engineering; and

(B) represent a cross-section of geographical regions of the United States.

(3) **DATE OF APPOINTMENTS.**—The members of the Commission shall be appointed under paragraph (1) not later than 90 days after the enactment of this Act.

(c) **TERM; VACANCIES.**—

(1) **TERM.**—A member shall be appointed for the life of the Commission.

(2) **VACANCIES.**—A vacancy in the Commission—

(A) shall not affect the powers of the Commission; and

(B) shall be filled, not later than 30 days after the date on which the vacancy occurs, in the same manner as the original appointment was made.

(d) **INITIAL MEETING.**—Not later than 30 days after the date on which all members of the Commission have been appointed, the Commission shall hold the initial meeting of the Commission.

(e) **MEETINGS.**—The Commission shall meet at the call of the Chairperson or the request of the majority of the Commission members.

(f) **QUORUM.**—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(g) **CHAIRPERSON AND VICE CHAIRPERSON.**—The Commission shall select a Chairperson and Vice Chairperson from among the members of the Commission.

SEC. 4. DUTIES.

(a) **STUDY.**—

(1) **IN GENERAL.**—Not later than February 15, 2009, the Commission shall complete a study of all matters relating to the state of the infrastructure of the United States.

(2) **MATTERS TO BE STUDIED.**—In carrying out paragraph (1), the Commission shall study matters such as—

(A) the capacity of infrastructure to sustain current and anticipated economic development and competitiveness, including long-term economic growth, including the potential return to the United States economy on investments in new infrastructure as opposed to investments in existing infrastructure;

(B) the age and condition of public infrastructure (including congestion and changes in the condition of that infrastructure as compared with preceding years);

(C) the methods used to finance the construction, acquisition, rehabilitation, and maintenance of infrastructure (including general obligation bonds, tax-credit bonds, revenue bonds, user fees, excise taxes, direct governmental assistance, and private investment);

(D) any trends or innovations in methods used to finance the construction, acquisition, rehabilitation, and maintenance of infrastructure;

(E) investment requirements, by type of infrastructure, that are necessary to maintain the current condition and performance of the infrastructure and the investment needed (adjusted for inflation and expressed in real dollars) to improve infrastructure in the future;

(F) based on the current level of expenditure (calculated as a percentage of total expenditure and in constant dollars) by Federal, State, and local governments—

(i) the projected amount of need the expenditures will meet 5, 15, 30, and 50 years after the date of enactment of this Act; and

(ii) the levels of investment requirements, as identified under subparagraph (E);

(G) any trends or innovations in infrastructure procurement methods;

(H) any trends or innovations in construction methods or materials for infrastructure;

(I) the impact of local development patterns on demand for Federal funding of infrastructure;

(J) the impact of deferred maintenance; and

(K) the collateral impact of deteriorated infrastructure.

(b) **RECOMMENDATIONS.**—The Commission shall develop recommendations—

(1) on a Federal infrastructure plan that will detail national infrastructure program priorities, including alternative methods of meeting national infrastructure investment needs to effectuate balanced economic development;

(2) on infrastructure improvements and methods of delivering and providing for infrastructure facilities;

(3) for analysis or criteria and procedures that may be used by Federal agencies and State and local governments in—

(A) inventorying existing and needed infrastructure improvements;

(B) assessing the condition of infrastructure improvements;

(C) developing uniform criteria and procedures for use in conducting the inventories and assessments; and

(D) maintaining publicly accessible data; and

(4) for proposed guidelines for the uniform reporting, by Federal agencies, of construction, acquisition, rehabilitation, and maintenance data with respect to infrastructure improvements.

(c) **STATEMENT AND RECOMMENDATIONS.**—Not later than February 15, 2010, the Commission shall submit to Congress—

(1) a detailed statement of the findings and conclusions of the Commission; and

(2) the recommendations of the Commission under subsection (b), including recommendations for such legislation and administrative actions for 5-, 15-, 30-, and 50-year time periods as the Commission considers to be appropriate.

SEC. 5. POWERS OF THE COMMISSION.

(a) **HEARINGS.**—The Commission shall hold such hearings, meet and act at such times and places, take such testimony, administer such oaths, and receive such evidence as the Commission considers advisable to carry out this Act.

(b) **INFORMATION FROM FEDERAL AGENCIES.**—

(1) **IN GENERAL.**—The Commission may secure directly from a Federal agency such information as the Commission considers necessary to carry out this Act.

(2) **PROVISION OF INFORMATION.**—On request of the Chairperson of the Commission, the head of the Federal agency shall provide the information to the Commission.

(c) **GIFTS.**—The Commission may accept, use, and dispose of gifts or donations of services or property.

(d) **CONTRACTS.**—The Commission may enter into contracts with other entities, including contracts under which 1 or more entities, with the guidance of the Commission, conduct the study required under section 4(a).

(e) **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.

SEC. 6. COMMISSION PERSONNEL MATTERS.

(a) **COMPENSATION OF MEMBERS.**—A member of the Commission shall serve without pay, but shall be allowed a per diem allowance for travel expenses, at rates authorized for an employee of an agency under subchapter I of chapter 57 of title 5, United States Code, while away from the home or regular place of business of the member in the performance of the duties of the Commission.

(b) **STAFF.**—

(1) **IN GENERAL.**—The Chairperson of the Commission may, without regard to the civil service laws, including regulations, appoint and terminate an executive director and such other additional personnel as are necessary to enable the Commission to perform the duties of the Commission.

(2) **CONFIRMATION OF EXECUTIVE DIRECTOR.**—The employment of an executive director shall be subject to confirmation by a majority of the members of the Commission.

(3) **COMPENSATION.**—

(A) **IN GENERAL.**—Except as provided in subparagraph (B), the Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates.

(B) **MAXIMUM RATE OF PAY.**—In no event shall any employee of the Commission (other than the executive director) receive as compensation an amount in excess of the maximum rate of pay for Executive Level IV under section 5315 of title 5, United States Code.

(c) **DETAIL OF FEDERAL GOVERNMENT EMPLOYEES.**—

(1) **IN GENERAL.**—An employee of the Federal Government may be detailed to the Commission without reimbursement.

(2) **CIVIL SERVICE STATUS.**—The detail of a Federal employee shall be without interruption or loss of civil service status or privilege.

(d) **PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.**—On request of the Commission, the Secretary of the Army, acting through the Chief of Engineers, shall provide, on a reimbursable basis, such office space, supplies, equipment, and other support services to the Commission and staff of the Commission as are necessary for the Commission to carry out the duties of the Commission under this Act.

SEC. 7. REPORTS.

(a) **INTERIM REPORTS.**—Not later than 1 year after the date of the initial meeting of the Commission, the Commission shall submit an interim report containing a detailed summary of the progress of the Commission, including meetings and hearings conducted during the interim period, to—

(1) the President;

(2) the Committees on Transportation and Infrastructure and Natural Resources of the House of Representatives; and

(3) the Committees on Environment and Public Works, Energy and Natural Resources, and Commerce, Science, and Transportation of the Senate.

(b) **FINAL REPORT.**—On termination of the Commission under section 9, the Commission shall submit a final report containing a detailed statement of the findings and conclu-

sions of the Commission and recommendations for legislation and other policies to implement those findings and conclusions, to—

(1) the President;

(2) the Committees on Transportation and Infrastructure and Natural Resources of the House of Representatives; and

(3) the Committees on Environment and Public Works, Energy and Natural Resources, and Commerce, Science, and Transportation of the Senate.

(c) **TRANSPARENCY.**—A report submitted under subsection (a) or (b) shall be made available to the public electronically, in a user-friendly format, including on the Internet.

SEC. 8. FUNDING.

For each of fiscal years 2008 through 2010, upon request by the Commission—

(1) using amounts made available to the Secretary of Transportation from any source or account other than the Highway Trust Fund, the Secretary of Transportation shall transfer to the Commission \$750,000 for use in carrying out this Act;

(2) using amounts from the General Expenses account of the Corps of Engineers (other than amounts in that account made available through the Department of Defense), the Secretary of the Army, acting through the Chief of Engineers, shall transfer to the Commission \$250,000 for use in carrying out this Act; and

(3) the Administrator of the Environmental Protection Agency shall transfer to the Commission \$250,000 for use in carrying out this Act.

SEC. 9. TERMINATION OF COMMISSION.

The Commission shall terminate on September 30, 2010.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. REID. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Thursday, August 2, 2007, at 11:30 a.m. in closed session to receive a briefing on drawdown planning for U.S. forces in Iraq.

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

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. REID. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on August 2, 2007, at 9:30 a.m. in order to conduct a Hearing on the nominations of the Honorable Randall S. Kroszner, of New Jersey, to be a member of the Board of Governors of the Federal Reserve System; Ms. Elizabeth A. Duke, of Virginia, to be a member of the Board of Governors of the Federal Reserve System; and Mr. Larry A. Klane, of the District of Columbia, to be a member of the Board of Governors of the Federal Reserve System.

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

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. REID. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transporta-

tion be authorized to hold a hearing during the session of the Senate on Thursday, August 2, 2007, at 10 a.m., in room 253 of the Russell Senate Office Building. During the Executive Session, Committee members will mark up the following agenda items:

1. S. 781, to extend the authority of the Federal Trade Commission to collect Do-Not-Call Registry fees to fiscal years after fiscal year 2007;

2. S. 602, Child Safe Viewing Act of 2007;

3. S. 1578, Ballast Water Management Act of 2007;

4. S. 1892, Coast Guard Authorization Act of 2007; and

5. Nominations subject to July 31, 2007 Confirmation Hearing. (PN 571) Mr. Ronald Spoechel, to be Chief Financial Officer, National Aeronautics and Space Administration, (PN 522) Mr. William G. Sutton, to be Assistant Secretary of Commerce, U.S. Department of Commerce. (PN 645) Vice Admiral Thomas J. Barrett, to be Deputy Secretary, U.S. Department of Transportation. (PN 656) Mr. Paul R. Brubaker, to be Administrator of the Research and Innovative Technology Administration, U.S. Department of Transportation. (PN 781) Nomination for Promotion in the United States Coast Guard.

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

COMMITTEE ON THE JUDICIARY

Mr. REID. Mr. President, I ask unanimous consent that the Senate Committee on the Judiciary be authorized to meet during the session of the Senate in order to conduct a hearing entitled Preserving Prosecutorial Independence: Is the Department of Justice Politicizing the Hiring and Firing of U.S. Attorneys?—Part VII” on Thursday, August 2, 2007, at 10 a.m. in the Dirksen Senate Office Building room 226.

Witness list

Karl Rove, The White House; J. Scott Jennings, The White House.

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

COMMITTEE ON THE JUDICIARY

Mr. REID. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate in order to conduct a markup on Thursday, August 2, 2007, at 11:30 a.m. in Dirksen room 226.

Agenda

I. Bills: S. School Safety and Law Enforcement Improvements Act, (Chairman's mark); S. 1060, Recidivism Reduction & Second Chance Act of 2007, (Biden, Specter, Brownback, Leahy, Kennedy, Schumer, Whitehouse, Durbin); S. 453, Deceptive Practices and Voter Intimidation Prevention Act of 2007; (Obama, Schumer, Leahy, Cardin, Feingold, Feinstein, Kennedy, Whitehouse); S. 1692, A bill to grant a Federal Charter to Korean War Veterans Association, (Cardin, Isakson,