a degree of disability of 10 percent or more, generally, within one year of separation from service, and for active tuberculosis or Hansen's disease if manifested to a degree of disability of 10 percent or more within three years of separation from service.

In 1962, Public Law 87–645 extended the period of time after separation from service that a diagnosis of multiple sclerosis may be presumed to be service-connected from three to seven years for veterans with wartime service.

Senate Bill

Section 806 of S. 1315, as amended, would require VA to enter into a contract with the IOM to conduct a comprehensive epidemiological study to identify any increased risk of developing multiple sclerosis, and other diagnosed neurological diseases, as a result of service in the Southwest Asia theater of operations or in the Post 9/11 Global Operations theaters. The Southwest Asia theater of operations is defined in section 3.3317 of title 38, Code of Federal Regulations. The Post 9/11 Global Operations theater is defined as Afghanistan, Iraq, or any other theater for which the Global War on Terrorism Expeditionary Medal is awarded for service.

The mandated study would examine the incidence and prevalence of diagnosed neurological diseases, including multiple sclerosis, Parkinson's disease, and brain cancers, as well as central nervous abnormalities, in members of the Armed Forces who served during the Persian Gulf War period and Post–9/11 Global Operations period. The study would also collect information on possible risk factors, such as exposure to pesticides and other toxic substances. IOM would be required to submit a final report to VA and the appropriate committees of Congress by December 31, 2012.

House Bill

The House Bills contain no comparable provision.

Compromise Agreement

Section 804 of the Compromise Agreement generally follows the Senate language.

TERMINATION OR SUSPENSION OF CONTRACTS FOR CELLULAR TELEPHONE SERVICE FOR CERTAIN SERVICEMEMBERS

Current Law

The Servicemembers Civil Relief Act (SCRA), currently found in the appendix to title 50, beginning at section 501, is intended to provide for the temporary suspension of judicial and administrative proceedings and transactions that may adversely affect the civil rights of servicemembers during their military service. Title III of the SCRA extends the right to terminate real property leases to active duty servicemembers on deployment orders of at least 90 days. It also allows for the termination of automobile leases for use by servicemembers and their dependents on military orders outside the continental United States for a period of 180 days or more.

Senate Bill

Section 804 of S. 1315, as amended, would expand the SCRA to allow for the termination or suspension, upon request, of the cellular telephone contracts of servicemembers deployed outside the United States.

House Bill

Section 4 of H.R. 6225, as amended, would extend the SCRA protections to enable servicemembers with deployment orders to terminate or suspend service contracts without fee or penalty for such services as cellular phones, utilities, cable television, or internet access.

Compromise Agreement

Section 805 of the Compromise Agreement generally follows the Senate language, except that it also includes a provision allowing servicemembers to suspend or terminate cellular phone contracts if they receive orders for a permanent change of duty station.

CONTRACTING GOALS AND PREFERENCES FOR VETERAN-OWNED SMALL BUSINESS CONCERNS

Current Law

Section 502 and 503 of Public Law 109–461, the Veterans Benefits, Health Care, and Information Technology Act of 2006, require VA to provide certain contracting preferences to small businesses owned by veterans and service-disabled veterans.

House Bill

Section 2 of H.R. 6221, as amended, would amend section 8127 of title 38 to require the Secretary to include in each contract the Secretary enters with an agent acting on VA's behalf for the acquisition of goods and services a provision that requires the agent to comply with the contracting goals and preferences for small business concerns owned or controlled by veterans set forth in sections 502 and 503 of Public Law 109–461.

Senate Bill

The Senate Bills contain no comparable provision.

Compromise Agreement

Section 806 of the Compromise Agreement generally follows the House language except that it would apply, to the maximum extent feasible, only to contracts entered into after December 31, 2008.

PENALTIES FOR VIOLATION OF INTEREST RATE LIMITATION UNDER SERVICEMEMBERS CIVIL RELIEF ACT

Current Law

The SCRA provides that penalties under title 18 may be imposed against anyone who knowingly takes part in or attempts to violate certain applicable protections.

House Bill

Section 5 of H.R. 6225 would amend section 207 of the SCRA by placing a fine of $5,000 and $10,000 on any individual or organization, respectively, who knowingly violates certain SCRA rights of a servicemember. It would further provide for attorney fees and treble damages in certain cases.

Senate Bill

The Senate Bills contain no comparable provision.

Compromise Agreement

Section 807 of the Compromise Agreement follows the House language to add penalties in section 207 of the SCRA.

FIVE-YEAR EXTENSION OF SUNSET PROVISION FOR ADVISORY COMMITTEE ON MINORITY VETERANS

Current Law

Section 544 of title 38 required the Secretary to establish an Advisory Committee on Minority Veterans. Under section 544(e) of title 38, the Committee will cease to exist on December 31, 2009.

House Bill

Section 1 of H.R. 674 would repeal the sunset date on the Advisory Committee on Minority Veterans.

Senate Bill

The Senate Bills contain no comparable provision.

Compromise Agreement

Section 808 of the Compromise Agreement would extend the sunset date on the Advisory Committee on Minority Veterans for five years from the current date of expiration, until December 31, 2014.

AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO ADVERTISE TO PROMOTE AWARENESS OF BENEFITS UNDER LAWS ADMINISTERED BY THE SECRETARY

Current Law

The Anti-Deficiency Act, section 1341 of title 5, prohibits the use of appropriated funds for publicity or propaganda purposes. Section 404 of Public Law 110–161, the Consolidated Appropriations Act of 2008, reinforced this prohibition stating:

No part of any funds appropriated in this Act shall be used by an agency of the executive branch, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, and for the preparation, distribution or use of any kit, pamphlet, booklet, publication, radio, television, or film presentation designed to support or defeat legislation pending before Congress, except in presentation to Congress itself.

Although executive branch departments and agencies are prohibited from using appropriated funds to engage in ''publicity or propaganda,'' there is no such prohibition against disseminating information about current benefits, policies, and activities. Military recruiting advertising campaigns are a primary example of an acceptable use of appropriated funds.

House Bill

Section 2 of H.R. 3681 would add a new section 532 to title 38 authorizing the Secretary to advertise in national media to promote awareness of benefits under laws administered by the Secretary.

Senate Bill

The Senate Bills contain no comparable provision.

Compromise Agreement

Section 809 of the Compromise Agreement follows the House language.

MEMORIAL HEADSTONES AND MARKERS FOR DECEASED REMARRIED SURVIVING SPOUSES OF VETERANS

Current Law

Section 2306(b)(4)(B) of title 38 authorizes VA to furnish an appropriate memorial headstone or marker to commemorate eligible individuals whose remains are unavailable. Individuals currently eligible for memorial headstones or markers include a veteran's surviving spouse, which is defined to include ''an unremarried surviving spouse whose subsequent remarriage was terminated by death or divorce.'' Thus, a surviving spouse who remarried after the veteran's death is not eligible for a memorial headstone or marker unless the remarriage was terminated by death or divorce before the surviving spouse died. However, a surviving spouse who remarried after the veteran's death is eligible for burial in a VA national cemetery without regard to whether any subsequent remarriage ended.

Senate Bill

Section 602 of S. 3023, as amended, would extend eligibility for memorial headstones or markers to a deceased veteran's remarried surviving spouse, without regard to whether any subsequent remarriage ended.

House Bill

The House Bills contain no comparable provision.

Compromise Agreement

Section 810 of the Compromise Agreement follows the Senate language.

OBJECTION TO DISCHARGE

Mr. GRASSLEY. Mr. President, as the ranking Republican of the Finance

Committee acting on behalf of a number of Republicans on the Finance Committee, I am objecting to discharging S. 3656 from the committee. While there are several provisions in the bill I personally strongly support, there are many problems in this bill and questions that have been raised about this bill. In addition, this bill has not come before the committee and the issues it addresses have not had the benefit of hearings or any committee action. As a result, I cannot support this bill being discharged from the committee at this time.

One of the provisions in S. 3656 that I personally support would delay implementing provisions of a CMS proposed rule that would change conditions of participation for rural health clinics and decertify clinics that are no longer in nonurbanized areas. The provision would also delay the proposed changes to the existing payment methodology for rural health clinics and Federally qualified health centers.

The CMS proposed rule would impose new location requirements for RHCs and require that clinics be located in a nonurbanized area, as defined by the U.S. Census Bureau, as well as meet shortage area designation requirements. Only new RHCs applying for the program are currently required to meet these criteria, but the CMS proposal would extend these requirements to already certified RHCs. According to CMS, about 500 of the approximately 3,700 RHCs operating today may not meet these requirements. Rural clinics in Iowa and elsewhere could also be severely impacted by the CMS proposed payment changes since RHC costs in Iowa and other States are already higher than the existing Medicare reimbursement cap.

Iowa is currently in the throes of a growing shortage of physicians, especially in the more rural areas of the State, due to inequitable geographic adjustments in physician payment that result in Iowa physicians receiving some of the lowest Medicare payments in the country even though they provide some of the highest quality care. These geographic payment disparities, which discriminate against rural areas, have further exacerbated the problems of access to care for beneficiaries in rural areas.

The CMS proposed rule could have a severe adverse impact on a number of rural health clinics in Iowa, including many located in counties that have been declared disaster areas from the severe flooding Iowa suffered earlier this year. If the CMS rule is finalized as proposed, rural health clinics in Iowa and elsewhere may be forced to close their doors, even though they have served rural populations very well for many years, leaving Iowa with fewer physicians and some patients with little access to primary care and other critical medical services.

As you can see, these provisions for rural health centers are important, which makes it all the more disappointing that my friends on the other side of the aisle did not work together with us to develop a bipartisan bill and that the committee is not in a position at this time to consider these important issues properly. I am very pleased, however, that a key issue for rural health centers in the proposal has already been addressed through a provision that was included in the Health Care Safety Net Act. That provision changes the CMS certification period for shortage area designations from 3 to 4 years in order to align the CMS certification period for shortage area designations with the Health Resources and Services Administration's, HRSA's, designation review period. I want to thank Senators ORRIN HATCH, PAT ROBERTS, GORDON SMITH, TOM HARKIN, RON WYDEN, KENT CONRAD, and JOHN BARASSO for championing the resolution of this important issue and Senator MAX BAUCUS for working together with me to facilitate its inclusion in the Health Care Safety Net Act. And, of course, I want to again thank Senators KENNEDY and ENZI for working with us on this issue. Thanks to this bipartisan collaborative effort, that bill with the RHC provision in it has now passed both Chambers and is on its way to being signed into law.

Another provision in S. 3656 would prevent the application of a CMS policy to phase out a payment adjustment for indirect medical education, IME, under the Medicare capital Inpatient Prospective Payment System, IPPS. Currently, teaching hospitals receive this upward payment adjustment under the capital IPPS. CMS announced in the fiscal year 2008 Medicare Hospital IPPS final rule that they would begin to phase out the IME adjustment for capital IPPS in fiscal year 2009.

As the former chair and currently the ranking member of the Senate Finance Committee, it has long been one of my priorities to ensure Medicare payments are both accurate and equitable. I question whether this proposed change to IME payments would further this goal, which many of us share.

The appropriateness of the IME capital IPPS adjustment has been analyzed extensively not only by CMS, but also by the Medicare Payment Advisory Commission, MedPAC, which advises Congress on Medicare payment issues. CMS has documented relatively high and continued positive margins for teaching hospitals under the capital IPPS compared to nonteaching hospitals. In fact, from 1998 through 2006, teaching hospitals had an aggregate positive capital IPPS margin of 11.2 percent while nonteaching hospitals had an aggregate capital IPPS margin of −0.8 percent. Based on those figures, it leaves open the question of whether the proposed change to IME payments is not justified. Certainly this is something the Finance Committee should explore further.

S. 3656 also proposes to establish a moratorium on a CMS rule regarding Medicaid payments for hospital outpatient services. Earlier this year, Congress placed moratoriums on 6 other proposed Medicaid regulations. Just as I opposed those moratoriums, I strongly oppose this one as well. The Finance Committee has not held the first hearing as to why a delay in this regulation is justified. The Finance Committee has not considered whether payments currently being made by some states to hospitals for outpatient services are being made consistent with the statutory rules governing the upper payment limit. The CMS regulation in question was intended to clarify what payments from States to hospitals are allowable. We should not simply place a moratorium on this regulation without the committee properly investigating the issue first. Medicaid is a critical program for children, pregnant women, the disabled, and the elderly. We have a responsibility to the people who depend on the program to make sure that funds are being appropriately spent. Placing a moratorium on these regulations without fully exploring these issues in the committee first is not consistent with that responsibility.

This bill also would intervene in a dispute between CMS and the State of California. The State of California has been seeking approval of an extension of their family planning waiver for 6 years. For 6 years, CMS has been urging California to improve their collection of Social Security numbers and citizenship documentation for women enrolled in the program. Given the concerns that have been raised about noncitizens receiving benefits to which they are not entitled, this provision raises a number of serious concerns. This bill would essentially require CMS to approve of the extension of California's waiver without requiring California to fulfill their obligation to improve their process of ensuring that people who receive benefits are actually eligible for those benefits.

In addition, this bill does nothing to assist ''tweener hospitals,'' which are hospitals that are too large to be critical access hospitals but too small to be financially viable under Medicare's prospective payment systems. I consider this to be a high priority because so many seniors in Iowa rely on these tweener hospitals for vitally needed health care services in rural areas of our State. If the Senate is going to consider Medicare legislation that is along the size and scope of the provisions proposed in S. 3656, including provisions to address the problems tweener hospitals face is a must.

I understand that legislation is often the art of compromise. We can't always get everything we want in every bill and keep everything we dislike out. It is a balance. This bill is currently pending before the Finance Committee, and it raises significant issues of Medicare and Medicaid payment policies. The Finance Committee has not held hearings on these issues nor has it given these important issues proper consideration. Without allowing the

committee process to work, this bill has not been subject to the rigorous analysis and debate that the legislative process should require to avoid unintended consequences and poor decision-making. This process should be permitted to take place before legislation of this magnitude is sent to the full Senate. That is the committee's role and it is an important one.

If the full Senate were to routinely bypass the Finance Committee and consider major Medicare bills like this one that have not been processed by the members of the committee, then nothing would prevent the Senate from legislating on other Medicare and Medicaid issues without the benefit of hearings or committee action. Occasionally, the committee does process extensions of current law and smaller, generally technical bills through a more informal committee process, but it is a committee process nonetheless. If the committee is routinely bypassed entirely and not allowed to perform its vital role in the legislative process, it would be almost impossible to cope with the number and assortment of Medicare, Medicaid, and other issues that would come directly to the Senate floor in bills like S. 3656. To avoid that result is why the Senate has committees in the first place.

Just an initial review of this legislation today produces more questions than answers and many obvious and serious concerns. It is disappointing that some of the important provisions in this bill, like the rural health center provisions and IME policy, are packaged into a bill that has not been presented in a timely way or brought before the committee for appropriate consideration, debate, and amendment. Just a quick review of this bill today quickly reveals, in any case, that both in terms of process and policy, this bill does not sufficiently achieve a balance I think is necessary, and I must, on behalf of myself and other members of the committee, object to discharging S. 3656 from committee for consideration by the full Senate.

NUCLEAR POWER

Ms. MURKOWSKI. Mr. President, I don't want to repeat what has already been said by Senator VOINOVICH recently, but I do want to explain why I am cosponsoring legislation designed to tackle in a comprehensive way the biggest issue still outstanding in our efforts to revitalize nuclear power for this Nation, that being how we handle the waste.

I also want to talk about the retirement of the ranking member of the Senate Energy Committee, Senator PETE DOMENICI, who I will so deeply miss in the future.

Concerning the nuclear bill, I am cosponsoring the U.S. Nuclear Fuel Management Corporation Establishment Act that has been crafted by Senator VOINOVICH, with Senator SESSIONS and a number of other Senators, and I have already cosponsored the SMART Act, which was crafted by the ranking member of the Energy Committee, Senator DOMENICI, and cosponsored by Senator SESSIONS and others, since the two bills work together to set up the policy and the management structure to improve how we handle the waste that nuclear powerplants generate.

While it is obviously too late in this session of Congress for either bill to advance, I want to say that I am certainly intending to help reintroduce both bills next year and in working next session to merge them into a comprehensive plan to recycle and then properly store the remaining waste that results from nuclear power production.

I am interested in working on these bills because I care about reducing greenhouse gases. And nuclear power is the best proven technology to produce power for this country without producing any carbon emissions. For anyone serious about tackling carbon emissions, finding a way to grow the next generation of nuclear power is vital.

Today nuclear energy provides about 20 percent of the Nation's electricity. As Senator VOINOVICH may have mentioned those 104 operating powerplants save America from producing about 681 million metric tons a year of carbon dioxide. If we are going to deal with global warming, we must find a way not just to keep nuclear power going, but also growing to help meet this Nation's growing thirst for electricity.

I was in France in late June and toured the French nuclear waste recycling facilities at LaHague. Recycling allows you to gain twice as much nuclear power from a given amount of uranium ore. More importantly, it cuts substantially the amount and the half-life, and in some cases, the toxicity of the waste that you later have to store. That is important for the environment.

In these two bills, the Nuclear Fuel Management Corp. will set up a Government corporation to take authority to manage spent nuclear fuel and provide both interim storage, the development of geologic repositories, such as the Yucca Mountain facility currently under consideration, and also to handle the construction and operation of any reprocessing and fuel fabrication facilities.

The SMART bill is designed to further the process of siting and advancing the construction of up to two reprocessing plants, since it would help to encourage cities in this country to welcome such plants. These bills, perhaps pared with one introduced last year to remove some potential regulatory hurdles to construction and opening of a Yucca Mountain repository, would effectively amount to a comprehensive solution to the waste issue. They would be the final pieces to the puzzle. That is the case because of the efforts of Senator PETE DOMENICI.

PETE DOMENICI

Ms. MURKOWSKI. Mr. President, at the risk of embarrassing him, I want to take a moment to say how vital Senator DOMENICI has been in solving most of the nuclear puzzle. He really led the rebirth of the nuclear industry and I want to say how much I will miss him since he has been a prime mover in the effort to bring about a new nuclear age in this country.

As most of you know Senator DOMENICI has served 36 years in the Senate. But some of you may not know that he gave up a promising career in baseball to become a public servant. He started playing when he was 10, eventually pitching for a minor league team called the Albuquerque Dukes. But he left baseball to become a math and science teacher at Garfield Junior High in his native State of New Mexico, later went onto law school and ran for the U.S. Senate in 1972. And he's been here ever since.

About a dozen years ago the Senator realized that this Nation desperately needed a new source of electricity. He realized that there are higher uses for high-priced natural gas than to burn it for power generation, and that until carbon capture and storage can be perfected and widely practiced that the expansion of coal-fired power might have environmental drawbacks. So he crafted the forerunner of policies that today make up the Nuclear Power 2010 program, which is designed to have the Government partner with industry to approve the design and speed the licensing of the next generation of power plants that absolutely preclude the type of radiation accident that happened three decades ago at Three Mile Island.

He has been the sponsor of the loan guarantees, the architect of reauthorizing a responsible liability program and the person most responsible for harnessing the research capacities of America to breathe life into the research and nuclear construction sectors. One news outlet called him ''the nuclear renaissance man.'' And he is recognized by all as the driving force behind the industry's resurgence.

But he has done so much more. His work on the Energy Policy Act of 2005 and on last year's Energy Independence and Security Act were landmarks in bipartisan legislating. He helped renewable and alternative energy, from wind and solar to biomass, and especially biofuels to develop, helping create Clean Renewable Energy Bonds to pay for the construction of renewable energy plants. During the bills he refereed more policy disputes and generated more compromises than I have time to mention.

But he also was the sponsor of so much other landmark legislation during his storied career. One bill finally passed the Senate earlier this week to require parity for mental health treatment benefits. As Senate budget chairman, he helped set up the Nation's budgeting system, which was still