

to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4031. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4032. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4033. Mr. COBURN (for himself and Mr. DEMINT) submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4034. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4035. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4036. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 4037. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 4019. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 298, after line 25, insert the following:

“SEC. 71. TESTIMONY BY SERVICE EMPLOYEES IN CASES OF RAPE AND SEXUAL ASSAULT.

“(a) APPROVAL BY DIRECTOR.—

“(1) IN GENERAL.—The Director shall approve or disapprove, in writing, any request or subpoena for a sexual assault nurse examiner employed by the Service to provide testimony in a deposition, trial, or other similar proceeding regarding information obtained in carrying out the official duties of the nurse examiner.

“(2) REQUIREMENT.—The Director shall approve a request or subpoena under paragraph (1) if the request or subpoena does not violate the policy of the Department to maintain strict impartiality with respect to private causes of action.

“(3) TREATMENT.—If the Director fails to approve or disapprove a request or subpoena by the date that is 7 days after the date of receipt of the request or subpoena, the request or subpoena shall be considered to be approved for purposes of this subsection.

“(b) POLICIES AND PROTOCOL.—The Director, in coordination with the Director of the Office on Violence Against Women of the Department of Justice, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall develop standardized sexual assault policies and protocol for the facilities of the Service.

SA 4020. Mr. TESTER proposed an amendment to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY,

Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

On page 336, between lines 2 and 3, insert the following:

“SEC. 815. SENSE OF CONGRESS REGARDING LAW ENFORCEMENT AND METHAMPHETAMINE ISSUES IN INDIAN COUNTRY.

“It is the sense of Congress that Congress encourages State, local, and Indian tribal law enforcement agencies to enter into memoranda of agreement between and among those agencies for purposes of streamlining law enforcement activities and maximizing the use of limited resources—

“(1) to improve law enforcement services provided to Indian tribal communities; and

“(2) to increase the effectiveness of measures to address problems relating to methamphetamine use in Indian Country (as defined in section 1151 of title 18, United States Code).

SA 4021. Mr. THUNE submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 347, after line 24, add the following:

SEC. 104. GAO STUDY OF TRIBAL JUSTICE SYSTEMS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct, and submit to Congress a report describing the results of, a study of the tribal justice systems of Indian tribes located in the States of North Dakota and South Dakota.

(b) INCLUSIONS.—The study under subsection (a) shall include, with respect to the tribal system of each Indian tribe described in subsection (a) and the tribal justice system as a whole—

(1)(A) a description of how the tribal justice systems function, or are supposed to function; and

(B) a description of the components of the tribal justice systems, such as tribal trial courts, courts of appeal, applicable tribal law, judges, qualifications of judges, the selection and removal of judges, turnover of judges, the creation of precedent, the recording of precedent, the jurisdictional authority of the tribal court system, and the separation of powers between the tribal court system, the tribal council, and the head of the tribal government;

(2) a review of the origins of the tribal justice systems, such as the development of the systems pursuant to the Act of June 18, 1934 (25 U.S.C. 461 et seq.) (commonly known as the “Indian Reorganization Act”), which promoted tribal constitutions and addressed the tribal court system;

(3) an analysis of the weaknesses of the tribal justice systems, including the adequacy of law enforcement personnel and detention facilities, in particular in relation to crime rates; and

(4) an analysis of the measures that tribal officials suggest could be carried out to improve the tribal justice systems, including an analysis of how Federal law could improve and stabilize the tribal court system.

SA 4022. Mr. GREGG proposed an amendment to amendment SA 3900 proposed by Mr. SANDERS (for himself, Mr. OBAMA, Ms. CANTWELL, Mr. KERRY, Ms. SNOWE, Ms. COLLINS, Mr. SUNUNU, Mr. MENENDEZ, Mr. LEAHY, Mrs. CLINTON, Mr. KENNEDY, and Mr. DURBIN) to the amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

Strike all after line 1 and insert the following:

TITLE III—MISCELLANEOUS

SEC. 301. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM.

(a) IN GENERAL.—There are authorized to be appropriated, and there are appropriated, out of any money in the Treasury not otherwise appropriated—

(1) \$400,000,000 (to remain available until expended) for making payments under subsections (a) through (d) of section 2604 of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623); and

(2) \$400,000,000 (to remain available until expended) for making payments under section 2604(e) of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623(e)), notwithstanding the designation requirement of section 2602(e) of that Act (42 U.S.C. 8621(e)).

(b) RESCISSION.—

(1) IN GENERAL.—Notwithstanding any other provision of law, each discretionary amount provided by the Consolidated Appropriations Act, 2008 (Public Law 110-161; 121 Stat. 1844), excluding the amounts made available for the purposes described in paragraph (2), is reduced by the pro rata percentage required to reduce the total amount provided by that Act by \$800,000,000.

(2) EXCEPTED PURPOSES.—The reduction under paragraph (1) shall not apply to any discretionary amount made available in the Consolidated Appropriations Act, 2008 (Public Law 110-161; 121 Stat. 1844), for purposes of—

(A) the Department of Defense; or

(B) the low-income home energy assistance program established under the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8621 et seq.).

SA 4023. Ms. MIKULSKI (for herself, Mr. COLEMAN, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 397, after line 2, add the following:

SEC. 213. MORATORIUM ON IMPLEMENTATION OF CHANGES TO CASE MANAGEMENT AND TARGETED CASE MANAGEMENT PAYMENT REQUIREMENTS UNDER MEDICAID.

(a) MORATORIUM.—

(1) DELAYED IMPLEMENTATION OF DECEMBER 4, 2007, INTERIM FINAL RULE.—The interim final rule published on December 4, 2007, at pages 68,077 through 68,093 of volume 72 of the Federal Register (relating to parts 431, 440, and 441 of title 42 of the Code of Federal Regulations) shall not take effect before April 1, 2009.

(2) CONTINUATION OF 2007 PAYMENT POLICIES AND PRACTICES.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to April 1, 2009, 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 issuance of a letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for case management and targeted case management services if such action is more restrictive than the administrative action, policy, or practice that applies to coverage of, or payment for, such services under title XIX of the Social Security Act on December 3, 2007. Any such action taken by the Secretary of Health and Human Services during the period that begins on December 4, 2007, and ends on March 31, 2009, that is based in whole or in part on the interim final rule described in subsection (a) is null and void.

(b) INCLUSION OF MEDICARE PROVIDERS AND SUPPLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRATIVE OFFSET PROGRAM.—

(1) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

“(d) INCLUSION OF MEDICARE PROVIDER AND SUPPLIER PAYMENTS IN FEDERAL PAYMENT LEVY PROGRAM.—

“(1) IN GENERAL.—The Centers for Medicare & Medicaid Services shall take all necessary steps to participate in the Federal Payment Levy Program under section 6331(h) of the Internal Revenue Code of 1986 as soon as possible and shall ensure that—

“(A) at least 50 percent of all payments under parts A and B are processed through such program beginning within 1 year after the date of the enactment of this section;

“(B) at least 75 percent of all payments under parts A and B are processed through such program beginning within 2 years after such date; and

“(C) all payments under parts A and B are processed through such program beginning not later than September 30, 2011.

“(2) ASSISTANCE.—The Financial Management Service and the Internal Revenue Service shall provide assistance to the Centers for Medicare & Medicaid Services to ensure that all payments described in paragraph (1) are included in the Federal Payment Levy Program by the deadlines specified in that subsection.”.

(2) APPLICATION OF ADMINISTRATIVE OFFSET PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER PAYMENTS.—Section 3716 of title 31, United States Code, is amended—

(A) by inserting “the Department of Health and Human Services,” after “United States Postal Service,” in subsection (c)(1)(A); and

(B) by adding at the end of subsection (c)(3) the following new subparagraph:

“(D) This section shall apply to payments made after the date which is 90 days after the enactment of this subparagraph (or such earlier date as designated by the Secretary of Health and Human Services) with respect to claims or debts, and to amounts payable, under title XVIII of the Social Security Act.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

SA 4024. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in title VIII of the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“**SEC. 8 . . . SCIENTIFICALLY EFFECTIVE HEALTH PROMOTION SERVICES.**

“Notwithstanding any other provision of this Act, coverage of health promotion services under this Act shall only be for medical or preventive health services or activities—

“(1) for which scientific evidence demonstrates a direct connection to improving health; and

“(2) that are provided in accordance with applicable medical standards of care.

SA 4025. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in title VIII of the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“**SEC. 8 . . . NO RACIAL PREFERENCE IN EMPLOYMENT.**

“Notwithstanding any other provision of this Act, nothing in this Act authorizes any racial preference in employment.

SA 4026. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

Strike paragraph (5) of section 713(b) of the Indian Health Care Improvement Act (as amended by section 101) and insert the following:

“(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated.

At the end of section 713 of the Indian Health Care Improvement Act (as amended by section 101), add the following:

“(d) LIMITATION ON FUNDING.—Treatment shall be provided for a perpetrator pursuant to this section only if the treatment is scientifically demonstrated to reduce the potential of the perpetrator to commit child sexual abuse again, and shall not provide the basis to reduce any applicable criminal punishment or civil liability for that abuse.

SA 4027. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in title VII of the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“**SEC. 7 . . . CRIMINAL CONDUCT.**

“Nothing in this title—

“(1) establishes any defense, not otherwise applicable under law, for any individual accused of any crime, including physical or sexual abuse of children or family violence; or

“(2) preempts or otherwise affects any applicable requirement for—

“(A) reporting of criminal conduct, including for child abuse or family violence; or

“(B) creating any new privilege concerning disclosure.

SA 4028. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 347, after line 24, add the following:

SEC. 104. BLOOD QUANTUM REQUIREMENT FOR FEDERAL RECOGNITION OF INDIAN TRIBES.

Effective beginning on the date of enactment of this Act, in determining whether to extend Federal recognition to an Indian tribe or other Indian group under part 83 of title 25, Code of Federal Regulations (or successor regulations), the Secretary of the Interior shall require that each member of the Indian tribe or group possess a degree of Indian blood of not less than $\frac{1}{512}$.

SA 4029. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 347, after line 24, add the following:

SEC. 104. GAO STUDY OF MEMBERSHIP CRITERIA FOR FEDERALLY RECOGNIZED INDIAN TRIBES.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study of membership criteria for federally recognized Indian tribes, including—

(1) the number of federally recognized Indian tribes in existence on the date on which the study is conducted;

(2) the number of those Indian tribes that use blood quantum as a criterion for membership in the Indian tribe and the importance assigned to that criterion;

(3) the percentage of members of federally recognized Indian tribes that possesses degrees of Indian blood of—

(A) $\frac{1}{4}$;

(B) $\frac{1}{8}$; and

(C) $\frac{1}{16}$; and

(4) the variance in wait times and rationing of health care services within the Service between federally recognized Indian Tribes that use blood quantum as a criterion for membership and those Indian Tribes that do not use blood quantum as such a criterion.

SA 4030. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

Strike section 221 of the Indian Health Care Improvement Act (as amended by section 101) and insert the following:

“**SEC. 221. LICENSING.**

“Nothing in this Act preempts any State requirement regarding licensing of any health care personnel.

SA 4031. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in title VIII of the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“**SEC. 8 . . . GAO ASSESSMENT.**

“Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Comptroller General of the United States shall

conduct, and submit to Congress a report describing the results of, an assessment of—

“(1) the average wait time of patients in the Service;

“(2) the extent of rationing of health care services in the Service;

“(3) the average per capita health care spending on Indians eligible for health care services through the Service;

“(4) the overall health outcomes in Indians, as compared to the overall health outcomes of other residents of the United States;

“(5) patient satisfaction of Indians receiving health care services through the Service;

“(6) the total amount of funds of the Service expended for—

“(A) direct medical care; and

“(B) administrative expenses;

“(7) the health care coverage options available to Indians receiving health care services through the Service;

“(8) the health care services options available to Indians; and

“(9) the health care provider options available to Indians.

SA 4032. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“SEC. ____ . TESTING FOR SEXUALLY TRANSMITTED DISEASES IN CASES OF SEXUAL VIOLENCE.

“The Attorney General shall ensure that, with respect to any Federal criminal action involving a sexual assault, rape, or other incident of sexual violence against an Indian—

“(1)(A) at the request of the victim, a defendant is tested for the human immunodeficiency virus (HIV) and such other sexually transmitted diseases as are requested by the victim not later than 48 hours after the date on which the applicable information or indictment is presented;

“(B) a notification of the test results is provided to the victim or the parent or guardian of the victim and the defendant as soon as practicable after the results are generated; and

“(C) such follow-up tests for HIV and other sexually transmitted diseases are provided as are medically appropriate, with the test results made available in accordance with subparagraph (B); and

“(2) pursuant to section 714(a), HIV and other sexually transmitted disease testing, treatment, and counseling is provided for victims of sexual abuse.

SA 4033. Mr. COBURN (for himself and Mr. DEMINT) submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 336, between lines 13 and 14, insert the following:

“SEC. 817. TRIBAL MEMBER CHOICE DEMONSTRATION PROJECT.

“(a) IN GENERAL.—The Secretary shall establish a demonstration project in not less than 3 Service Areas (chosen by the Secretary for optimal participation) under

which eligible participants shall be provided with a risk-adjusted subsidy for the purchase of qualified health insurance (as defined in subsection (f)) in order to—

“(1) improve Indian access to high quality health care services;

“(2) provide incentives to Indian patients to seek preventive health care services;

“(3) create opportunities for Indians to participate in the health care decision process;

“(4) encourage effective use of health care services by Indians; and

“(5) allow Indians to make health care coverage and delivery decisions and choices.

“(b) ELIGIBLE PARTICIPANT.—

“(1) VOLUNTARY ENROLLMENT FOR 12-MONTH PERIODS.—

“(A) IN GENERAL.—In this section, the term ‘eligible participant’ means an Indian who—

“(i) is a member of a federally-recognized Indian Tribe; and

“(ii) voluntarily agrees to enroll in the project conducted under this section (or in the case of a minor, is voluntarily enrolled on their behalf by a parent or caretaker) for a period of not less than 12 months in lieu of obtaining items or services through any Indian Health Program or any other federally-funded program during any period in which the Indian is enrolled in the project.

“(B) VOLUNTARY EXTENSIONS OF ENROLLMENT.—An eligible participant may voluntarily extend the participant’s enrollment in the project for additional 12-month periods.

“(2) HARDSHIP EXCEPTION.—The Secretary shall specify criteria for permitting an eligible participant to disenroll from the project before the end of any 12-month period of enrollment to prevent undue hardship.

“(c) SUBSIDIES REQUIREMENT.—The average amount of all subsidies provided to eligible participants enrolled in the demonstration project established under this section for each 12-month period during which the project is conducted shall not exceed the amount equal to the average of the per capita expenditures for providing Indians items or services from all Indian Health Programs for the most recent fiscal year for which data is available.

“(d) SPECIAL RULES.—

“(1) TREATMENT.—The amount of a subsidy provided to an eligible participant in the project shall not be counted as income or assets for purposes of determining eligibility for benefits under any Federal public assistance program.

“(2) BUDGET NEUTRALITY.—In conducting the demonstration project under this section, the Secretary shall ensure that the aggregate payments made to carry out the project do not exceed the amount of Federal expenditures which would have been made for the provision of health care items and services to eligible participants if the project had not been implemented.

“(e) DEMONSTRATION PERIOD; REPORTS TO CONGRESS.—

“(1) DEMONSTRATION PERIOD.—

“(A) INITIAL PERIOD.—The demonstration project established under this section shall begin not later than the date that is 1 year after the date of enactment of this section and shall be conducted for a period of 5 years.

“(B) EXTENSIONS.—The Secretary may extend the project for such additional periods as the Secretary determines appropriate, unless the Secretary determines that the project is unsuccessful in achieving the purposes described in subsection (a), taking into account cost-effectiveness, quality of care, and such other criteria as the Secretary may specify.

“(2) PERIODIC REPORTS TO CONGRESS.—During the 5-year period described in paragraph (1), the Secretary shall periodically submit

reports to Congress regarding the progress of demonstration project conducted under this section. Each report shall include information concerning the populations participating in the project, participant satisfaction (determined by indicators of satisfaction with security, affordability, access, choice, and quality) as compared with items and services that the participant would have received from Indian Health Programs, and the impact of the project on access to, and the availability of, high quality health care services for Indians.

“(f) QUALIFIED HEALTH INSURANCE.—

“(1) IN GENERAL.—In this section, the term ‘qualified health insurance’ means insurance which constitutes medical care as defined in section 213(d) of the Internal Revenue Code of 1986 without regard to—

“(A) paragraph (1)(C) thereof, and

“(B) so much of paragraph (1)(D) thereof as relates to qualified long-term care insurance contracts.

“(2) EXCLUSION OF CERTAIN OTHER CONTRACTS.—Such term shall not include insurance if a substantial portion of its benefits are excepted benefits (as defined in section 9832(c) of such Code).”

SA 4034. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 336, between lines 13 and 14, insert the following:

“SEC. 817. TRIBAL MEMBER CHOICE PROGRAM.

“(a) IN GENERAL.—The Secretary shall establish a program in geographically feasible Service Areas (as determined by the Secretary, taking into account those Service Areas that are likely to have optimal participation) under which eligible participants shall be provided with a risk-adjusted subsidy for the purchase of qualified health insurance (as defined in subsection (f)) in order to—

“(1) improve Indian access to high quality health care services;

“(2) provide incentives to Indian patients to seek preventive health care services;

“(3) create opportunities for Indians to participate in the health care decision process;

“(4) encourage effective use of health care services by Indians; and

“(5) allow Indians to make health care coverage and delivery decisions and choices.

“(b) ELIGIBLE PARTICIPANT.—

“(1) VOLUNTARY ENROLLMENT FOR 12-MONTH PERIODS.—

“(A) IN GENERAL.—In this section, the term ‘eligible participant’ means an Indian who—

“(i) is a member of a federally-recognized Indian Tribe; and

“(ii) voluntarily agrees to enroll in the program conducted under this section (or in the case of a minor, is voluntarily enrolled on their behalf by a parent or caretaker) for a period of not less than 12 months in lieu of obtaining items or services through any Indian Health Program or any other federally-funded program during any period in which the Indian is enrolled in the program.

“(B) VOLUNTARY EXTENSIONS OF ENROLLMENT.—An eligible participant may voluntarily extend the participant’s enrollment in the program for additional 12-month periods.

“(2) HARDSHIP EXCEPTION.—The Secretary shall specify criteria for permitting an eligible participant to disenroll from the program

before the end of any 12-month period of enrollment to prevent undue hardship.

“(C) SUBSIDIES REQUIREMENT.—The average amount of all subsidies provided to eligible participants enrolled in the program established under this section for each 12-month period during which the program is conducted shall not exceed the amount equal to the average of the per capita expenditures for providing Indians items or services from all Indian Health Programs for the most recent fiscal year for which data is available.

“(d) SPECIAL RULES.—

“(1) TREATMENT.—The amount of a subsidy provided to an eligible participant in the program shall not be counted as income or assets for purposes of determining eligibility for benefits under any Federal public assistance program.

“(2) BUDGET NEUTRALITY.—In conducting the program under this section, the Secretary shall ensure that the aggregate payments made to carry out the program do not exceed the amount of Federal expenditures which would have been made for the provision of health care items and services to eligible participants if the program had not been implemented.

“(e) IMPLEMENTATION; REPORTS TO CONGRESS.—

“(1) IMPLEMENTATION.—

“(A) INITIAL PERIOD.—The program established under this section shall begin not later than the date that is 1 year after the date of enactment of this section and shall be conducted for a period of at least 5 years.

“(B) EXTENSIONS.—The Secretary may extend the program for such additional periods as the Secretary determines appropriate, unless the Secretary determines that the program is unsuccessful in achieving the purposes described in subsection (a), taking into account cost-effectiveness, quality of care, and such other criteria as the Secretary may specify.

“(2) REPORTS TO CONGRESS.—During the initial 5-year period in which the program is conducted, and during any period thereafter in which the program is extended, the Secretary shall periodically submit reports to Congress regarding the progress of program. Each report shall include information concerning the populations participating in the program, participant satisfaction (determined by indicators of satisfaction with security, affordability, access, choice, and quality) as compared with items and services that the participant would have received from Indian Health Programs, and the impact of the program on access to, and the availability of, high quality health care services for Indians.

“(f) QUALIFIED HEALTH INSURANCE.—

“(1) IN GENERAL.—In this section, the term ‘qualified health insurance’ means insurance which constitutes medical care as defined in section 213(d) of the Internal Revenue Code of 1986 without regard to—

“(A) paragraph (1)(C) thereof, and

“(B) so much of paragraph (1)(D) thereof as relates to qualified long-term care insurance contracts.

“(2) EXCLUSION OF CERTAIN OTHER CONTRACTS.—Such term shall not include insurance if a substantial portion of its benefits are excepted benefits (as defined in section 9832(c) of such Code).”.

SA 4035. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the appropriate place in title VIII of the Indian Health Care Improvement Act (as amended by section 101), insert the following:

“SEC. 8 . REQUIREMENT.

“Not less than 85 percent of amounts made available to carry out this Act shall be used to provide the medical services authorized by this Act.

SA 4036. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 121, strike line 15 and insert the following:

“(C) PRIORITIZATION.—Before providing any hospice care, assisted living service, long-term care service, or home- or community-based service pursuant to this section, the Secretary shall give priority to the provision of basic medical services to Indians.

“(d) DEFINITIONS.—For the purposes of this section,

SA 4037. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

On page 121, strike line 15 and insert the following:

“(c) EFFECTIVE DATE.—

“(1) EFFECTIVE DATE.—This section takes effect on the date on which the Secretary makes the certification described in paragraph (2).

“(2) CERTIFICATION.—The certification referred to in paragraph (1) is a certification by the Secretary to Congress that—

“(A) the service availability, rationing, and wait times for existing health services within the Service are—

“(i) acceptable to Indians; and

“(ii) comparable to the service availability and wait times experienced by other residents of the United States; and

“(B) the provision of services under this section will not divert resources from or negatively affect the provision of basic medical and dental services by the Service.

“(d) DEFINITIONS.—For the purposes of this section,

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before Committee on Energy and Natural Resources Subcommittee on Public Lands and Forests.

The hearing will be held on February 27, 2008, at 2:30 p.m. in room SD-366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on the following bills: S. 832, to provide for the sale of approximately 25 acres of public land to the Turnabout Ranch, Escalante, Utah, at fair market value; S. 2229, to withdraw certain Federal land in the Wyoming Range from leasing and provide an opportunity to retire certain leases in the Wyoming Range; S. 2379, to authorize the Secretary of the Interior to cancel certain grazing leases on land in Cascade-Siskiyou National Monument that are voluntarily waived by the lessees, to provide for the exchange of cer-

tain Monument land in exchange for private land, to designate certain Monument land as wilderness, and for other purposes; S. 2508 and H.R. 903, to provide for a study of options for protecting the open space characteristics of certain lands in and adjacent to the Arapaho and Roosevelt National Forests in Colorado, and for other purposes; S. 2601 and H.R. 1285, to provide for the conveyance of a parcel of National Forest System land in Kittitas County, Washington, to facilitate the construction of a new fire and rescue station, and for other purposes; H.R. 523, to require the Secretary of the Interior to convey certain public land located wholly or partially within the boundaries of the Wells Hydroelectric Project of Public Utility District No. 1 of Douglas County, Washington, to the utility district; H.R. 838, to provide for the conveyance of the Bureau of Land Management parcels known as the White Acre and Gambel Oak properties and related real property to Park City, Utah, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by e-mail to rachel_pasternack@energy.senate.gov.

For further information, please contact Kira Finkler at (202) 224-5523 or Rachel Pasternack at (202) 224-0883.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, February 13, 2008, at 9:30 a.m., in open session in order to receive testimony on improvements implemented and planned by the Department of Defense and the Department of Veterans Affairs for the care, management, and transition of wounded and ill servicemembers.

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

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. KENNEDY. 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 February 13, 2008, at 10 a.m., in order to conduct a mark up of an original bill entitled ‘Industrial Bank Holding Company Act of 2008’.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during