

(c) RELATION TO CORE MISSIONS AND SECURITY.—The expansion of the operations of overseas laboratories of the Centers or the Department under this section shall not—

- (1) detract from the established core missions of the laboratories; or
- (2) compromise the security of those laboratories, as well as their research, equipment, expertise, and materials.

**SEC. 13. ASSISTANCE FOR REGIONAL HEALTH NETWORKS AND EXPANSION OF FOREIGN EPIDEMIOLOGY TRAINING PROGRAMS.**

(a) AUTHORITY.—The President is authorized, on such terms and conditions as the President may determine, to provide assistance for the purposes of—

- (1) enhancing the surveillance and reporting capabilities for the World Health Organization and existing regional health networks; and
- (2) developing new regional health networks.

(b) EXPANSION OF FOREIGN EPIDEMIOLOGY TRAINING PROGRAMS.—The Secretary of Health and Human Services is authorized to establish new country or regional Foreign Epidemiology Training Programs in eligible developing countries.

**SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

(a) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Subject to subsection (c), there are authorized to be appropriated \$70,000,000 for the fiscal year 2003 and \$80,000,000 for fiscal year 2004, to carry out this Act.

(2) ALLOCATION OF FUNDS.—Of the amounts made available under paragraph (1)—

(A) \$50,000,000 for the fiscal year 2003 and \$50,000,000 for the fiscal year 2004 are authorized to be available to carry out sections 6, 7, 8, and 9;

(B) not more than \$2,000,000 shall be available for each of the fiscal years 2003 and 2004 for the specific training programs authorized in section 6, of which not more than \$500,000 shall be available to carry out subsection (a)(1) of such section and not more than \$1,500,000 shall be available to carry out subsection (a)(2) of such section;

(C) \$5,000,000 for the fiscal year 2003 and \$5,000,000 for the fiscal year 2004 are authorized to be available to carry out section 10;

(D) \$2,000,000 for the fiscal year 2003 and \$2,000,000 for the fiscal year 2004 are authorized to be available to carry out section 11;

(E) \$8,000,000 for the fiscal year 2003 and \$18,000,000 for the fiscal year 2004 are authorized to be available to carry out section 12; and

(F) \$5,000,000 for the fiscal year 2003 and \$5,000,000 for the fiscal year 2004 are authorized to be available to carry out section 13.

(b) AVAILABILITY OF FUNDS.—The amount appropriated pursuant to subsection (a) is authorized to remain available until expended.

(c) REPORTING REQUIREMENT.—

(1) REPORT.—Not later than 90 days after the date of enactment of this Act, the Secretary shall submit a report, in conjunction with the Secretary of Health and Human Services and the Secretary of Defense, containing—

(A) a description of the implementation of programs under this Act; and

(B) an estimate of the level of funding required to carry out those programs at a sufficient level.

(2) LIMITATION ON OBLIGATION OF FUNDS.—Not more than 10 percent of the amount appropriated pursuant to subsection (a) may be obligated before the date on which a report is submitted, or required to be submitted, whichever first occurs, under paragraph (1).

Mr. FRIST. Mr. President, I rise to join with my colleagues Senators

BIDEN, HELMS, and KENNEDY in introducing the Global Pathogen Surveillance Act of 2002. This bipartisan legislation will help ensure that we are better prepared globally to deal with biological threats and attacks.

The Global Pathogen Surveillance Act of 2002 authorizes enhanced bilateral and multilateral activities to improve the capacity of the United States and our partners in the international community to detect and contain infectious diseases and biological weapons. The Global Pathogen Surveillance Act will enhance the training, upgrade equipment and communications systems, and provide additional American expertise and assistance in international surveillance.

To better prepare our nation to meet the growing threat of bioterrorism, we must put in place and maintain a comprehensive framework including prevention, preparedness and consequence management. To accomplish this goal, we not only need to strengthen our local public health infrastructure domestically, but to work with our friends and neighbors in the global community to prevent, detect, and appropriately contain and respond to bioterrorist activities outside our borders. This is truly a global responsibility. Infectious diseases, such as smallpox, do not respect borders. If we can prevent their spread in other countries around the world, we can better protect our citizens here at home.

I applaud Senators HELMS and BIDEN for their leadership in this area. I look forward to working with them, and all of my colleagues to ensure that we provide appropriate authorities and funding to improve our international efforts to detect and contain infectious diseases and offensive biological threats.

By Mrs. CLINTON (for herself,  
Ms. SNOWE, Ms. MIKULSKI, and  
Mr. BREAU):

S. 2489. A bill to amend the Public Health Service Act to establish a program to assist family caregivers in accessing affordable and high-quality respite care, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

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

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

S. 2489

*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 “Lifespan Respite Care Act of 2002”.

**SEC. 2. LIFESPAN RESPITE CARE.**

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

**“TITLE XXVIII—LIFESPAN RESPITE CARE**

**“SEC. 2801. FINDINGS AND PURPOSES.**

“(a) FINDINGS.—Congress finds that—

“(1) an estimated 26,000,000 individuals in the United States care each year for 1 or more adult family members or friends who are chronically ill, disabled, or terminally ill;

“(2) an estimated 18,000,000 children in the United States have chronic physical, developmental, behavioral, or emotional conditions that demand caregiver monitoring, management, supervision, or treatment beyond that required of children generally;

“(3) approximately 6,000,000 children in the United States live with a grandparent or other relative because their parents are unable or unwilling to care for them;

“(4) an estimated 165,000 children with disabilities in the United States live with a foster care parent;

“(5) nearly 4,000,000 individuals in the United States of all ages who have mental retardation or another developmental disability live with their families;

“(6) almost 25 percent of the Nation’s elders experience multiple chronic disabling conditions that make it necessary to rely on others for help in meeting their daily needs;

“(7) every year, approximately 600,000 Americans die at home and many of these individuals rely on extensive family caregiving before their death;

“(8) of all individuals in the United States needing assistance in daily living, 42 percent are under age 65;

“(9) there are insufficient resources to replace family caregivers with paid workers;

“(10) if services provided by family caregivers had to be replaced with paid services, it would cost approximately \$200,000,000,000 annually;

“(11) the family caregiver role is personally rewarding but can result in substantial emotional, physical, and financial hardship;

“(12) approximately 75 percent of family caregivers are women;

“(13) family caregivers often do not know where to find information about available respite care or how to access it;

“(14) available respite care programs are insufficient to meet the need and are directed at primarily lower income populations and family caregivers of the elderly, leaving large numbers of family caregivers without adequate support; and

“(15) the limited number of available respite care programs find it difficult to recruit appropriately trained respite workers.

“(b) PURPOSES.—The purposes of this title are—

“(1) to encourage States to establish State and local lifespan respite care programs;

“(2) to improve and coordinate the dissemination of respite care information and resources to family caregivers;

“(3) to provide, supplement, or improve respite care services to family caregivers;

“(4) to promote innovative, flexible, and comprehensive approaches to—

“(A) the delivery of respite care;

“(B) respite care worker and volunteer recruitment and training programs; and

“(C) training programs for family caregivers to assist such family caregivers in making informed decisions about respite care services;

“(5) to support evaluative research to identify effective respite care services that alleviate, reduce, or minimize any negative consequences of caregiving; and

“(6) to promote the dissemination of results, findings, and information from programs and research projects relating to respite care delivery, family caregiver strain, respite care worker and volunteer recruitment and training, and training programs for family caregivers that assist such family caregivers in making informed decisions about respite care services.

**“SEC. 2802. DEFINITIONS.**

“In this title:

“(1) **ASSOCIATE ADMINISTRATOR.**—The term ‘Associate Administrator’ means the Associate Administrator of the Maternal and Child Health Bureau of the Health Resources and Services Administration.

“(2) **CONDITION.**—The term ‘condition’ includes—

“(A) Alzheimer’s disease and related disorders;

“(B) developmental disabilities;

“(C) mental retardation;

“(D) physical disabilities;

“(E) chronic illness, including cancer;

“(F) behavioral, mental, and emotional conditions;

“(G) cognitive impairments;

“(H) situations in which there exists a high risk of abuse or neglect or of being placed in the foster care system due to abuse and neglect;

“(I) situations in which a child’s parent is unavailable due to the parent’s death, incapacitation, or incarceration; or

“(J) any other conditions as the Associate Administrator may establish by regulation.

“(3) **ELIGIBLE RECIPIENT.**—The term ‘eligible recipient’ means—

“(A) a State agency;

“(B) any other public entity that is capable of operating on a statewide basis;

“(C) a private, nonprofit organization that is capable of operating on a statewide basis;

“(D) a political subdivision of a State that has a population of not less than 3,000,000 individuals; or

“(E) any recognized State respite coordinating agency that has—

“(i) a demonstrated ability to work with other State and community-based agencies;

“(ii) an understanding of respite care and family caregiver issues; and

“(iii) the capacity to ensure meaningful involvement of family members, family caregivers, and care recipients.

“(4) **FAMILY CAREGIVER.**—The term ‘family caregiver’ means an unpaid family member, a foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with a special need.

“(5) **LIFESPAN RESPITE CARE.**—The term ‘lifespan respite care’ means a coordinated system of accessible, community-based respite care services for family caregivers of individuals regardless of the individual’s age, race, ethnicity, or special need.

“(6) **RESPITE CARE.**—The term ‘respite care’ means planned or emergency care provided to an individual with a special need—

“(A) in order to provide temporary relief to the family caregiver of that individual; or

“(B) when the family caregiver of that individual is unable to provide care.

“(7) **SPECIAL NEED.**—The term ‘special need’ means the particular needs of an individual of any age who requires care or supervision because of a condition in order to meet the individual’s basic needs or to prevent harm to the individual.

**“SEC. 2803. LIFESPAN RESPITE CARE GRANTS AND COOPERATIVE AGREEMENTS.**

“(a) **PURPOSES.**—The purposes of this section are—

“(1) to expand and enhance respite care services to family caregivers;

“(2) to improve the statewide dissemination and coordination of respite care; and

“(3) to provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

“(b) **AUTHORIZATION.**—Subject to subsection (f), the Associate Administrator is authorized to award grants or cooperative agreements to eligible recipients who submit an application pursuant to subsection (d).

“(c) **FEDERAL LIFESPAN APPROACH.**—In carrying out this section, the Associate Administrator shall work in cooperation with the National Family Caregiver Support Program Officer of the Administration on Aging, and respite care program officers in the Administration for Children and Families, the Administration on Developmental Disabilities, and the Substance Abuse and Mental Health Services Administration, to ensure coordination of respite care services for family caregivers of individuals of all ages with special needs.

“(d) **APPLICATION.**—

“(1) **SUBMISSION.**—Each eligible recipient desiring to receive a grant or cooperative agreement under this section shall submit an application to the Associate Administrator at such time, in such manner, and containing such information as the Associate Administrator shall require.

“(2) **CONTENTS.**—Each application submitted under this section shall include—

“(A) a description of the applicant’s—

“(i) understanding of respite care and family caregiver issues;

“(ii) capacity to ensure meaningful involvement of family members, family caregivers, and care recipients; and

“(iii) collaboration with other State and community-based public, nonprofit, or private agencies;

“(B) with respect to the population of family caregivers to whom respite care information or services will be provided or for whom respite care workers and volunteers will be recruited and trained, a description of—

“(i) the population;

“(ii) the extent and nature of the respite care needs of the population;

“(iii) existing respite care services for the population, including numbers of family caregivers being served and extent of unmet need;

“(iv) existing methods or systems to coordinate respite care information and services to the population at the State and local level and extent of unmet need;

“(v) how respite care information dissemination and coordination, respite care services, respite care worker and volunteer recruitment and training programs, or training programs for family caregivers that assist such family caregivers in making informed decisions about respite care services will be provided using grant or cooperative agreement funds;

“(vi) a plan for collaboration and coordination of the proposed respite care activities with other related services or programs offered by public or private, nonprofit entities, including area agencies on aging;

“(vii) how the population, including family caregivers, care recipients, and relevant public or private agencies, will participate in the planning and implementation of the proposed respite care activities;

“(viii) how the proposed respite care activities will make use, to the maximum extent feasible, of other Federal, State, and local funds, programs, contributions, other forms of reimbursements, personnel, and facilities;

“(ix) respite care services available to family caregivers in the applicant’s State or locality, including unmet needs and how the applicant’s plan for use of funds will improve the coordination and distribution of respite care services for family caregivers of individuals of all ages with special needs;

“(x) the criteria used to identify family caregivers eligible for respite care services;

“(xi) how the quality and safety of any respite care services provided will be monitored, including methods to ensure that respite care workers and volunteers are appropriately screened and possess the necessary skills to care for the needs of the care recipi-

ent in the absence of the family caregiver; and

“(xii) the results expected from proposed respite care activities and the procedures to be used for evaluating those results; and

“(C) assurances that, where appropriate, the applicant shall have a system for maintaining the confidentiality of care recipient and family caregiver records.

“(e) **REVIEW OF APPLICATIONS.**—

“(1) **ESTABLISHMENT OF REVIEW PANEL.**—The Associate Administrator shall establish a panel to review applications submitted under this section.

“(2) **MEETINGS.**—The panel shall meet as often as may be necessary to facilitate the expeditious review of applications.

“(3) **FUNCTION OF PANEL.**—The panel shall—

“(A) review and evaluate each application submitted under this section; and

“(B) make recommendations to the Associate Administrator concerning whether the application should be approved.

“(f) **AWARDING OF GRANTS OR COOPERATIVE AGREEMENTS.**—

“(1) **IN GENERAL.**—The Associate Administrator shall award grants or cooperative agreements from among the applications approved by the panel under subsection (e)(3).

“(2) **PRIORITY.**—When awarding grants or cooperative agreements under this subsection, the Associate Administrator shall give priority to applicants that show the greatest likelihood of implementing or enhancing lifespan respite care statewide.

“(g) **USE OF GRANT OR COOPERATIVE AGREEMENT FUNDS.**—

“(1) **IN GENERAL.**—

“(A) **MANDATORY USES OF FUNDS.**—Each eligible recipient that is awarded a grant or cooperative agreement under this section shall use the funds for, unless such a program is in existence—

“(i) the development of lifespan respite care at the State and local levels; and

“(ii) an evaluation of the effectiveness of such care.

“(B) **DISCRETIONARY USES OF FUNDS.**—Each eligible recipient that is awarded a grant or cooperative agreement under this section may use the funds for—

“(i) respite care services;

“(ii) respite care worker and volunteer training programs; or

“(iii) training programs for family caregivers to assist such family caregivers in making informed decisions about respite care services.

“(C) **EVALUATION.**—If an eligible recipient uses funds awarded under this section for an activity described in subparagraph (B), the eligible recipient shall use funds for an evaluation of the effectiveness of the activity.

“(2) **SUBCONTRACTS.**—Each eligible recipient that is awarded a grant or cooperative agreement under this section may use the funds to subcontract with a public or nonprofit agency to carry out the activities described in paragraph (1).

“(h) **TERM OF GRANTS OR COOPERATIVE AGREEMENTS.**—

“(1) **IN GENERAL.**—The Associate Administrator shall award grants or cooperative agreements under this section for terms that do not exceed 5 years.

“(2) **RENEWAL.**—The Associate Administrator may renew a grant or cooperative agreement under this section at the end of the term of the grant or cooperative agreement determined under paragraph (1).

“(i) **SUPPLEMENT, NOT SUPPLANT.**—Funds made available under this section shall be used to supplement and not supplant other Federal, State, and local funds available for respite care services.

“(j) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section—

- “(1) \$90,500,000 for fiscal year 2003;
- “(2) \$118,000,000 for fiscal year 2004;
- “(3) \$145,500,000 for fiscal year 2005;
- “(4) \$173,000,000 for fiscal year 2006; and
- “(5) \$200,000,000 for fiscal year 2007.

**“SEC. 2804. NATIONAL LIFESPAN RESPITE RESOURCE CENTER.**

“(a) ESTABLISHMENT.—From funds appropriated under subsection (c), the Associate Administrator shall award a grant or cooperative agreement to a public or private nonprofit entity to establish a National Resource Center on Lifespan Respite Care (referred to in this section as the ‘center’).

“(b) PURPOSES OF THE CENTER.—The center shall—

“(1) maintain a national database on lifespan respite care;

“(2) provide training and technical assistance to State, community, and nonprofit respite care programs; and

“(3) provide information, referral, and educational programs to the public on lifespan respite care.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$500,000 for each of fiscal years 2003 through 2007.”.

By Mr. TORRICELLI (for himself and Mr. SMITH of Oregon):

S. 2490. A bill to amend title XVIII of the Social Security Act to ensure the quality of, and access to, skilled nursing facility services under the Medicare Program; to the Committee on Finance.

Mr. SMITH of Oregon. Mr. President, I rise today to join my colleague, Senator TORRICELLI, in introducing the Medicare Skilled Nursing Beneficiary Protection Act of 2002, a bill that will bring better care to thousands of Oregon seniors.

Nursing homes across America are in trouble, and it's not just Wall Street analysts who will tell you that. The people who rely on nursing home services the most can share with you their concerns about the future of skilled nursing care. Impending cuts to Medicare benefits for skilled nursing facilities will jeopardize the health and safety of some of our most vulnerable seniors and people with disabilities, and we cannot in good conscience allow these cuts to occur. The Medicare Skilled Nursing Beneficiary Protection Act of 2002 will prevent cuts to Medicare funding for nursing homes and will ensure that Medicare pays for the full cost of care rather than short-changing nursing facilities.

This bill will be particularly important for Oregon. My State of Oregon is home to an ever growing population of senior citizens, and we are predicted to be the 4th oldest State in the union by the year 2020. As our citizens age, and I am among that aging group, it will be essential that we have the capacity to care for our most needy seniors. Unfortunately, instead of increasing capacity we are seeing skilled nursing facilities close all over the country. This could have disastrous consequences for an already over-taxed health care system.

Without the Medicare Skilled Nursing Beneficiary Protection Act, Oregon's nursing homes will lose \$37.58

per patient per day, and it is difficult to offer high quality services under those circumstances. We must work together to pass this important legislation to protect our seniors, and to ensure that skilled nursing facilities will still be there when the rest of us need them in only a few short years.

By Mr. INHOFE:

S. 2491. A bill to authorize the President to award a gold medal on behalf of Congress to the Choctaw and Comanche code talkers in recognition of the contributions provided by those individuals to the United States; to the Committee on Banking, Housing, and Urban Affairs.

Mr. INHOFE. Mr. President, today I rise to introduce a bill to honor a group of men who bravely served this country. I am proud to recognize the Choctaw and Comanche Code Talkers who joined the United States Armed Forces on foreign soil in the fight for freedom in two world wars.

During World War I, the Germans began tapping American lines, creating the need to provide secure communications. Despite the fact that American Indians were not citizens, 18 members of the Choctaw Nation enlisted to become the first American Indian soldiers to use their native language to transmit messages between the Allied forces.

At least one Choctaw man was placed in each field company headquarters. He would translate radio messages into the Choctaw language and then write field orders to be carried by messengers between different companies on the battle line. Fortunately, because Choctaw was an unwritten language only understood by those who spoke it, the Germans were never able to break the code.

The 18 Choctaw Code Talkers who served in the 142nd Infantry Company of the 36th Division were: Albert Billy, Victor Brown, Mitchell Bobb, Ben Carterby, George Davenport, Joe Davenport, James Edwards, Tobias Frazier, Ben Hampton, Noel Johnson, Otis Leader, Solomon Louis, Pete Maytubby, Jeff Nelson, Joseph Oklahombi, Robert Taylor, Walter Veach, and Calvin Wilson.

Similarly, the Comanche Code Talkers played an important role during World War II. Once again, the enemy began tapping American lines. In order to establish the secure transmission of messages, the United States enlisted fourteen Comanche Code Talkers who served overseas in the 4th Signal Company of the 4th Infantry Division. They were: Charles Chibitty, Haddon Codynah, Robert Holder, Forrest Kassanavoid, Wellington Mihecoby, Albert Nahquaddy, Jr., Clifford Otativo, Simmons Parker, Melvin Permansu, Elgin Red Elk, Roderick Red Elk, Larry Saupitty, Morris Tabbyetchy, and Willis Yackeshi.

The Army chose the Comanches because their language was thought to be the least known to the Germans. Sec-

ond Lieutenant Hugh Foster worked with them to develop their own unique code for military words. He gave the Indians a list of military words and then worked with them to develop a Comanche word or phrase for those words.

On June 6, 1944, just after landing in Normandy, a Comanche trained by Lt. Foster and serving as a driver and radio operator under Brigadier General Theodore Roosevelt, Jr., sent one of the first messages from Utah Beach. These communications efforts, by the Comanches, helped the Allies win the war in Europe.

It is time Congress officially recognizes these men. My bill directs the Secretary of the Treasury to award the Choctaw and Comanche Code Talkers a gold medal as a result of their great commitment and service on behalf of the United States during World Wars I and II. I welcome my colleagues to join me in saluting this group of heroes for contributing to the fight for freedom for our country and around the world.

By Mr. CLELAND:

S. 2492. A bill to amend title 5, United States Code, to require that agencies, in promulgating rules, take into consideration the impact of such rules on the privacy of individuals, and for other purposes; to the Committee on Governmental Affairs.

Mr. CLELAND. Mr. President, I rise today to introduce legislation, the Federal Agency Protection of Privacy Act, that will require Federal agencies to carefully consider the impact of proposed regulations on individual privacy. In the aftermath of the terrorist attacks of September 11, we are being forced to fight a new kind of war; a war in which we have not only physical battlefields, but battlefields of principle.

Not only must we have troops on the ground protecting our physical well-being, but we must also insure that we protect the American way of life. Ours is a country based on individual rights—rights to pursue life, liberty, and happiness, as Thomas Jefferson mentioned in the manner in which each of us sees fit.

While we are obligated, as a Government, to protect the physical safety of the American people, we also are obligated to remember our history, our struggles, and the principles for which our great Nation stands. While we enhance and strengthen our investigatory tools and physical arsenal, we cannot allow the terrorists to prevail in undermining our civil liberties.

Therefore, today, I am introducing the Federal Agency Protection of Privacy Act in the Senate as companion legislation to H.R. 4561, which was introduced by Representative BOB BARR, a long-time champion of civil liberties in the U.S. Congress. It will impose a mandate that when Federal agencies are required to publish a general notice of proposed rulemaking, they must publish an accompanying “privacy impact statement.” This initial privacy