

recognition and celebration of the establishment of the Medal of Honor in 1861, America's highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States, to honor the American military men and women who have been recipients of the Medal of Honor, and to promote awareness of what the Medal of Honor represents and how ordinary Americans, through courage, sacrifice, selfless service and patriotism, can challenge fate and change the course of history.

S. 967

At the request of Mr. BINGAMAN, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 967, a bill to amend the Energy Policy and Conservation Act to create a petroleum product reserve, and for other purposes.

S. 969

At the request of Mr. KERRY, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 969, a bill to amend the Public Health Service Act to ensure fairness in the coverage of women in the individual health insurance market.

S. 981

At the request of Mr. REID, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 981, a bill to support research and public awareness activities with respect to inflammatory bowel disease, and for other purposes.

S. 982

At the request of Mr. TESTER, his name was added as a cosponsor of S. 982, a bill to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products.

At the request of Mr. CARDIN, his name was added as a cosponsor of S. 982, *supra*.

S. 987

At the request of Mr. DURBIN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 987, a bill to protect girls in developing countries through the prevention of child marriage, and for other purposes.

S.J. RES. 15

At the request of Mr. VITTER, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S.J. Res. 15, a joint resolution proposing an amendment to the Constitution of the United States authorizing the Congress to prohibit the physical desecration of the flag of the United States.

S. RES. 122

At the request of Mr. UDALL of New Mexico, his name was withdrawn as a cosponsor of S. Res. 122, a resolution designating April 30, 2009, as "Dia de los Ninos: Celebrating Young Americans", and for other purposes.

At the request of Mr. AKAKA, the name of the Senator from Colorado (Mr. UDALL) was added as a cosponsor of S. Res. 122, *supra*.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. LINCOLN (for herself and Ms. SNOWE):

S. 997. A bill to amend the Internal Revenue Code of 1986 to provide income tax relief for families, and for other purposes; to the Committee on Finance.

Mrs. LINCOLN. Mr. President, I rise to highlight the greatest resource of Arkansas. It is our people. It is the working families and the small businesses in their valiant fight against the current economic crisis.

It is more important than ever before to give working families and businesses the tools they need to succeed in this world, to be competitive in the global marketplace and, more importantly, to be able to be successful on their own land. Hard work and entrepreneurship have fueled the Arkansas small business economy for decades, and we must ensure it remains that way in the future.

That is why I have designed a package of tax cuts and Tax Code simplification measures that I call the Arkansas Plan, to help move our State and hard-working families forward. Together, these tax measures will allow working families and small businesses to get ahead and emerge from this economic crisis stronger and more competitive than ever before. These measures will encourage innovation and entrepreneurship, create new jobs, and lessen our dependence on foreign oil; as well as reduce the burden on working families and small businesses by simplifying our ever-complicated Tax Code.

This week, I am focused on measures that will allow working families and small businesses to emerge from the economic crisis stronger and more competitive. I have reintroduced the Small Business Health Options Program, which would make health insurance more affordable, predictable, and accessible for small businesses and self-employed individuals. Our SHOP bill offers tax incentives to encourage States to reform the poorly functioning small group insurance market and encourages the development of State purchasing pools backstopped by a voluntary nationwide pool.

The majority of uninsured Americans are self-employed individuals and employees of small businesses. Small businesses are the No. 1 source for jobs in our great State of Arkansas. Yet only 29 percent of businesses with fewer than 50 employees offer health insurance coverage because it is simply too expensive. Of the total uninsured population of Arkansas—more than 56 percent—approximately 295,000 Arkansans are employed by a firm with 100 or fewer employees.

Our SHOP bill is a pragmatic model for larger health reform legislation that allows us to begin to address the needs of the millions of working uninsured Americans whose top priority is access to quality and affordable health

care for their families. What we are looking for is to be able to give small businesses, their employees, and self-employed individuals the access to the same kind of quality and affordable health insurance we enjoy as Members of Congress.

I think it is very doable. I am looking forward to continuing my work with Senator SNOWE and others on a plan we have worked on for years now. Whether it is done independently or in the context of a larger health care reform package, it is time to do something for small businesses, their employees, and the self employed because they are the largest component of the uninsured that we could really do something substantively for.

Another piece of my Arkansas plan is legislation to help Arkansas taxpayers who have seen their investments disappear as a result of the deteriorating economic conditions. My proposal would allow taxpayers to deduct up to \$10,000—up from the \$3,000 cap they have now—as the amount an individual can deduct annually for capital losses suffered.

More than 100,000 Arkansans count on such investments. Arkansas families have seen the value of investments plummet during the current economic crisis. The resulting losses from the dramatic downturn in the market have been felt by all investors, but probably the hardest hit are those taxpayers who are at or near retirement age, who are counting on such funds for their retirement security. This gives them a little bit of ease.

I have also introduced the Savings for Working Families Act, which would encourage low- and middle-income families to establish savings accounts for the purchase of a first home, a college education, or to start a business. These individual development accounts have a proven track record of success in Arkansas.

In addition, today I introduce the Family Tax Relief Act to help the families of more than 140,000 Arkansas children afford the cost of childcare. If you look around this Nation at the hard-working Americans—particularly in Arkansas—who are in need of childcare, good-quality childcare, to be able to pay for it, this is a substantial difference in these economic times that helps them achieve that goal.

Also, today I introduce a bill to update rules for S corporations so that businesses can access capital and have the opportunity to expand and create the much needed jobs Arkansans need.

Together, I believe these bills will equip the working families and small businesses in our great State of Arkansas with the resources needed to navigate the current crisis.

Next week, my Arkansas Plan will focus on encouraging American innovation and entrepreneurship to create new jobs here at home and lessen our dependence on foreign oil. I will introduce a series of energy, research and development, and workforce training

tax initiatives to accomplish this objective.

The following week, I will look forward to introducing reform measures to simplify the Tax Code and reduce the burden of Arkansas' working families and businesses by working to build a tax structure that is fair and equitable for all Americans.

I encourage my colleagues to look at these commonsense measures to see how they will benefit their own constituents in States across this great land.

Throughout my career in the Senate, I have made Arkansas' working families and small businesses my top priorities. From my seat on the Senate Finance Committee, I will continue to work to bring our families the relief they need and business owners the tools they require to invest and grow and become successful and continue to be competitive.

We have a great country, and each of us feels very particular about our State. I come from a seventh-generation Arkansas farm family. My home is precious to me. I reiterate what I started with, and that is that our greatest assets and resources in Arkansas are our people. They are hard working, innovative, and stalwart in coming together to help one another and help this country. Whether they are small business individuals or whether they serve in the armed services or whether they are teachers or whether they care for parents and the elderly, they are wonderful people, and they deserve our utmost attention, as do those in other States.

I am willing to bet my colleagues that the Arkansas Plan, which I put together to benefit Arkansas small businesses and working families, will also benefit the working families in each of their States. I challenge you all to take a look at this and help me to move these initiatives forward on behalf of our working families and small businesses across this country.

By Mr. BINGAMAN (for himself, Ms. COLLINS, and Ms. STABENOW):

S. 999. A bill to increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BINGAMAN. Mr. President, I am introducing legislation today with Ms. COLLINS and Ms. STABENOW entitled Child Health Care Crisis Relief Act of 2009.

This important legislation will address the national shortage of children's mental health professionals, including school-based professionals, by encouraging more individuals to enter these critical fields. The landmark 1999 Surgeon General's report on mental health brought a hidden mental health crisis to the attention of the U.S. pub-

lic. According to that report, 13.7 million children in our country—about one in five—suffer from a diagnosable emotional or behavioral disorder. Such disorders as Anxiety Disorders, Attention-Deficit/Hyperactivity Disorder, and Depression are among the most common in this age group. Yet more than ¾ of these children do not receive any treatment. Long waiting lists for children seeking services, including those in crisis, are not uncommon. The primary reason is that severe shortages exist in qualified mental health professionals, including child and adolescent psychiatrists, psychologists, social workers, and counselors. The President's New Freedom Commission on Mental Health also found that "the supply of well-trained mental health professionals is inadequate in most areas of the country . . . particular shortages exist for mental health providers who serve children, adolescents, and older Americans." The situation is no better in our public schools, where children's mental health needs are often first identified. According to the National Center for Education Statistics within the Department of Education, there are approximately 479 students for each school counselor in U.S. schools, nearly twice the recommended ratio of 250 students for each counselor.

The situation in my home State of New Mexico is a case in point. Estimates suggest that 56,000 children and adolescents in New Mexico have an emotional or behavioral disorder. Of these, roughly 20,000 have serious disturbances that impair their ability to fulfill the demands of everyday life. In 2009, there were a total of 55 child and adolescent psychiatrists in the entire State of New Mexico. The impact of this shortage on the affected children and their communities is disconcerting. Research shows that children with untreated emotional and behavioral disorders are at higher risk for school failure and dropping out of school, violence, drug abuse, suicide, and criminal activity. For New Mexico youth, the suicide rate is twice the national average, the fourth highest in the nation, and the third leading cause of death. By one estimate, roughly 1 in 7 youth in New Mexico detention centers are in need of mental health treatment that is just not available.

New Mexico is not alone in its struggle to address the needs of these children. Nationwide, over 1,600 urban, suburban, and rural communities have been designated Mental Health Professional Shortage Areas by the Federal Government due to their severe lack of psychiatrists, psychologists, social workers, and other professionals to serve children and adults. Rural areas are especially hard hit. For example, in New Mexico there is one psychiatrist per 20,000 residents in rural areas, whereas in urban areas there is one per 3,000 residents. In rural and frontier counties, it is not unusual for the parents of a child in need of services to travel 60 to 90 miles to reach the near-

est psychiatrist, psychologist, or other mental health provider.

Finally, graduate programs providing the vital pipeline for the child mental health workforce have not sufficiently increased their funding, class sizes, and training programs to meet the ever growing need for these specialists. In the U.S., only 300 new child and adolescent psychiatrists are trained each year, despite projections by the Bureau of Health Professions that the shortage of child and adolescent psychiatrist will grow to 4,000 by the year 2020. Federal grant funding for graduate psychology education has also been significantly reduced in the past 2 years, which could reduce the numbers of child and adolescent psychologists entering the profession.

Clearly something needs to be done to address this serious shortage in mental health professionals to meet the growing needs of our Nation's youth. It is for this reason that I rise today to offer the Child Health Care Crisis Relief Act of 2009. This bill creates incentives to help recruit and retain mental health professionals providing direct clinical care, and to help create, expand, and improve programs to train child mental health professionals. It provides loan repayments and scholarships for child mental health and school-based service professionals as well as internships and field placements in child mental health services and training for paraprofessionals who work in children's mental health clinical settings. The bill also provides grants to graduate schools to help develop and expand child and adolescent mental health programs. It restores the Medicare Graduate Medical Education Program funding for child and adolescent psychiatrists and extends the board eligibility period for residents and fellows from 4 years to 6 years. Across all mental health professions, priority for loan repayments, scholarships, and grants is given to individuals and programs serving children and adolescents in high-need areas.

Finally, the Child Health Care Crisis Relief Act of 2009 requires the Secretary to prepare a report on the distribution and need for child mental health and school-based professionals, including disparities in the availability of services, on a State-by-State basis. This report will help Congress more clearly ascertain the mental health workforce needs that are facing our Nation.

This important legislation has been endorsed by the following organizations: Alliance for Children and Families, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Association for Geriatric Psychiatry, American Association for Marriage and Family Therapy, American Counseling Association, American Group Psychotherapy Association, American Mental Health Counselors Association, American Orthopsychiatric Association,

American Psychiatric Association, American Psychiatric Nurses Association, American Psychological Association, Anxiety Disorders Association of America, Association for the Advancement of Psychology, Association for Ambulatory Behavioral Healthcare, Association for Behavioral Health and Wellness, Bazelon Center for Mental Health Law, Children and Adults with Attention-Deficit/Attention Disorder, Child & Adolescent Bipolar Foundation, Child Welfare League of America, Children and Adults with Attention-Deficit/Hyperactivity Disorder, Children's Healthcare Is a Legal Duty, Depression and Bipolar Support Alliance, Eating Disorders Coalition for Research Policy & Action, Mental Health America, National Alliance to Advance Adolescent Health, National Alliance on Mental Illness, National Association for Children's Behavioral Health, National Association of Pediatric Nurse Practitioners, National Association of Psychiatric Health Systems, National Association of School Psychologists, National Association of Social Workers, National Council for Community Behavioral Healthcare, National Federation of Families for Children's Mental Health, National Mental Health Awareness Campaign, Suicide Prevention Action Network USA, Therapeutic Communities of America, U.S. Psychiatric Rehabilitation Association, Witness Justice.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 999

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Child Health Care Crisis Relief Act of 2009".

SEC. 2. FINDINGS.

Congress finds the following:

(1) The Center for Mental Health Services estimates that 20 percent or 13,700,000 of the Nation's children and adolescents have a diagnosable mental disorder, and about ⅓ of these children and adolescents do not receive mental health care.

(2) According to "Mental Health: A Report of the Surgeon General" in 1999, there are approximately 6,000,000 to 9,000,000 children and adolescents in the United States (accounting for 9 to 13 percent of all children and adolescents in the United States) who meet the definition for having a serious emotional disturbance.

(3) According to the Center for Mental Health Services, approximately 5 to 9 percent of United States children and adolescents meet the definition for extreme functional impairment.

(4) According to the Surgeon General's Report, there are particularly acute shortages in the numbers of mental health service professionals serving children and adolescents with serious emotional disorders.

(5) According to the National Center for Education Statistics in the Department of Education, there are approximately 479 students for each school counselor in United States schools, which ratio is almost double

the recommended ratio of 250 students for each school counselor.

(6) According to the Bureau of Health Professions in 2000, the demand for the services of child and adolescent psychiatry is projected to increase by 100 percent by 2020.

(7) The development and application of knowledge about the impact of disasters on children, adolescents, and their families has been impeded by critical shortages of qualified researchers and practitioners specializing in this work.

(8) According to the Bureau of the Census, the population of children and adolescents in the United States under the age of 18 is projected to grow by more than 40 percent in the next 50 years from 70,000,000 to more than 100,000,000 by 2050.

(9) There are approximately 7,000 child and adolescent psychiatrists in the United States. Only 300 child and adolescent psychiatrists complete training each year.

(10) According to the Department of Health and Human Services, racial and ethnic minority representation is lacking in the mental health workforce. Although 12 percent of the United States population is African-American, only 2 percent of psychologists, 2 percent of psychiatrists, and 4 percent of social workers are African-American providers. Moreover, there are only 29 Hispanic mental health professionals for every 100,000 Hispanics in the United States, compared with 173 non-Hispanic white providers per 100,000.

(11) According to a 2006 study in the Journal of the American Academy of Child and Adolescent Psychiatry, the national shortage of child and adolescent psychiatrists affects poor children and adolescents living in rural areas the hardest.

(12) According to the Department of Health and Human Services, the "U.S. mental health system is not well equipped to meet the needs of racial and ethnic minority populations." This is quite evident in access to care issues involving racial and ethnic minority children. Studies have shown that there are striking racial and ethnic differences in the utilization of mental health services among children and youth. Overall, mental health services meet the needs of 31 percent of non-minority children, but only 13 percent of minority children.

(13) According to the National Center for Mental Health and Juvenile Justice, 70 percent of youth involved in State and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20 percent experiencing symptoms so severe that their ability to function is significantly impaired.

(14) The Institute of Medicine, in Improving the Quality of Health Care for Mental and Substance-Use Disorders, Quality Chasm Series (2006) recommended that clinicians and patients communicate effectively and share information to ensure quality care, which is enhanced with education programs that allow families and consumers to share information with mental health providers about the lived experience of mental illness.

SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS TO IMPROVE CHILD AND ADOLESCENT MENTAL HEALTH CARE.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

"Subpart 3—Child and Adolescent Mental Health Care

"SEC. 775. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS TO IMPROVE CHILD AND ADOLESCENT MENTAL HEALTH CARE.

"(a) LOAN REPAYMENTS FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICE PROFESSIONALS.—

"(1) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may establish a program of entering into contracts on a competitive basis with eligible individuals under which—

"(A) the eligible individual agrees to be employed full-time for a specified period (which shall be not less than 2 years) in providing mental health services to children and adolescents; and

"(B) the Secretary agrees to make, during not more than 3 years of the period of employment described in subparagraph (A), partial or total payments on behalf of the individual on the principal and interest due on the undergraduate and graduate educational loans of the eligible individual.

"(2) ELIGIBLE INDIVIDUAL.—For purposes of this section, the term 'eligible individual' means an individual who—

"(A) is receiving specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling and has less than 1 year remaining before completion of such training or clinical experience; or

"(B)(i) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; and

"(ii)(I) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A); or

"(II) is a physician who graduated from (but not before the end of the calendar year in which this section is enacted) an accredited child and adolescent psychiatry residency or fellowship program in the United States.

"(3) ADDITIONAL ELIGIBILITY REQUIREMENTS.—The Secretary may not enter into a contract under this subsection with an eligible individual unless—

"(A) the individual is a United States citizen or a permanent legal United States resident; and

"(B) if the individual is enrolled in a graduate program (including a medical residency or fellowship), the program is accredited, and the individual has an acceptable level of academic standing (as determined by the Secretary).

"(4) PRIORITY.—In entering into contracts under this subsection, the Secretary shall give priority to applicants who—

"(A) are or will be working with high-priority populations for mental health in a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP);

"(B) have familiarity with evidence-based methods and cultural and linguistic competence in child and adolescent mental health services;

"(C) demonstrate financial need; and

"(D) are or will be working in the publicly funded sector, particularly in community mental health programs described in section 1913(b)(1).

"(5) MEANINGFUL LOAN REPAYMENT.—If the Secretary determines that funds appropriated for a fiscal year to carry out this subsection are not sufficient to allow a meaningful loan repayment to all expected applicants, the Secretary shall limit the

number of contracts entered into under paragraph (1) to ensure that each such contract provides for a meaningful loan repayment.

“(6) AMOUNT.—

“(A) MAXIMUM.—For each year that the Secretary agrees to make payments on behalf of an individual under a contract entered into under paragraph (1), the Secretary may agree to pay not more than \$35,000 on behalf of the individual.

“(B) CONSIDERATION.—In determining the amount of payments to be made on behalf of an eligible individual under a contract to be entered into under paragraph (1), the Secretary shall consider the eligible individual’s income and debt load.

“(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338E and 338F shall apply to the program established under paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

“(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$10,000,000 for each of fiscal years 2010 through 2014.

“(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO BECOME CHILD AND ADOLESCENT MENTAL HEALTH SERVICE PROFESSIONALS.—

“(1) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may establish a program to award scholarships on a competitive basis to eligible students who agree to enter into full-time employment (as described in paragraph (4)(C)) as a child and adolescent mental health service professional after graduation or completion of a residency or fellowship.

“(2) ELIGIBLE STUDENT.—For purposes of this subsection, the term ‘eligible student’ means a United States citizen or a permanent legal United States resident who—

“(A) is enrolled or accepted to be enrolled in an accredited graduate program that includes specialized training or clinical experience in child and adolescent mental health in psychology, school psychology, psychiatric nursing, behavioral pediatrics, social work, school social work, marriage and family therapy, school counseling, or professional counseling and, if enrolled, has an acceptable level of academic standing (as determined by the Secretary); or

“(B)(i) is enrolled or accepted to be enrolled in an accredited graduate training program of allopathic or osteopathic medicine in the United States and, if enrolled, has an acceptable level of academic standing (as determined by the Secretary); and

“(ii) intends to complete an accredited residency or fellowship in child and adolescent psychiatry or behavioral pediatrics.

“(3) PRIORITY.—In awarding scholarships under this subsection, the Secretary shall give—

“(A) highest priority to applicants who previously received a scholarship under this subsection and satisfy the criteria described in subparagraph (B); and

“(B) second highest priority to applicants who—

“(i) demonstrate a commitment to working with high-priority populations for mental health in a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) and to students from high-priority populations;

“(ii) have familiarity with evidence-based methods in child and adolescent mental health services;

“(iii) demonstrate financial need; and

“(iv) are or will be working in the publicly funded sector, particularly in community

mental health programs described in section 1913(b)(1).

“(4) REQUIREMENTS.—The Secretary may award a scholarship to an eligible student under this subsection only if the eligible student agrees—

“(A) to complete any graduate training program, internship, residency, or fellowship applicable to that eligible student under paragraph (2);

“(B) to maintain an acceptable level of academic standing (as determined by the Secretary) during the completion of such graduate training program, internship, residency, or fellowship; and

“(C) to be employed full-time after graduation or completion of a residency or fellowship, for not less than the number of years for which a scholarship is received by the eligible student under this subsection, in providing mental health services to children and adolescents.

“(5) USE OF SCHOLARSHIP FUNDS.—A scholarship awarded to an eligible student for a school year under this subsection may be used only to pay for tuition expenses of the school year, other reasonable educational expenses (including fees, books, and laboratory expenses incurred by the eligible student in the school year), and reasonable living expenses, as such tuition expenses, reasonable educational expenses, and reasonable living expenses are determined by the Secretary.

“(6) AMOUNT.—The amount of a scholarship under this subsection shall not exceed the total amount of the tuition expenses, reasonable educational expenses, and reasonable living expenses described in paragraph (5).

“(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338E and 338F shall apply to the program established under paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Scholarship Program established in subpart III of part D of title III.

“(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$5,000,000 for each of fiscal years 2010 through 2014.

“(c) CLINICAL TRAINING GRANTS FOR PROFESSIONALS.—

“(1) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in cooperation with the Administrator of the Substance Abuse and Mental Health Services Administration, may establish a program to award grants on a competitive basis to accredited institutions of higher education or accredited professional training programs to establish or expand internships or other field placement programs for students receiving specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling.

“(2) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to applicants that—

“(A) have demonstrated the ability to collect data on the number of students trained in child and adolescent mental health and the populations served by such students after graduation;

“(B) have demonstrated familiarity with evidence-based methods in child and adolescent mental health services;

“(C) have programs designed to increase the number of professionals serving high-priority populations and to applicants who come from high-priority communities and plan to serve in Health Professional Shortage Areas (HPSA), Medically Underserved

Areas (MUA), or Medically Underserved Populations (MUP); and

“(D) offer curriculum taught collaboratively with a family on the consumer and family lived experience or the importance of family-professional partnership.

“(3) REQUIREMENTS.—The Secretary may award a grant to an applicant under this subsection only if the applicant agrees that—

“(A) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency;

“(B) students benefitting from any assistance under this subsection will be United States citizens or permanent legal United States residents;

“(C) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and

“(D) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

“(4) APPLICATION.—The Secretary shall require that any application for a grant under this subsection include a description of the applicant’s experience working with child and adolescent mental health issues.

“(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$10,000,000 for each of fiscal years 2010 through 2014.

“(d) PROGRESSIVE EDUCATION GRANTS FOR PARAPROFESSIONALS.—

“(1) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in cooperation with the Administrator of the Substance Abuse and Mental Health Services Administration, may establish a program to award grants on a competitive basis to State-licensed mental health nonprofit and for-profit organizations (including accredited institutions of higher education) to enable such organizations to pay for programs for preservice or in-service training of paraprofessional child and adolescent mental health workers.

“(2) DEFINITION.—For purposes of this subsection, the term ‘paraprofessional child and adolescent mental health worker’ means an individual who is not a mental health service professional, but who works at the first stage of contact with children and families who are seeking mental health services.

“(3) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to applicants that—

“(A) have demonstrated the ability to collect data on the number of paraprofessional child and adolescent mental health workers trained by the applicant and the populations served by these workers after the completion of the training;

“(B) have familiarity with evidence-based methods in child and adolescent mental health services;

“(C) have programs designed to increase the number of paraprofessional child and adolescent mental health workers serving high-priority populations; and

“(D) provide services through a community mental health program described in section 1913(b)(1).

“(4) REQUIREMENTS.—The Secretary may award a grant to an organization under this subsection only if the organization agrees that—

“(A) any training program assisted under the grant will prioritize cultural and linguistic competency;

“(B) the organization will provide to the Secretary such data, assurances, and information as the Secretary may require; and

“(C) with respect to any violation of the agreement between the Secretary and the organization, the organization will pay such liquidated damages as prescribed by the Secretary by regulation.

“(5) APPLICATION.—The Secretary shall require that any application for a grant under this subsection include a description of the applicant’s experience working with paraprofessional child and adolescent mental health workers.

“(6) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$5,000,000 for each of fiscal years 2010 through 2014.

“(e) CHILD AND ADOLESCENT MENTAL HEALTH PROGRAM DEVELOPMENT GRANTS.—

“(1) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may establish a program to increase the number of well-trained child and adolescent mental health service professionals in the United States by awarding grants on a competitive basis to accredited institutions of higher education to enable the institutions to establish or expand accredited graduate child and adolescent mental health programs.

“(2) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to applicants that—

“(A) demonstrate familiarity with the use of evidence-based methods in child and adolescent mental health services;

“(B) provide experience in and collaboration with community-based child and adolescent mental health services;

“(C) have included normal child development curricula; and

“(D) demonstrate commitment to working with high-priority populations.

“(3) USE OF FUNDS.—Funds received as a grant under this subsection may be used to establish or expand any accredited graduate child and adolescent mental health program in any manner deemed appropriate by the Secretary, including by improving the course work, related field placements, or faculty of such program.

“(4) REQUIREMENTS.—The Secretary may award a grant to an accredited institution of higher education under this subsection only if the institution agrees that—

“(A) any child and adolescent mental health program assisted under the grant will prioritize cultural and linguistic competency;

“(B) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and

“(C) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

“(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$15,000,000 for each of fiscal years 2010 through 2014.

“(f) DEFINITIONS.—In this section:

“(1) SPECIALIZED TRAINING OR CLINICAL EXPERIENCE IN CHILD AND ADOLESCENT MENTAL HEALTH.—The term ‘specialized training or clinical experience in child and adolescent mental health’ means training and clinical experience that—

“(A) is part of or occurs after completion of an accredited graduate program in the United States for training mental health service professionals;

“(B) consists of not less than 500 hours of training or clinical experience in treating children and adolescents; and

“(C) is comprehensive, coordinated, developmentally appropriate, and of high quality to address the unique ethnic and cultural diversity of the United States population.

“(2) HIGH-PRIORITY POPULATION.—The term ‘high-priority population’ means—

“(A) a population in which there is a significantly greater incidence than the national average of—

“(i) children who have serious emotional disturbances; or

“(ii) children who are racial, ethnic, or linguistic minorities; or

“(B) a population consisting of individuals living in a high-poverty urban or rural area.

“(3) MENTAL HEALTH SERVICE PROFESSIONAL.—The term ‘mental health service professional’ means an individual with a graduate or postgraduate degree from an accredited institution of higher education in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, marriage and family counseling, school counseling, or professional counseling.”

SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IMPROVE CHILD AND ADOLESCENT MENTAL HEALTH CARE.

(a) INCREASING NUMBER OF CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION PROGRAM.—Section 1886(h)(4)(F) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding at the end the following new clause:

“(iii) INCREASE ALLOWED FOR TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY.—In applying clause (i), there shall not be taken into account such additional number of full-time equivalent residents in the field of allopathic or osteopathic medicine who are residents or fellows in child and adolescent psychiatry as the Secretary determines reasonable to meet the need for such physicians as demonstrated by the 1999 report of the Department of Health and Human Services entitled ‘Mental Health: A Report of the Surgeon General’.”

(b) EXTENSION OF MEDICARE BOARD ELIGIBILITY PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND ADOLESCENT PSYCHIATRY.—Section 1886(h)(5)(G) of the Social Security Act (42 U.S.C. 1395ww(h)(5)(G)) is amended—

(1) in clause (i), by striking “and (v)” and inserting “(v), and (vi)”;

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

“(vi) CHILD AND ADOLESCENT PSYCHIATRY TRAINING PROGRAMS.—In the case of an individual enrolled in a child and adolescent psychiatry residency or fellowship program approved by the Secretary, the period of board eligibility and the initial residency period shall be the period of board eligibility for the specialty of general psychiatry, plus 2 years for the subspecialty of child and adolescent psychiatry.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to residency training years beginning on or after July 1, 2010.

SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.

(a) STUDY.—The Administrator of the Health Resources and Services Administration (in this section referred to as the “Administrator”) shall study and make findings and recommendations on—

(1) the distribution and need for child mental health service professionals, including with respect to specialty certifications, practice characteristics, professional licensure, racial and ethnic background, practice types, locations, education, and training; and

(2) a comparison of such distribution and need, including identification of disparities, on a State-by-State basis.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Administrator shall submit to the Congress and make publicly available a report on the results of the study required by subsection (a),

including with respect to findings and recommendations on disparities among the States.

SEC. 6. REPORTS.

(a) TRANSMISSION.—The Secretary of Health and Human Services shall transmit a report described in subsection (b) to Congress—

(1) not later than 3 years after the date of enactment of this Act; and

(2) not later than 5 years after the date of enactment of this Act.

(b) CONTENTS.—The reports transmitted to Congress under subsection (a) shall address each of the following:

(1) The effectiveness of the amendments made by, and the programs carried out under, this Act in increasing the number of child and adolescent mental health service professionals and paraprofessional child and adolescent mental health workers.

(2) The demographics of the individuals served by such increased number of child and adolescent mental health service professionals and paraprofessional child and adolescent mental health workers.

By Mr. REED:

S. 1003. A bill to increase immunization rates; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today I introduce the Immunization Improvement Act of 2009. The recent outbreak of H1N1 influenza makes this legislation timelier than ever before. While a vaccine has not yet been developed to protect us against this flu strain, one is currently in the works. This outbreak is a reminder of the important role that immunizations provide in protecting us against harmful or even deadly viruses, like the measles, polio, and seasonal human influenza.

Vaccinations have been proven to be clinically effective in improving health, and providing population-based immunity. Routine childhood immunizations, for example, prevent over 14 million individual cases of disease and over 33,500 deaths over the lifetime of children born in any given year.

However, significant and persistent gaps in public and private health insurance coverage of immunizations remain. Approximately 11 percent of young children and 21 percent of adolescents are underinsured for immunizations. Nearly 2/3 of adults are underinsured for immunizations—17 percent are uninsured. Each year, vaccine-preventable diseases cause the deaths of more than 42,000 people and hundreds of thousands of cases of illness.

Congress will soon embark upon meaningful health care reform. This debate will provide the opportunity for us to eliminate the obstacles—lack of insurance and high cost-sharing—to accessing routine immunizations. We must shift to a system that will make routine preventive care, like immunizations, affordable.

In fact, it is in the best interest of Government and society to ensure coverage of routine vaccinations, as these preventive vaccinations currently result in an annual cost savings of \$10 billion in direct medical costs and over \$40 billion in indirect societal costs.

Expanding immunization coverage will enhance these savings over the long term.

The Immunization Improvement Act would remove barriers to immunization. First, it would enable states to access routine vaccinations for adults at a discount negotiated by the Federal Government. Currently, 36 States and New York City are able to buy vaccines using the Federal discount, but these contracts are about to expire. The Immunization Improvement Act would ensure that states can continue to purchase adult vaccines under CDC contracts. It would also provide for Medicaid coverage of adult immunizations that are recommended for routine use and prohibit any cost-sharing for them.

There are a host of routinely recommended vaccinations for the Medicare population, as well. Unfortunately, Medicare Part B only covers influenza, pneumonia, and hepatitis B vaccines. Medicare beneficiaries are eligible for additional vaccines that are covered by Part D, but few of these vaccines are covered by prescription drug plans. Moreover, physicians have difficulties billing plans for the incurred costs. As such, the Medicare Payment Advisory Commission, MedPAC, has recommended that all immunizations recommended for routine use among the Medicare population be covered under Part B. The Immunization Improvement Act would codify that recommendation.

Inadequate reimbursement for administering immunizations also prevents children, adolescents, and adults from receiving necessary vaccinations. According to the National Vaccine Advisory Committee, the Centers for Medicare and Medicaid Services, CMS, and CDC should review and update the maximum allowable fees for administering routine vaccinations, and publish and update the actual fees for vaccination administration paid by each State—in an effort to encourage consistency across state lines. This legislation would also reimburse providers for administering vaccines to children who are eligible for vaccination through the Vaccines for Children program, but not Medicaid. This would enable both uninsured and underinsured children to become vaccinated in an effort to get all children vaccinated.

Finally, as we look to reform our health care system, we must also hold private health insurers accountable for covering vaccinations recommended for routine use—without any cost-sharing. The Immunization Improvement Act would require this coverage upon the enactment of health reform.

Given the current circumstances, it is evident that vaccinations can and truly do eradicate the spread of preventable diseases. However, we must do more to ensure comprehensive coverage of immunizations. It is my hope that my colleagues will join me in supporting this legislation.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1003

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Immunization Improvement Act of 2009”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. State authority to purchase recommended vaccines for adults.
- Sec. 4. Demonstration program to improve immunization coverage.
- Sec. 5. Reauthorization of immunization program.
- Sec. 6. Inclusion of recommended immunizations under part B of the Medicare program with no beneficiary cost-sharing.
- Sec. 7. Medicaid coverage of recommended adult immunizations.
- Sec. 8. Vaccine administration fees.
- Sec. 9. Health insurance coverage for recommended immunizations.
- Sec. 10. Immunization information systems.
- Sec. 11. Reports.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Immunizations recommended for routine use have been proven to be clinically effective in improving health and preventing the spread of disease. Routine childhood immunizations prevent over 14,000,000 cases of disease and over 33,500 deaths over the lifetime of children born in any given year. In addition to protecting individuals from disease, immunization provides population-based (herd) immunity.

(2) An economic evaluation of the impact of seven vaccines routinely given as part of the childhood immunization schedule found that the vaccines are cost-effective. Over the lifetime of children born in any given year, these immunizations result in an annual cost savings of \$10,000,000,000 in direct medical costs and over \$40,000,000,000 in indirect societal costs.

(3) There are significant and persistent gaps in public and private health insurance coverage of immunizations. About 11 percent of young children and 21 percent of adolescents are underinsured for immunizations. Among adults, 59 percent are underinsured and 17 percent are completely uninsured for immunizations. According to the Institute of Medicine, even those with insurance increasingly have to pay higher deductibles and co-payments for immunizations.

(4) Each year, vaccine-preventable diseases cause the deaths of more than 42,000 people and hundreds of thousands cases of illness.

(5) In 2003, the Institute of Medicine's Committee on the Evaluation of Vaccine Purchase Financing made the following conclusions:

(A) Current public and private financing strategies for immunization have had substantial success, especially in improving immunization rates for young children. However, significant disparities remain in assuring access to recommended vaccines across geographic and demographic populations.

(B) Many young children, adolescents, and high-risk adults have no or limited insurance for recommended vaccines. Gaps and fragmentation in insurance benefits create barriers for both vulnerable populations and clinicians that can contribute to lower immunization rates.

SEC. 3. STATE AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.

Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following:

“(1) **AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.**—

“(1) **IN GENERAL.**—The Secretary may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults otherwise provided vaccines under grants under this section.

“(2) **STATE PURCHASE.**—A State may obtain adult vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary under this subsection.”.

SEC. 4. DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.

Section 317 of the Public Health Service Act (42 U.S.C. 247b), as amended by section 3, is further amended by adding at the end the following:

“(m) **DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.

“(2) **STATE PLAN.**—To be eligible for a grant under paragraph (1), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.

“(3) **USE OF FUNDS.**—Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—

“(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers;

“(B) educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;

“(C) reducing out-of-pocket costs for families for vaccines and their administration;

“(D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;

“(E) providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other services;

“(F) providing reminders or recalls for immunization providers;

“(G) conducting assessments of, and providing feedback to, immunization providers; or

“(H) any combination of one or more interventions described in this paragraph.

“(4) **CONSIDERATION.**—In awarding grants under this subsection, the Secretary shall consider any reviews or recommendations of the Task Force on Community Preventive Services.

“(5) EVALUATION.—Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the Secretary an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.

“(6) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Immunization Improvement Act of 2009, the Secretary shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.

“(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.”

SEC. 5. REAUTHORIZATION OF IMMUNIZATION PROGRAM.

Section 317(j) of the Public Health Service Act (42 U.S.C. 247b(j)) is amended—

(1) in paragraph (1), by striking “for each of the fiscal years 1998 through 2005”; and

(2) in paragraph (2), by striking “after October 1, 1997.”

SEC. 6. INCLUSION OF RECOMMENDED IMMUNIZATIONS UNDER PART B OF THE MEDICARE PROGRAM WITH NO BENEFICIARY COST-SHARING.

(a) IN GENERAL.—Paragraph (10) of section 1861(s) of the Social Security Act (42 U.S.C. 1395x(s)) is amended to read as follows:

“(10) vaccines recommended for routine use by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration;”

(b) CONFORMING AMENDMENTS.—

(1) Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended, in each of subsections (a)(1)(B), (a)(2)(G), (a)(3)(A), (b)(1), by striking “1861(s)(10)(A)” or “1861(s)(10)(B)” and inserting “1861(s)(10)” each place it appears.

(2) Section 1842(o)(1)(A)(iv) of the Social Security Act (42 U.S.C. 1395u(o)(1)(A)(iv)) is amended by striking “subparagraph (A) or (B) of”.

(3) Section 1847A(c)(6) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)) is amended by striking subparagraph (G).

(4) Section 1860D-2(e)(1) of the Social Security Act (42 U.S.C. 1395w-102(e)(1)) is amended by striking “a vaccine” and all that follows through “its administration) and”.

(5) Section 1861(w)(2)(A) of the Social Security Act (42 U.S.C. 1395x(w)(2)(A)) is amended by striking “Pneumococcal, influenza, and hepatitis B” and inserting “Any”.

(6) Section 1866(a)(2)(A) of the Social Security Act (42 U.S.C. 1395cc(a)(2)(A)) is amended by striking “1861(s)(10)(A)” and inserting “1861(s)(10)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to vaccines administered on or after January 1, 2010.

SEC. 7. MEDICAID COVERAGE OF RECOMMENDED ADULT IMMUNIZATIONS.

(a) MANDATORY COVERAGE OF RECOMMENDED IMMUNIZATIONS FOR ADULTS.—Section 1905(a)(4) of the Social Security Act (42 U.S.C. 1396d(a)(4)) is amended—

(1) by striking “and” before “(C)”;

(2) by inserting after the semicolon the following: “and (D) with respect to an adult individual, vaccines recommended for routine use by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration;”

(b) PROHIBITION ON COST-SHARING.—

(1) IN GENERAL.—Section 1916 of the Social Security Act (42 U.S.C. 1396o), as amended by section 5006(a)(1)(A) of division B of Public Law 111-5, is amended—

(A) in subsection (a), by striking “and (j)” and inserting “, (j), and (k)”;

(B) by adding at the end the following:

“(k) The State plan shall require that no provider participating under the State plan may impose a copayment, cost sharing charge, or similar charge for vaccines or their administration that the State is required to provide under sections 1902(a)(10)(A) and 1905(a)(4)(D).”

(2) TECHNICAL AND CONFORMING AMENDMENT.—The second sentence of section 1916A(a)(1) of such Act (42 U.S.C. 1396o-1(a)(1)) is amended by striking “or (i)” and inserting “(i), (j), or (k)”.

(c) ALLOWING FOR MEDICAID REBATES.—Section 1927(k)(2)(B) of such Act (42 U.S.C. 1396r-8(k)(2)(B)) is amended by striking “, other than a vaccine” and inserting “(including vaccines described in section 1905(a)(4)(D) but excluding qualified pediatric vaccines under section 1928)”.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), the amendments made by this section take effect on October 1, 2010.

(2) EXTENSION OF EFFECTIVE DATE FOR STATE LAW AMENDMENT.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) which the Secretary of Health and Human Services determines requires State legislation in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session is considered to be a separate regular session of the State legislature.

(3) MEDICAID REBATES.—The amendment made by subsection (c) takes effect on October 1, 2010, and applies to rebate agreements entered into under section 1927 of the Social Security Act (42 U.S.C. 1396r-8) on or after that date.

SEC. 8. VACCINE ADMINISTRATION FEES.

(a) REVIEW OF FEDERALLY ESTABLISHED MAXIMUM ALLOWABLE ADMINISTRATIVE FEES.—Not later than October 1, 2010, the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Centers for Disease Control and Prevention, jointly shall—

(1) review the regional maximum charge for vaccine administration for each State established under the Vaccines for Children program under section 1928 of the Social Security Act (42 U.S.C. 1396s) to determine the appropriateness and adequacy of such rates; and

(2) update such rates, as appropriate, based on the results of such review and taking into account all appropriate costs related to the administration of vaccines under that program.

(b) FEDERAL REIMBURSEMENT FOR VACCINE ADMINISTRATION FOR NON-MEDICAID VACCINE-ELIGIBLE CHILDREN.—

(1) IN GENERAL.—Section 1928 of the Social Security Act (42 U.S.C. 1396s) is amended—

(A) in subsection (a)(1)(B), by inserting “and is entitled to receive reimbursement for any fee imposed by the provider for the administration of such vaccine consistent

with subsection (c)(2)(C) (not to exceed the amount applicable under clause (iv) of such subsection) to a federally vaccine-eligible child who is described in clause (ii), (iii), or (iv) of subsection (b)(2),” after “delivery to the provider.”;

(B) in subsection (a)(2), by adding at the end the following new subparagraph:

“(d) REIMBURSEMENT FOR VACCINE ADMINISTRATION FOR NON-MEDICAID ELIGIBLE CHILDREN.—The Secretary shall pay each State such amounts as are necessary for the State to reimburse each program-registered provider in the State for an administration fee imposed consistent with subsection (c)(2)(C) (not to exceed the amount applicable under clause (iv) of such subsection) for the administration of a qualified pediatric vaccine to a federally vaccine-eligible child who is described in clause (ii), (iii), or (iv) of subsection (b)(2).”;

(C) in subsection (c)(2)(C), by adding at the end the following new clause:

“(IV) In the case of a federally vaccine-eligible child who is described in clause (ii), (iii), or (iv) of subsection (b)(2), the State shall pay the provider an amount equal to the administration fee established under the State plan approved under this title for the administration of a qualified pediatric vaccine to a medicaid-eligible child.”; and

(D) by striking subsection (g).

(2) CONFORMING AMENDMENTS.—Section 1928 of such Act (42 U.S.C. 1396s), as amended by paragraph (1), is amended—

(A) by redesignating subsection (h) as subsection (g);

(B) in subsection (a)(1)(A), by striking “(h)(8)” and inserting “(g)(8)”;

(C) in subsection (b)(2)(A)(iv), by striking “(h)(3)” and inserting “(g)(3)”.

SEC. 9. HEALTH INSURANCE COVERAGE FOR RECOMMENDED IMMUNIZATIONS.

(a) AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.—

(1) GROUP HEALTH COVERAGE.—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. 2708. COVERAGE OF RECOMMENDED IMMUNIZATIONS.

“A group health plan, and a health insurance issuer offering group health insurance coverage, shall provide for coverage, without the application of deductibles, coinsurance, or copayments, of vaccines recommended for routine use by the Advisory Committee on Immunization Practices (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.”

(2) INDIVIDUAL HEALTH INSURANCE COVERAGE.—Subpart 2 of part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-51 et seq.) is amended by adding at the end the following:

“SEC. 2754. COVERAGE OF RECOMMENDED IMMUNIZATIONS.

“The provisions of section 2708 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as such provisions apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.”

(b) AMENDMENTS TO ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following:

“SEC. 715. COVERAGE OF RECOMMENDED IMMUNIZATIONS.

“A group health plan, and a health insurance issuer offering group health insurance coverage, shall provide for coverage, without the application of deductibles, coinsurance,

or copayments, of vaccines recommended for routine use by the Advisory Committee on Immunization Practices (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.”.

(2) **TECHNICAL AMENDMENTS.**—

(A) Section 732(a) of such Act (29 U.S.C. 1191a(a)) is amended by striking “section 711” and inserting “sections 711 and 715”.

(B) The table of contents in section 1 of such Act is amended by inserting after the item relating to section 713 the following new item:

“Sec. 715. Coverage of recommended immunizations.”.

(c) **INTERNAL REVENUE CODE AMENDMENTS.**—

(1) **IN GENERAL.**—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 9813 the following new item:

“Sec. 9814. Coverage of recommended immunizations.”;

and

(B) by inserting after section 9813 the following:

“**SEC. 9814. COVERAGE OF RECOMMENDED IMMUNIZATIONS.**

“A group health plan, and a health insurance issuer offering group health insurance coverage, shall provide for coverage, without the application of deductibles, coinsurance, or copayments, of vaccines recommended for routine use by the Advisory Committee on Immunization Practices (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.”.

(d) **EXCEPTION FOR COLLECTIVE BARGAINING AGREEMENTS.**—Nothing in this section shall be construed to preempt any provision of a collective bargaining agreement that is in effect on the date of enactment of this section.

(e) **EFFECTIVE DATE.**—The amendments made by this section shall apply to plan years beginning with the first plan year during which the Congressional Budget Office determines that any health reform legislation enacted by Congress will provide health insurance coverage to 95 percent or more of the population of the United States.

SEC. 10. IMMUNIZATION INFORMATION SYSTEMS.

(a) **HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE.**—Section 3011(a) of the Public Health Service Act (as added by section 13301 of the American Recovery and Reinvestment Act of 2009) is amended by adding at the end the following:

“(B) Improvement and expansion of immunization information systems (as defined in section 3000), including activities to—

“(A) support the integration and linkage of such systems with electronic birth records, health care providers, other preventive health services information systems, and health information exchanges;

“(B) support interstate data exchange;

“(C) ensure that such systems are interoperable with electronic health record systems;

“(D) provide technical support, such as training, data reporting, data quality and completeness review, and decision support, to immunization providers to integrate the use of such systems;

“(E) develop, in consultation with manufacturers, vendors, and specialty professional organizations, continuing education materials relating to the use of such systems;

“(F) ensure that such systems can provide complete and accurate data to monitor immunization coverage, uptake, and the impact of shortages in the population served within their jurisdiction; and

“(G) ensure the privacy, confidentiality, and security of all data and data exchanges with such systems.”.

(b) **STATE GRANTS.**—Section 3013(d) of the Public Health Service Act (as added by section 13301 of the American Recovery and Reinvestment Act of 2009) is amended—

(1) in paragraph (9), by striking “and” at the end;

(2) by redesignating paragraph (10) as paragraph (11); and

(3) by inserting after paragraph (9), the following:

“(10) improving and expanding immunization information systems (as defined in section 3000); and”.

(c) **DEFINITION.**—Section 3000 of the Public Health Service Act (as added by section 13301 of the American Recovery and Reinvestment Act of 2009) is amended—

(1) by redesignating paragraphs (9) through (14) as paragraphs (10) through (15), respectively; and

(2) by inserting after paragraph (8), the following:

“(9) **IMMUNIZATION INFORMATION SYSTEM.**—The term ‘immunization information system’ means an immunization registry or a confidential, population-based, computerized information system that collects vaccination data within a geographic area, consolidates vaccination records from multiple health care providers, generates reminder and recall notifications, and is capable of exchanging immunization information with health care providers.”.

SEC. 11. REPORTS.

(a) **COSTS OF PUBLIC AND PRIVATE VACCINE ADMINISTRATION.**—Not later than 5 years after the date of enactment of this Act, and every 5 years thereafter, the Director of the Centers for Disease Control and Prevention jointly with the Administrator of the Centers for Medicare & Medicaid Services shall collect and publish data relating to the costs associated with public and private vaccine administration, including the costs associated with the delivery of vaccines, activities such as reporting data to immunization registries, and maintenance of appropriate storage requirements for vaccines.

(b) **SECTION 317 IMMUNIZATION PROGRAM.**—Not later than February 1, 2010, and each February 1 thereafter, the Director of the Centers for Disease Control and Prevention shall submit to Congress a report concerning the size and scope of the appropriations needed for each fiscal year for vaccine purchases, vaccination infrastructure, vaccine administration, and vaccine safety under section 317 of the Public Health Service Act (42 U.S.C. 247b).

(c) **ANNUAL PUBLICATION OF STATE-ESTABLISHED ADMINISTRATIVE FEES UNDER MEDICAID.**—Beginning October 1, 2009, and annually thereafter, the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Centers for Disease Control and Prevention, jointly shall make publicly available the administrative fee established under each State Medicaid program for administering a qualified pediatric vaccine to a vaccine-eligible child under the Vaccines for Children program under section 1928 of the Social Security Act (42 U.S.C. 1396s) with the State and Federal contribution for such fee separately identified.

By Mr. DURBIN:

S. 1006. A bill to require a supermajority shareholder vote to approve excessive compensation of any employee of a publicly-traded company; to the Committee on Banking, Housing, and Urban Affairs.

Mr. DURBIN. Mr. President, Americans have every right to be outraged

over the recent bonuses given to employees of the group within AIG that led to that company’s collapse. American taxpayers have provided \$185 billion—and counting—to save a firm that has been deemed “too interconnected to fail.”

It is unacceptable that millions of those taxpayer dollars have been handed over to some of the executives who caused this disaster in the first place. If there is a constitutional way to reclaim those bonuses, I support it.

But it is important to remember that executive compensation practices have been out of control for many years. While the wages and benefits of middle class workers have stagnated, CEO compensation has exploded.

According to the Economic Policy Institute’s “State of Working America,” in 1965 U.S. CEOs at major companies made 24 times the pay of an average worker. By 2005, CEOs earned 262 times the pay of an average worker.

The comparison between CEOs and minimum wage workers is even starker. In 1965 U.S. CEOs at major companies made 51 times the pay of workers earning the minimum wage. By 2005, CEOs earned 821 times the pay of workers earning the minimum wage.

These comparisons are important not because they could be used to incite calls for class warfare, but because the American people deserve an honest accounting of the activities of the corporations that touch their lives in so many ways. Every American deserves an honest wage for honest work. And every American, from the top of the corporate ladder to the bottom, deserves to know whether they are being compensated fairly—whether they are sharing in the rewards of the company’s work or whether their labors are mainly fueling ever more extravagant pay for the top executives.

We have lost the balance we once had in America. Executive pay has soared, while pay for many has not even kept pace with their productivity increases. It’s not surprising that there is widespread fury when CEOs get it wrong. After all, they have a hand in setting their own salaries. But recently, the anger of the average American worker has boiled over because so many CEOs have gotten it so wrong. That outcome is not healthy for our economy, and it’s not healthy for our society.

If companies want to pay their executives handsomely for excellent performance, they should be able to do that. They should be able to compete for top talent. But the shareholders should be looking over their shoulders as they adopt excessive pay structures, and the taxpayers shouldn’t be subsidizing the resulting income disparities.

To restore some balance, the shareholders of a corporation should have to approve lucrative compensation packages. And, the companies shouldn’t receive a tax deduction for handing out excessive pay.

That is why today I am introducing two bills—the Excessive Pay Shareholder Approval Act S. 1006, and the Excessive Pay Capped Deduction Act, S. 1007.

The Excessive Pay Shareholder Approval Act would require a supermajority—60 percent—vote of the shareholders to approve a compensation structure in which any employee receives more than 100 times more than the average employee of that company. Corporations could pay executives whatever they think is appropriate, but shareholders would have to OK packages that are 100 times as large as the average worker earns. This bill would require greater transparency in compensation and would encourage companies to think about how they pay their lower-paid workers, not just how they reward the people at the top.

Similarly, the Excessive Pay Capped Deduction Act would limit the normal tax deduction for compensation for executives to 100 times the compensation of the average worker at that company. Again, corporations could pay executives whatever they decide is appropriate, but they could not claim limitless tax benefits for doing so. This bill also would encourage companies to look at their entire compensation structure, and it would protect taxpayers.

Here is an example. If the average worker at a company earned, including wages, paid leave, supplemental pay, and retirement, the same amount as the average worker nationwide in December of 2008, that worker would have earned around \$50,000. At that company, a supermajority of shareholders would be required to approve pay packages larger than \$5 million and that company could not deduct compensation in excess of \$5 million.

How many companies would this affect? According to the research firm The Corporate Library, in 2007 the median compensation for CEOs of S&P 500 companies was \$8.8 million. Therefore, if these companies are only paying average wages across the rest of the company, many of them would be affected by this legislation. Many would not.

From our founding, this country has benefitted from a sense of unity and balance that has brought Americans together in good times and in bad. If the rewards handed out by our leading corporations flow excessively to the very wealthy while leaving middle-class families behind, we risk losing that sense of common purpose. The uproar over AIG bonuses showed very clearly the corrosive effects of compensation packages that appear to be disconnected from the reality that the average family faces day in and day out.

The two bills I am introducing today would help to restore some of the balance we have lost, by ensuring greater accountability for the disparities in compensation for corporate leaders and the average workers they employ, and by protecting taxpayers when a com-

pany's compensation packages reach extreme levels.

I urge my colleagues to support both bills.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1006

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Excessive Pay Shareholder Approval Act”.

SEC. 2. AMENDMENT TO THE SECURITIES EXCHANGE ACT OF 1934.

(a) IN GENERAL.—Section 16 of the Securities Exchange Act of 1934 (15 U.S.C. 78n) is amended by adding at the end the following new subsection:

“(h) ANNUAL SHAREHOLDER APPROVAL OF EXECUTIVE COMPENSATION.—

“(1) IN GENERAL.—The compensation for an employee of an issuer in any single taxable year may not exceed an amount equal to 100 times the average compensation for services performed by all employees of that issuer during such taxable year, unless not fewer than 60 percent of the shareholders have voted to approve such compensation (through a proxy or consent or authorization for an annual or other meeting of the shareholders, occurring within the preceding 18 months).

“(2) PROXY CONTENTS.—Proxy materials for a shareholder vote required by paragraph (1) shall include—

“(A) the amount of compensation paid to the lowest paid employee of the issuer;

“(B) the amount of compensation paid to the highest paid employee of the issuer;

“(C) the average amount of compensation paid to all employees of the issuer;

“(D) the number of employees of the issuer who are paid more than 100 times the average amount of compensation for all employees of the issuer; and

“(E) the total amount of compensation paid to employees who are paid more than 100 times the average amount of compensation for all employees of the issuer.

“(3) DEFINITION OF COMPENSATION.—

“(A) IN GENERAL.—For purposes of this subsection, the term ‘compensation’ includes wages, salary, fees, commissions, fringe benefits, deferred compensation, retirement contributions, options, bonuses, property, and any other form of remuneration that the Commission determines is appropriate, in consultation with the Secretary of the Treasury.

“(B) PART-TIME AND PART-YEAR EMPLOYEES.—In the case of any employee which is a part-time employee of the issuer, or which is not employed by the issuer for a full taxable year, the compensation of such employee shall be calculated for purposes of this subsection on an annualized basis.”.

(b) DEADLINE FOR RULEMAKING.—Not later than 1 year after the date of enactment of this Act, the Securities and Exchange Commission shall issue any final rules and regulations required to carry out section 16(h) of the Securities Exchange Act of 1934, as added by this section.

By Mr. DURBIN:

S. 1007. A bill to amend the Internal Revenue Code of 1986 to deny a deduction for excessive compensation of any employee of an employer; to the Committee on Banking, Housing, and Urban Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1007

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Excessive Pay Capped Deduction Act of 2009”.

SEC. 2. DENIAL OF DEDUCTION FOR PAYMENTS OF EXCESSIVE COMPENSATION.

(a) IN GENERAL.—Section 162 of the Internal Revenue Code of 1986 is amended by inserting after subsection (h) the following new subsection:

“(i) EXCESSIVE COMPENSATION.—

“(1) IN GENERAL.—No deduction shall be allowed under this chapter for any excessive compensation for any employee of the taxpayer.

“(2) EXCESSIVE COMPENSATION.—For purposes of this subsection, the term ‘excessive compensation’ means, with respect to any employee, the amount by which the compensation for services performed by such employee during the taxable year exceeds the amount which is equal to 100 times the amount of the average compensation for services performed by all employees of the taxpayer during the taxable year.

“(3) OTHER DEFINITIONS AND SPECIAL RULES.—

“(A) COMPENSATION.—

“(i) IN GENERAL.—For purposes of this subsection, the term ‘compensation’ includes wages, salary, fees, commissions, fringe benefits, deferred compensation, retirement contributions, options, bonuses, property, and any other form of remuneration that the Secretary determines is appropriate.

“(ii) PART-TIME AND PART-YEAR EMPLOYEES.—In the case of any employee which is a part-time employee of the taxpayer or which is not employed by the taxpayer for a full taxable year, the compensation of such employee shall be calculated for purposes of this subparagraph on an annualized basis.

“(B) EMPLOYER.—All persons treated as a single employer under subsection (a) or (b) of section 52 or subsection (m) or (o) of section 414 shall be treated as a single taxpayer for purposes of this subsection.

“(4) REPORTING.—Each employer that provides any excessive compensation to any employee during a taxable year shall file a report with the Secretary with respect to such taxable year including—

“(A) the amount of compensation of the employee of the taxpayer receiving the lowest amount of compensation during such taxable year,

“(B) the amount of compensation of the employee of the taxpayer receiving the highest amount of compensation during such taxable year,

“(C) the average compensation of all employees of the taxpayer during such taxable year,

“(D) the number of employees of the taxpayer who are receiving compensation that is more than 100 times the average compensation of all employees of the taxpayer during such taxable year, and

“(E) the amounts of compensation of the employees described in subparagraph (D) during such taxable year.

Such report shall be filed at such time and in such manner as the Secretary may require.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

By Mrs. SHAHEEN (for herself, Mr. GREGG, and Mr. KOHL):

S. 1008. A bill to amend title 10, United States Code, to limit requirements of separation pay, special separation benefits, and voluntary separation incentive from members of the Armed Forces subsequently receiving retired or retainer pay; to the Committee on Armed Services.

Mrs. SHAHEEN. Mr. President, I rise today to introduce the Military Retirement Pay Fairness Act of 2009. I want to thank my colleague, Senator GREGG, for cosponsoring this important legislation.

The Military Retirement Pay Fairness Act addresses a critical issue that impacts our nation's veterans. Certain service members who receive special separation pay must have that benefit recouped if they later re-enlist and become eligible for a pension. Under current law, the Department of Defense, DOD, is bound by a statutory formula for recouping that benefit and cannot change the amount it recoups each month, even if it results in severe financial hardship for our nation's veterans. In fact, many veterans are currently in dire financial straits because of this unnecessarily harsh formula. This legislation will fix the formula and provide these veterans with much needed financial relief.

I would like to talk about one particular veteran who brought this issue to my attention. Sgt. Wayne Merritt of Dover, New Hampshire served in the Air Force for nearly 14 years until the end of the Cold War, when the Defense Department began to draw down its forces. At DOD's encouragement, Mr. Merritt took a one-time Special Separation Benefit, and then started working in the private sector.

But in 1996, Sgt. Merritt decided to serve his country once again, joining the New Hampshire Air National Guard. When Sgt. Merritt retired in 2006, he became eligible for a pension that provided him and his family with enough to help pay the bills, especially his monthly mortgage payments.

However, just a couple of months ago, Sgt. Merritt had his life turned upside down when he got a letter in the mail from the Defense Department. The letter said that, within a few weeks, DOD would begin recouping his separation benefit by withholding more than half of his pension each month until the full amount is paid back.

Sgt. Merritt was shocked. He planned his family budget around a pension payment he had been receiving each month for nearly 2 years, only to get a letter saying that, in a few weeks, it would be reduced by more than half. Sgt. Merritt suddenly found himself in a position where he couldn't make ends meet and make his mortgage payments. In fact, he was so concerned that he contacted a real estate agent to talk about selling his home.

Sgt. Merritt contacted DOD, asking if there was anything that could be done to work out a manageable month-

ly payment plan. Sgt. Merritt did not ask for the amount to be forgiven, but simply asked DOD to be flexible and work out a payment plan that he could afford. DOD told him that there was nothing it could do to help, citing a statute that tied its hands.

On behalf of Sgt. Merritt, I contacted DOD and spoke to Undersecretary Robert Hale. He told me that DOD doesn't have a choice—it must recoup over half of his income because the formula in the statute dictates the rate. The result is that Sgt. Merritt, and over 1,000 veterans in similar situations across the country, face financial hardship as a result of an unfair rule. As each month goes by, DOD has to garnish over half of Sgt. Merritt's pension payments.

I do not believe that Congress intends to treat our Nation's veterans this way. That is why I am introducing legislation today that would provide a simple and straightforward solution. Instead of an unnecessarily harsh formula, our bill will provide DOD with the flexibility it needs to develop manageable monthly payment plans that do not impose undue financial hardship on service members. In addition, DOD would be required to consult with the service member to create a monthly payment plan, taking into account a veteran's financial situation when determining how much should be recouped each month. To make sure these payment plans are manageable, DOD would only be able to recoup, at the most, 25 percent of the veteran's monthly pension check until the benefit is repaid.

This legislation would also address other problems with pension recoupment.

It would provide service members with adequate notice of the recoupment so that they have time to prepare for the loss of income. Sgt. Merritt received his letter just weeks before DOD garnished over half of his pension pay. This legislation ensures that service members have at least 90 days notice before recoupment begins.

Finally, the legislation would also give the Secretary of Defense the flexibility to ensure that no veteran will be left destitute from this recoupment. We need to recognize that financial circumstances change over time. If recouping the benefit would cause a severe financial hardship, the Secretary of Defense should be able to waive that amount.

This legislation is critical. Each month, over 1,000 veterans face circumstances similar to Sgt. Merritt's. Undersecretary Robert Hale told me that while he sympathizes with these veterans, he has no legal recourse to change the amount it recoups every month. This legislation provides DOD with the flexibility it needs to ensure that we do not punish veterans who have made the courageous decision to serve their country again.

I'm glad that this effort has the support of DOD, as well as veterans orga-

nizations like the Veterans of Foreign Wars, VFW, and the Military Officers Association of America, MOAA.

I want to thank Senator GREGG for his support of this important, common sense legislation. I also want to thank my fellow New Hampshire delegation member, CAROL SHEA-PORTER, for introducing companion legislation in the House. I urge my colleagues to join me in addressing these important issues.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1008

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Military Retired Pay Fairness Act of 2009".

SEC. 2. LIMITATIONS ON RECOUPMENT OF SEPARATION PAY, SPECIAL SEPARATION BENEFITS, AND VOLUNTARY SEPARATION INCENTIVE FROM MEMBERS SUBSEQUENTLY RECEIVING RETIRED OR RETAINER PAY.

(a) SEPARATION PAY AND SPECIAL SEPARATION BENEFITS.—Section 1174(h)(1) of title 10, United States Code, is amended—

- (1) by inserting "(A)" after "(1)";
- (2) in subparagraph (A), as so designated, by striking "so much of such pay as is based on the service for which he received separation pay under this section or separation pay, severance pay, or readjustment pay under any other provision of law" and inserting "an amount, in such schedule of monthly installments as the Secretary of Defense shall specify taking into account the financial ability of the member to pay and avoiding the imposition of undue financial hardship on the member and member's dependents,"; and
- (3) by adding at the end the following new subparagraphs:

"(B) The amount deducted under subparagraph (A) from a payment of retired or retainer pay may not exceed 25 percent of the amount of the member's retired or retainer pay for that month unless the member requests or consents to deductions at an accelerated rate. The Secretary concerned shall consult with the member regarding the repayment rate to be imposed, taking into account the financial ability of the member to pay and avoiding the imposition of an undue hardship on the member and the member's dependents.

"(C) The deduction of amounts from the retired or retainer pay of a member under this paragraph may not commence until the date that is 90 days after the date on which the Secretary concerned notifies the member of the deduction of such amounts under this paragraph. Any notice under this subparagraph shall be designed to provide clear and comprehensive information on the deduction of amounts under this paragraph, including information on the determination of the amount and period of installments under this paragraph.

"(D) The Secretary concerned may waive the deduction of amounts from the retired or retainer pay of a member under this paragraph if the Secretary determines that deduction of such amounts would result in a financial hardship for the member."

(b) VOLUNTARY SEPARATION INCENTIVE.—Section 1175(e)(3) of such title is amended—

- (1) in subparagraph (A), by striking "so much of such pay as is based on the service

for which he received the voluntary separation incentive” and inserting “an amount, in such schedule of monthly installments as the Secretary of Defense shall specify taking into account the financial ability of the member to pay and avoiding the imposition of undue financial hardship on the member and member’s dependents.”;

(2) by redesignating subparagraph (B) as subparagraph (C);

(3) by inserting after subparagraph (A) the following new subparagraph:

“(B) The amount deducted under subparagraph (A) from a payment of retired or retainer pay may not exceed 25 percent of the amount of the member’s retired or retainer pay for that month unless the member requests or consents to deductions at an accelerated rate. The Secretary concerned shall consult with the member regarding the repayment rate to be imposed, taking into account the financial ability of the member to pay and avoiding the imposition of an undue hardship on the member and the member’s dependents.”; and

(4) by adding at the end the following new subparagraphs:

“(D) The deduction of amounts from the retired or retainer pay of a member under this paragraph may not commence until the date that is 90 days after the date on which the Secretary concerned notifies the member of the deduction of such amounts under this paragraph. Any notice under this subparagraph shall be designed to provide clear and comprehensive information on the deduction of amounts under this paragraph, including information on the determination of the amount and period of installments under this paragraph.

“(E) The Secretary concerned may waive the deduction of amounts from the retired or retainer pay of a member under this paragraph if the Secretary determines that deduction of such amounts would result in a financial hardship for the member.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the first day of the first month beginning on or after the date of the enactment of this Act and apply to deductions made from the retired or retainer pay of members of the uniformed services for that month and subsequent months.

By Mr. AKAKA (for himself, Mr. COCHRAN, Mr. DODD, and Mr. DURBIN):

S. 1010. A bill to establish a National Foreign Language Coordinator Council; to the Committee on Health, Education, Labor, and Pensions.

Mr. AKAKA. Mr. President, I am pleased to reintroduce the National Foreign Language Coordination Act with my colleagues Senators COCHRAN, DODD, and DURBIN. Through sustained leadership and a coordinated plan of action, our bill aims to increase the number of individuals with foreign language skills and cultural understanding.

Globalization has made the world smaller and Americans must be better equipped, with language skills and cultural knowledge, not only to survive in it, but to prosper. Whether it is: competing on the world market to provide goods and services, cross cultural exchanges between educators and business people of different countries, or allied military or diplomatic operations to make the world more secure and peaceful, all of these efforts require communication to succeed.

It took the tragic events of 9-11 to bring attention to our shortage of foreign language speakers. Many of you know about the emergency call for linguists following the attacks. Unfortunately, this was not surprising. The fact that only 9.3 percent of all Americans speak both their native languages and another language fluently, compared with 56 percent of people in the European Union, is cause for alarm.

Our national security continues to be at risk without enough foreign language proficient individuals. Counterterrorism intelligence will go untranslated, or be so late as to lose its usefulness, if we do not have more foreign language experts. Foreign language skills are also vitally important to preserve the economic competitiveness of the U.S. Globalization forces some Americans to compete for jobs in a marketplace no longer limited by borders. According to the Committee for Economic Development, the lack of foreign language skills and international knowledge results in embarrassing and costly cultural blunders for companies. In fact, the Committee reports that American companies lose an estimated \$2 billion a year due to inadequate cultural understanding.

Many of the Federal Government’s efforts to address language needs in the U.S. over the past 40 years have come in reaction to international events. We do not have a proactive policy.

In 1958, the National Defense Education Act was passed in response to the Soviet Union’s first space launch. We were determined to win the space race and make certain that the U.S. never came up short again in math, science, technology, or foreign languages. That act was a great success, but in the late 70s its foreign language programs merged into larger education reform measures and lost their prominence. The results are clear. In 1979, the President’s Commission on Foreign Language and International Studies said that “Americans’ incompetence in foreign languages is nothing short of scandalous, and it is becoming worse.”

After 9-11, Congress and the administration once again took action to address language shortfalls, but I fear that these efforts will prove to be only a band-aid and not a complete cure to the Nation’s recurring foreign language needs. Despite the administration’s efforts to implement new programs and policies to address our language shortfalls, I fear that without sustained leadership and a coordinated effort among all Federal agencies, state and local governments, the private sector, and academia, we will remain where we are today: scrambling to find linguists after another major international event. We must be prepared to avoid another 9-11 type shortage.

Together we must commit to build and maintain language expertise and relationships with people from all across the world—whether or not the languages they speak are considered critical at the time—and to ensure that

we have the infrastructure in place to prevent catastrophic events—or at least be prepared to respond to them. To this end, there needs to be one person in the Executive Branch who will lead the cross-agency efforts to better understand America’s language needs for the next 5, 15, or 20 years, and to figure out how to address those needs. This leadership must be comprehensive, as no one sector—Government, industry, or academia—has all of the needs for language and cultural competency, or all of the solutions.

The Bush administration’s National Security Language Initiative was a good first step at coordinating efforts among the Intelligence Directorate and the Departments of Defense, Education, and State to address our national security language needs. However, we must ensure that this effort will continue, bring in the advice of all Federal agencies and stakeholders, and address our economic security needs.

The legislation we introduce today would set us on the right course by implementing a key recommendation of the 2004 Department of Defense, DOD, National Language Conference and echoed by Department of Defense sponsored State language roadmap summits which is to establish a National Foreign Language Coordination Council, chaired by a National Language Advisor. An integrated foreign language strategy and sustained leadership within the Federal Government is needed to address the lack of foreign language proficient speakers in government, academia and the private sector. Just as I have advocated the need for deputy secretaries for management at the Departments of Defense and Homeland Security to direct and sustain management leadership, I envision a National Language Advisor to be responsible for maintaining and leading a cooperative effort to strengthen our foreign language capabilities. Without such a coordinated strategy in the world in which we live, I fear that the country’s national and economic security will be at greater risk.

Specifically, our bill ensures that the key recommendations of the DOD National Language Conference be implemented by having strong leadership that will develop policies and programs that build the Nation’s language and cultural understanding capability; engage Federal, State, and local agencies and the private sector in solutions; develop language skills in a wide range of critical languages; strengthen our education system, programs, and tools in foreign languages and cultures; and, integrate language training into career fields and increasing the number of language professionals.

To strengthen the role of the U.S. in the world, our country must ensure that there are sufficient numbers of individuals who are proficient in languages other than English. Increasing foreign language skills enhances national security and economic prosperity.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1010

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “National Foreign Language Coordination Act of 2009”.

SEC. 2. ESTABLISHMENT OF NATIONAL FOREIGN LANGUAGE COORDINATION COUNCIL.

(a) ESTABLISHMENT.—There is established in the Executive Office of the President a National Foreign Language Coordination Council (in this Act referred to as the “Council”), directed by a National Language Advisor (in this Act referred to as the “Advisor”) appointed by the President.

(b) MEMBERSHIP.—The Council shall consist of the following members or their designees:

- (1) The Advisor, who shall serve as the chairperson of the Council.
- (2) The Secretary of Education.
- (3) The Secretary of Defense.
- (4) The Secretary of State.
- (5) The Secretary of Homeland Security.
- (6) The Attorney General.
- (7) The Director of National Intelligence.
- (8) The Secretary of Labor.
- (9) The Secretary of Commerce.
- (10) The Secretary of Health and Human Services.

(11) The Director of the Office of Personnel Management.

(12) The heads of such other Federal agencies as the Council considers appropriate.

(c) RESPONSIBILITIES.—

(1) IN GENERAL.—The Council shall be charged with—

(A) overseeing, coordinating, and implementing continuing national security and education language initiatives;

(B) not later than 18 months after the date of enactment of this Act, developing a national foreign language strategy, building upon efforts such as the National Security Language Initiative, the National Language Conference, the National Defense Language Roadmap, the Language Continuum of the Department of State, and others, in consultation with—

- (i) State and local government agencies;
- (ii) academic sector institutions;
- (iii) foreign language related interest groups;
- (iv) business associations, including industry;
- (v) heritage associations; and
- (vi) other relevant stakeholders;

(C) conducting a survey of the status of Federal agency foreign language and area expertise and agency needs for such expertise; and

(D) monitoring the implementation of such strategy through—

- (i) application of current and recently enacted laws; and
- (ii) the promulgation and enforcement of rules and regulations.

(2) STRATEGY CONTENT.—The strategy developed under paragraph (1) shall include—

(A) recommendations for amendments to title 5, United States Code, in order to improve the ability of the Federal Government to recruit and retain individuals with foreign language proficiency and provide foreign language training for Federal employees;

(B) the long term goals, anticipated effect, and needs of national security language initiatives;

(C) identification of crucial priorities across all sectors;

(D) identification and evaluation of Federal foreign language programs and activities, including—

- (i) any duplicative or overlapping programs that may impede efficiency;
- (ii) recommendations on coordination;
- (iii) program enhancements; and
- (iv) allocation of resources so as to maximize use of resources;

(E) needed national policies and corresponding legislative and regulatory actions in support of, and allocation of designated resources to, promising programs and initiatives at all levels (Federal, State, and local), especially in the less commonly taught languages that are seen as critical for national security and global competitiveness during the next 20 to 50 years;

(F) effective ways to increase public awareness of the need for foreign language skills and career paths in all sectors that can employ those skills, with the objective of increasing support for foreign language study among—

- (i) Federal, State, and local leaders;
- (ii) students;
- (iii) parents;
- (iv) elementary, secondary, and postsecondary educational institutions; and
- (v) employers;

(G) recommendations for incentives for related educational programs, including foreign language teacher training;

(H) coordination of cross-sector efforts, including public-private partnerships;

(I) coordination initiatives to develop a strategic posture for language research and recommendations for funding for applied foreign language research into issues of national concern;

(J) identification of and means for replicating best practices at all levels and in all sectors, including best practices from the international community; and

(K) recommendations for overcoming barriers in foreign language proficiency.

(d) SUBMISSION OF STRATEGY TO PRESIDENT AND CONGRESS.—Not later than 18 months after the date of enactment of this Act, the Council shall prepare and submit to the President and the relevant committees of Congress the strategy required under subsection (c).

(e) MEETINGS.—The Council may hold such meetings, and sit and act at such times and places, as the Council considers appropriate, but shall meet in formal session not less than 2 times a year. State and local government agencies and other organizations (such as academic sector institutions, foreign language-related interest groups, business associations, industry, and heritage community organizations) shall be invited, as appropriate, to public meetings of the Council at least once a year.

(f) STAFF.—

(1) IN GENERAL.—The Advisor may—

(A) appoint, without regard to the provisions of title 5, United States Code, governing the competitive service, such personnel as the Advisor considers necessary; and

(B) compensate such personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of that title.

(2) DETAIL OF GOVERNMENT EMPLOYEES.—Upon request of the Council, any Federal Government employee may be detailed to the Council without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(3) EXPERTS AND CONSULTANTS.—With the approval of the Council, the Advisor may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

(4) TRAVEL EXPENSES.—Council members and staff shall be allowed travel expenses, in-

cluding per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council.

(5) SECURITY CLEARANCE.—

(A) IN GENERAL.—Subject to subparagraph (B), the appropriate Federal agencies or departments shall cooperate with the Council in expeditiously providing to the Council members and staff appropriate security clearances to the extent possible pursuant to existing procedures and requirements.

(B) EXCEPTION.—No person shall be provided with access to classified information under this section without the appropriate required security clearance access.

(6) COMPENSATION.—The rate of pay for any employee of the Council (including the Advisor) may not exceed the rate payable for level V of the Executive Schedule under section 5316 of title 5, United States Code.

(g) POWERS.—

(1) DELEGATION.—Any member or employee of the Council may, if authorized by the Council, take any action that the Council is authorized to take in this Act.

(2) INFORMATION.—

(A) COUNCIL AUTHORITY TO SECURE.—The Council may secure directly from any Federal agency such information, consistent with Federal privacy laws, including The Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and Department of Education’s General Education Provisions Act (20 U.S.C. 1232(h)), the Council considers necessary to carry out its responsibilities.

(B) REQUIREMENT TO FURNISH REQUESTED INFORMATION.—Upon request of the Advisor, the head of such agency shall furnish such information to the Council.

(3) DONATIONS.—The Council may accept, use, and dispose of gifts or donations of services or property.

(4) MAIL.—The Council may use the United States mail in the same manner and under the same conditions as other Federal agencies.

(h) CONFERENCES, NEWSLETTER, AND WEBSITE.—In carrying out this Act, the Council—

(1) may arrange Federal, regional, State, and local conferences for the purpose of developing and coordinating effective programs and activities to improve foreign language education;

(2) may publish a newsletter concerning Federal, State, and local programs that are effectively meeting the foreign language needs of the nation; and

(3) shall create and maintain a website containing information on the Council and its activities, best practices on language education, and other relevant information.

(i) ANNUAL REPORT.—Not later than 90 days after the date of the enactment of this Act, and annually thereafter, the Council shall prepare and transmit to the President and the relevant committees of Congress a report that describes—

- (1) the activities of the Council;
- (2) the efforts of the Council to improve foreign language education and training; and
- (3) impediments to the use of a National Foreign Language program, including any statutory and regulatory restrictions.

(j) ESTABLISHMENT OF A NATIONAL LANGUAGE ADVISOR.—

(1) IN GENERAL.—The National Language Advisor appointed by the President shall be a nationally recognized individual with credentials and abilities across the sectors to be involved with creating and implementing long-term solutions to achieving national foreign language and cultural competency.

(2) RESPONSIBILITIES.—The Advisor shall—

(A) develop and monitor the implementation of a national foreign language strategy, built upon the efforts of the National Security Language Initiative, across all sectors;

(B) establish formal relationships among the major stakeholders in meeting the needs of the Nation for improved capabilities in foreign languages and cultural understanding, including Federal, State, and local government agencies, academia, industry, labor, and heritage communities; and

(C) coordinate and lead a public information campaign that raises awareness of public and private sector careers requiring foreign language skills and cultural understanding, with the objective of increasing interest in and support for the study of foreign languages among national leaders, the business community, local officials, parents, and individuals.

(k) ENCOURAGEMENT OF STATE INVOLVEMENT.—

(1) STATE CONTACT PERSONS.—The Council shall consult with each State to provide for the designation by each State of an individual to serve as a State contact person for the purpose of receiving and disseminating information and communications received from the Council.

(2) STATE INTERAGENCY COUNCILS AND LEAD AGENCIES.—Each State is encouraged to establish a State interagency council on foreign language coordination or designate a lead agency for the State for the purpose of assuming primary responsibility for coordinating and interacting with the Council and State and local government agencies as necessary.

(l) CONGRESSIONAL NOTIFICATION.—The Council shall provide to Congress such information as may be requested by Congress, through reports, briefings, and other appropriate means.

(m) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as necessary to carry out this Act.

By Mr. REID (for Mr. ROCKEFELLER (for himself, Mr. BYRD, Mr. BAYH, Mr. BEGICH, Mr. NELSON, of Nebraska, Mr. WHITEHOUSE, and Mr. LEVIN)):

S. 1012. A bill to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of Mother's Day; to the Committee on Banking, Housing, and Urban Affairs.

Mr. ROCKEFELLER. Mr. President, I rise today to introduce the Mother's Day Centennial Coin Commemorative Coin Act. I am proud to have the senior Senator from West Virginia, Senator BYRD, as an original cosponsor given that this is a special event for our state. We are joined by Senators BAYH, BEGICH, BEN NELSON, WHITEHOUSE and LEVIN.

In 1908, a West Virginian woman by the name of Anna Jarvis petitioned her local church to declare May 9th as Mother's Day. Within 6 years, the holiday became nationally recognized. Now, more than 100 years after that first Mother's Day, we have the opportunity to commemorate the centennial of this great holiday and further recognize the millions of American mothers whose essential role in life cannot be overstated.

The legislation I am introducing today would recognize the centennial of Mother's Day by authorizing the

Treasury to mint commemorative Mother's Day coins. Profits generated from the sale of the coins would be donated to Susan G. Komen for the Cure and The National Osteoporosis Foundation. Susan G. Komen for the Cure has raised more than \$1 billion for breast cancer research since 1982, and the National Osteoporosis Foundation is considered our Nation's leading voluntary health organization. Thousands of women have benefited from the efforts of these organizations and they are well deserving of our support.

These coins will not only raise awareness of the proud history of Mother's Day, but will help improve the health of thousands of our Nation's mothers. Therefore, I encourage my colleagues to reflect upon their relationships with the mothers in their lives, and join me in supporting this legislation to recognize the past century's worth of noble women and help ensure the health of those to come in the next century.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 136—A BILL EXPRESSING THE SENSE OF THE SENATE THAT THE UNITED STATES SHOULD INITIATE NEGOTIATIONS TO ENTER INTO A FREE TRADE AGREEMENT WITH THE COUNTRY OF GEORGIA

Mr. KERRY (for himself and Mr. LUGAR) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 136

Whereas Georgia has been developing its democratic and market-economy institutions for over a decade;

Whereas the pace of democratic and economic reforms has accelerated dramatically since the Rose Revolution of 2003;

Whereas the democratically-elected government of Georgia has worked aggressively to combat corruption and increase transparency and accountability in government institutions, and should continue to do so;

Whereas Georgia has implemented a number of economic reforms, particularly in its tax and regulatory regimes;

Whereas such reforms were designed to encourage entrepreneurship and small business development;

Whereas Georgia's economic reforms have spurred strong economic growth and foreign direct investment;

Whereas the August conflict with Russia nearly halted Georgia's economic growth, depleted public resources, drove up unemployment, and left a severe humanitarian crisis in its wake;

Whereas the global financial crisis has further hindered growth and investment in Georgia;

Whereas strong economic growth and investment would provide the necessary resources for Georgia to recover quickly from the devastation of the August conflict, as well as to further strengthen democratic institutions and solidify public support for democratic governance;

Whereas a vibrant, stable democracy in the Caucasus region is in the interest of the United States;

Whereas Georgia's position along energy transit routes is of strategic importance to the United States;

Whereas Georgia has aggressively sought integration into Euro-Atlantic institutions;

Whereas closer engagement with Georgia through trade negotiations would encourage even greater reform in Georgia and build its capacity to further modernize and liberalize its economy;

Whereas Georgia is a member of the World Trade Organization; and

Whereas pursuant to an agreement between Congress and the Bush Administration reached on May 10, 2007, the United States is committed to assisting its trading partners in efforts to improve standards of environmental and labor protections: Now, therefore, be it

Resolved, That it is the sense of the Senate that the United States should initiate negotiations to enter into a free trade agreement with Georgia.

SENATE RESOLUTION 137—RECOGNIZING AND COMMENDING THE PEOPLE OF THE GREAT SMOKY MOUNTAINS NATIONAL PARK ON THE 75TH ANNIVERSARY OF THE ESTABLISHMENT OF THE PARK

Mr. ALEXANDER (for himself, Mr. BURR, Mr. CORKER, and Mrs. HAGAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 137

Whereas, in the 1920s, groups of citizens and officials in Western North Carolina and Eastern Tennessee displayed enormous foresight in recognizing the potential benefits of a national park in the Southern Appalachian Mountains;

Whereas the location of the park that became the Great Smoky Mountains National Park was selected from among the finest examples of the most scenic and intact mountain forests in the Southeastern United States;

Whereas the creation of the Great Smoky Mountains National Park was the product of more than 2 decades of determined effort by leaders of communities across Western North Carolina and Eastern Tennessee;

Whereas the State legislatures and Governors of North Carolina and Tennessee exercised great vision in appropriating the funding that was used, along with funding from the Laura Spelman Rockefeller Memorial Fund, to purchase more than 400,000 acres of private land that became part of the Great Smoky Mountains National Park;

Whereas the citizens of communities surrounding the Great Smoky Mountains National Park generously contributed funding for land acquisition to bring the Great Smoky Mountains National Park into being;

Whereas more than 1,100 families and other property owners were called upon to sacrifice their farms and homes for the benefit and enjoyment of future generations that would visit the Great Smoky Mountains National Park;

Whereas the Great Smoky Mountains National Park was established as a completed park by the Act entitled "An Act to establish a minimum area for the Great Smoky Mountains National Park, and for other purposes", approved June 15, 1934 (16 U.S.C. 403g);

Whereas the Great Smoky Mountains National Park covers approximately 521,621 acres of land in the States of Tennessee and North Carolina, making it the largest protected area in the Eastern United States;