

Senate and appeared in the Congressional Record of February 11, 2004.

PN1888 MARINE CORPS nomination of John M. Sessoms, which was received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1987 MARINE CORPS nomination of Randy O. Carter, which was received by the Senate and appeared in the Congressional Record of September 21, 2004.

#### IN THE NAVY

PN1889 NAVY nominations (146) beginning ANDREW M ARCHILA, and ending RICHARD G ZEBER, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1890 NAVY nominations (22) beginning RAY A BAILEY, and ending DAVID A STROUD, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1891 NAVY nominations (87) beginning RAYMOND ALEXANDER, and ending MARK A ZIEGLER, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1892 NAVY nominations (52) beginning STEVEN W ASHTON, and ending JASON D ZEDA, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1893 NAVY nominations (140) beginning TAMMERA L ACKISS, and ending KATHLEEN L YUHAS, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1894 NAVY nominations (243) beginning IK J AHN, and ending SARA B ZIMMER, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1895 NAVY nominations (40) beginning KERRY L ABRAMSON, and ending ANDRUE E WALL, which nominations were received by the Senate and appeared in the Congressional Record of September 8, 2004.

PN1937 NAVY nomination of Arthur B. Short, which was received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1938 NAVY nomination of Scott Drayton, which was received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1939 NAVY nomination of Cipriano Pineda Jr., which was received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1940 NAVY nominations (25) beginning MICHAEL P AMSTUTZ JR, and ending JAMES J WOJTCOWICZ, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1941 NAVY nominations (31) beginning JERRY L ALEXANDER, and ending LORI C WORKS, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1942 NAVY nominations (41) beginning PATRICK L BENNETT, and ending ERNEST C WOODWARD, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1943 NAVY nominations (19) beginning CLAUDE W ARNOLD JR, and ending STEVEN M WENDELIN, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1944 NAVY nominations (31) beginning CHRISTOPHER L BOWEN, and ending WILLIAM L WOOD, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1945 NAVY nominations (63) beginning JULIE M ALFIERI, and ending DONNA I YACOVONI, which nominations were re-

ceived by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1946 NAVY nominations (21) beginning MARIANIE O BALOLONG, and ending KAREN M WINGEART, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1947 NAVY nominations (239) beginning THOMAS G ALFORD, and ending KENDAL T ZAMZOW, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1948 NAVY nominations (809) beginning RYAN D AARON, and ending DAVID G ZOOK, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2004.

PN1964 NAVY nominations (5) beginning GLENN A. JETT, and ending MATTHEW WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of September 13, 2004.

PN1965 NAVY nominations (65) beginning RICHARD S ADCOOK, and ending JEFFREY G ZELLER, which nominations were received by the Senate and appeared in the Congressional Record of September 13, 2004.

PN1966 NAVY nomination of Daniel C. Ritenburg, which was received by the Senate and appeared in the Congressional Record of September 13, 2004.

PN1988 NAVY nomination of Dwayne Banks, which was received by the Senate and appeared in the Congressional Record of September 21, 2004.

PN1989 NAVY nominations (8) beginning BILLY R. DAVIS, and ending WILLIAM H. SPEAKS, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2004.

#### LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now return to legislative session.

#### WELFARE REFORM EXTENSION ACT, PART VIII

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate now proceed to consideration of H.R. 5149, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 5149) to reauthorize the Temporary Assistance for Needy Families block grant program through March 31, 2005, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. GRASSLEY. Mr. President, the state of children's health insurance program, or SCHIP, is one of the largest and most successful expansion of public health insurance for children since the creation of Medicaid. This vitally important program was created through a bipartisan commitment to expanding health coverage for children. Because today is the last day of the fiscal year for the Federal Government, \$1.1 billion in unspent SCHIP funds are set to expire. These are funds that have been reallocated and then subsequently have had their availability extended several times over the past few years. In addition approximately \$660 million

in unspent 2002 state allotments are available to Secretary Thompson to redistribute to states that have spent their 2002 allotments.

I want to go on the record to say that I am absolutely committed to finding a bipartisan solution that will keep the \$1.1 billion in the SCHIP program. Congress can, and should, address this issue before recessing in October, but if not, certainly before the close of the session. I want to work together with my colleagues in both parties toward a productive approach. The SCHIP program was created when people reached across the aisle and joined together to do the right thing to get kids health coverage. Today we need to move forward with this same spirit of cooperation and commitment.

We can also improve the SCHIP program to get more kids covered. In 2003, SCHIP covered 5.8 million targeted low-income individuals. However, a substantial number of children who are eligible for health coverage through SCHIP are not enrolled. This is a serious issue that deserves our thoughtful attention. We can do better.

The Federal Government should commit itself to getting more of these kids enrolled. They are entitled to health coverage under this vitally important program, yet billions of SCHIP dollars lie unspent. These unspent dollars are not helping any children today. I would hope that we can work out a plan to target a portion of the \$1.1 billion in expiring SCHIP funding towards a coordinated SCHIP outreach plan so that as many eligible children as possible receive the coverage they deserve.

Of course, I am aware that there are fiscal concerns from states that can impede their ability to use State dollars to match Federal SCHIP dollars. Some are also concerned that increased enrollment will place a burden on states already struggling with the rising cost of health care. I really believe, however, that we can find a way to get more kids covered and provide states incentives to do so.

The fact that these funds are expiring does not mean that the SCHIP program is in danger of imminent collapse. That is not the case. While I am informed by CMS that six States face potential SCHIP shortfalls in FY05, Secretary Thompson has indicated that, unless Congress passes legislation to address these shortfalls, he will redistribute the approximately \$660 million in 2002 allotments, which is more than enough to make up for these shortfalls in 2005.

Working together, Congress can reallocate the expiring \$1.1 billion after tomorrow with no impact on the SCHIP program. In fact, in the past, Congress has acted months later to reallocate expired SCHIP funds back into the program. So it is not the case that September 30th is the "drop dead date" for action. In fact, when the FY1998 and FY1999 reallocations expired at the close of FY2002, Congress acted in 2003 to "reinstate" these funds through

September 30, 2004. So, even if Congress acts in November to reallocate these funds, this is how Congress has dealt with the issue in the past and it can be done again.

We can work together to get the job done. I am committed to working with members on both sides of the aisle to reach a bipartisan agreement so that we can keep the \$1.1 billion in the SCHIP program, address the projected 6-state shortfall and get as many kids as possible the health care coverage for which they are entitled. I believe we can do it if we all commit ourselves to putting kids first and moving ahead together.

Mr. HATCH. Mr. President, as one of the original authors of the CHIP program, I rise to share my strong support for the Children's Health Insurance Program, CHIP. Many are very worried about unspent CHIP dollars for fiscal year 2002 going back to the Treasury after today. I share those concerns. I want that \$1.1 billion to remain available so it can be used to pay for health coverage for children. So does the President. So do my colleagues in both the Senate and the House of Representatives. There is no disagreement on that issue. Let me assure you that this will be resolved.

Regardless of what happens on October 1, every State will receive its new CHIP money for fiscal year 2005. Simply put, all States will be given the funds to cover their CHIP expenses while Congress continues to work on ways to use the unspent CHIP money from fiscal year 2002. It is important to remember that Congress has the power to restore these unspent CHIP funds to states once the new fiscal year has begun. In fact, just last year, Congress acted to restore unspent CHIP funds from fiscal years 1998 and 1999 to states several months after these funds went back to the Treasury. And, let me emphasize, once again, the fiscal year 2002 CHIP funds are not needed by any State for its 2005 CHIP program. No child is in danger of losing his or her CHIP coverage.

CHIP has been, for the most part, a great success. Today, there are 5.8 million children enrolled in the CHIP program. We have made good progress in providing health insurance to uninsured children. We have had great successes with the CHIP program since 1997, when it was first created.

However, important issues concerning the program still must be addressed. I believe that the No. 1 issue is reaching out to CHIP-eligible children who currently are not covered by the program. While many States have been successful with their outreach efforts, that is not the case in all States. I am particularly troubled by the difficulties faced by Native American children. Outreach must be addressed by Congress—my primary goal when we were drafting the original CHIP legislation in 1997 was to ensure that CHIP was available for all eligible children.

My biggest concern with one approach for spending the unspent fiscal

year 2002 funds is contained in S. 2759, authored by Senators ROCKEFELLER, CHAFEE, KENNEDY and SNOWE, is that it does not directly help enroll the millions of uninsured children who are eligible for CHIP program. I have reviewed the Rockefeller-Kennedy bill and I am not convinced that it does anything to increase CHIP enrollment. Providing health insurance coverage under CHIP to uninsured children should be our top priority, not redistributing CHIP funding to states. Congress has redistributed leftover CHIP funds to states more than once and I am sure that the legislation has made a significant difference in increasing CHIP enrollment of uninsured, CHIP-eligible children.

That is why I am advocating a different approach and placing a higher priority on outreach to these uninsured children. I strongly support the President's goal to have a broad outreach effort through community-based entities such as hospitals, schools, Indian Health Service hospitals and clinics, tribes and tribal organizations, non-profit community organizations, and Federally-qualified health centers. I also support performance-based grants for states that are successful in enrolling and covering children. These states should be rewarded for their successes in covering more children, instead of facing higher state costs.

While today marks the end of the fiscal year, it does not mark the end of the CHIP program. It does not mean that the CHIP program is going to lose money. It does not mean that states are going to run out of CHIP funds tomorrow. We all agree that these funds should remain in the CHIP program—we just have different ideas on how that money should be spent. Regardless, I am convinced that we will be able to work together on a solution regarding this important issue. I urge all of my colleagues to work to ensure that all eligible children are covered under the Children's Health Insurance Program.

Mr. BINGAMAN. Mr. President, I come to the floor today to express my dismay that the administration and the Congress have failed to prevent almost \$1.1 billion in money that has been previously allocated to the State Children's Health Insurance Program, or SCHIP, from expiring. Families USA points out that the loss of these funds approximate the annual cost of providing health coverage to almost 750,000 children. That failure is unacceptable for a nation such as ours.

However, I am pleased to report that both Finance Committee Chairman GRASSLEY and Senator BAUCUS are moving quickly to pull together a bipartisan group together to resolve this problem as soon as possible. Considering that the chairman is the author of important pieces of legislation, such as the Family Opportunity Act, to improve the health of our Nation's children with special health care needs, it should come as no surprise that he is

working to bridge the gap between legislation introduced by Senators ROCKEFELLER and CHAFEE that would preserve and reallocate the \$1.1 billion in SCHIP funds and the administration's stated position to preserve the funding but take those dollars currently dedicated to health insurance coverage and use them instead "to enroll more children who remain uninsured despite being eligible for coverage."

In light of the chairman's dedication to the issue and commitment to a bipartisan solution, I am hopeful that we will get this resolved, and I urge all parties to work toward a compromise as soon as possible.

What is at stake here? According to data from a Kaiser Commission on Medicaid and the Uninsured report that was released on Monday, there were over 9.1 million children who were uninsured in our country in 2003. There have been important strides made in reducing the number of uninsured children since the passage of SCHIP, as the number of uninsured has dropped from 9.4 million uninsured in 2000 to the 9.1 million in 2003. The uninsured rate would have increased dramatically if not for SCHIP. In fact, the uninsured rate for adults during this same time-period increased from 30.2 million to 35.5 million.

Regardless of the improvement in children's health, the fact that over 9 million children remain uninsured is absolutely unacceptable for a nation such as ours.

In fact, if every single child living in the 21 States of Alaska, Arkansas, Delaware, Hawaii, Idaho, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Utah, Vermont, West Virginia, Wyoming, and the District of Columbia were uninsured, that would still be less than 9 million children. In other words, the number of children without health insurance in our nation exceeds the number of all children living in 21 states and the District of Columbia combined.

That is not something anybody in the administration or this chamber should find acceptable. We should be doing everything in our power to, at the very least, preclude the loss of over \$1 billion that could be used to reduce that uninsured rate.

In New Mexico, the loss of this money is coupled with the loss of an expiring provision that is very important to our State and 10 others. The Center on Budget and Policy Priorities estimates that New Mexico will lose at least \$20 million over the next few years in money for children's health if the administration and Congress fails to act.

Moreover, there was a very important provision that was included in the last redistribution effort that allows the 11 States, including New Mexico, Connecticut, Hawaii, Maryland, Minnesota, New Hampshire, Rhode Island, Tennessee, Vermont, Washington, and

Wisconsin, to use up to 20 percent of allotted and retained funds by our States on children who are enrolled in Medicaid with income above 150 percent of poverty. This provision was included to recognize that our 11 States had enacted health care expansions for children prior to the enactment of SCHIP and were being effectively penalized financially for having done the right thing for children prior to 1997. The reason is that children in the other 39 States are able to receive an enhanced matching rate for children as low as 100 percent of poverty while children in states such as Washington cannot receive an enhanced matching rate until a child lives in a family with income above 200 percent of poverty.

This important compromise, which significantly reduces the inequity among the States, was achieved in large part due to the hard and dedicated work of Senators MURRAY, CANTWELL, JEFFORDS, LEAHY, CHAFEE, REED of Rhode Island, DOMENICI, and FRIST.

Unfortunately, that critically important provision will also effectively expire tonight. This will have a detrimental impact on the health and well-being of the children in these States, as this has been funding that our states have counted on for the delivery of children's health services in both Medicaid and SCHIP for fiscal year 2005.

In Secretary THOMPSON's letter to Senator GRASSLEY on Tuesday and the majority Leader's letter to Senator CHAFEE on September 24, 2004, they both failed to recognize this issue. It is for that reason I raise it here again in the Senate to remind my colleagues and the administration that it is an important issue to our 11 States, including that of the Majority Leader, and that, just as we must find a solution to restoring the \$1.1 billion in expiring funding for SCHIP, we must also get this other issue resolved as soon as possible.

I strongly urge the administration to reconsider its position that the \$1.1 billion should be completely diverted from health coverage to outreach and enrollment. If implemented as proposed, it would result in over 20 percent of SCHIP dollars in 2005 going to outreach and enrollment. While I am a strong supporter of outreach and enrollment in SCHIP, this proposal is both extreme and excessive. In fact, it should be noted that beginning in fiscal year 2002 that expenditures of federal SCHIP funds have begun to exceed federal SCHIP allotments. Therefore, keeping as much funding in actual health coverage is critically important to continue to reduce the number of uninsured children in our nation.

On the other hand, as the sponsor of legislation with the Congressional Hispanic Caucus that authorizes the use of \$50 million of SCHIP funding for outreach and enrollment that was subsequently picked up by the majority leader in legislation he introduced, I firmly believe setting aside a limited portion of the \$1.1 billion for outreach

and enrollment is both necessary to reach a compromise and would also result in better health coverage for children.

In fact, of the 9.1 million uninsured, according to data from the Kaiser Commission on Medicaid and the Uninsured, 6.8 million live in households that have incomes below 200 percent of poverty, which is the level at which most States provide a combination of coverage for children through either their Medicaid or State Children's Health Insurance Programs. While some of these children would not be eligible for either Medicaid or SCHIP due to their immigration status, it is clear from a variety of studies that somewhere between 60 to 85 percent of uninsured children are eligible for but not enrolled in either Medicaid or SCHIP.

Princeton University's publication entitled *The Future of Children* dedicated much of one issue to looking at successful efforts to improve outreach and enrollment. As one of its articles notes, "Most important to reducing the uninsurance problem facing children is raising participation in Medicaid and SCHIP, as 76 percent of uninsured children are already eligible for coverage under SCHIP and Medicaid, but are not enrolled. A continued focus on simple and convenient enrollment and renewal systems, as well as proactive outreach and educational efforts, will be key to reaching these children. Special efforts will be needed to enroll Latino and other minority children, children in immigrant families (families in which at least one member is an immigrant), and adolescents. Children in these groups are all over-represented in the ranks of the eligible, but uninsured."

In New Mexico, we have our own special program along the U.S.-Mexico border that has been funded by the Bureau of Primary Health Care called Border VISION Fornteriza. The program funds the recruitment and training of community health workers or promotoras that have over the years successfully assisted in the enrollment of thousands of children into health coverage through Medicaid and SCHIP. The program was honored as a model program by the U.S.-Mexico Border Commission and it is precisely this type of program that should be encouraged in whatever agreement is reached.

As a point of comparison, when Congress passed the Medicare prescription drug bill last year, hundreds of millions of dollars was dedicated to doing outreach and enrollment to senior citizens and people with disabilities about the prescription drug cards and the pending drug coverage. In contrast, while States can spend some of their administrative dollars in SCHIP on outreach and enrollment, there are no federal funds exclusively dedicated to conduct outreach and enrollment efforts in either Medicaid or SCHIP.

That should change, and I hope my colleagues will closely review the language introduced by me as part of S. 1159 and in S. 2091 introduced by the

majority leader on providing outreach and enrollment funding for children's health.

And finally, I am also hopeful that the Senate will consider legislation by Senator LUGAR and me that would streamline enrollment of children in either Medicaid or SCHIP. Just as we know that low-income senior citizens and the disabled enrolled in Medicare Savings Programs are clearly income eligible for the new Medicare prescription drug card and its \$600 annual subsidy, I had introduced legislation with Senator LINCOLN to auto-enroll those Medicare beneficiaries into the drug card to get the \$600 subsidy.

Dr. Mark McClellan, Administrator of the Centers for Medicare and Medicaid Services, or CMS, worked hard and has agreed that those beneficiaries should be presumed income-eligible and sent the card for them to activate. Over 1 million low-income senior citizens and people with disabilities will now be getting access to the drug card subsidy that would not have otherwise received those funds.

The same type of mechanism should be applied to children's health. The Children's Partnership and the Kaiser Family Foundation recently released a report on what they call "Express Lane Eligibility." This concept is encompassed in Senator LUGAR's legislation by employing "two common-sense strategies to find and enroll these nearly seven million 'eligible but uninsured' children in health insurance coverage. . . ."

Those common-sense strategies are: No. 1, it targets large numbers of eligible children where they can be found: in other public benefit programs like school lunch and food stamps. More than 70 percent of low-income uninsured children are already receiving other public assistance benefits of some kind; and No. 2 it expedites children's enrollment in health coverage by using information already submitted by parents when they enrolled their children in other benefit programs.

Again, I urge the Congress to also closely look at this successful model to improve enrollment of children into health insurance coverage.

I am terribly disappointed that the expiring SCHIP funds were not retained in a timely manner, but am hopeful that under the leadership of both Senators GRASSLEY and BAUCUS that we will quickly come to a resolution of this issue in which all the \$1.1 billion in restored and retained for children's health. Furthermore, I am hopeful that a portion of that funding will be allocated to outreach and enrollment of children and for streamlining enrollment mechanisms into the program.

Mr. SMITH. Mr. President, as we approach the end of the fiscal year, there are many important issues that require our attention. Not the least among them is the extension of \$1.1 billion in unspent S-CHIP funding that will revert to the Treasury if Congress does

not take action. This is a vitally important program to the State of Oregon, and to America's children. We must take action to protect this funding.

The State Children's Health Insurance Program, created in 1997, has always had bi-partisan support. Shortly after being elected to the United States Senate in 1996, I strongly supported the creation of this program. I knew that Congress had an opportunity to reach out to millions of low-income children and provide health care coverage. Working with my colleagues and friends, including Senators ORRIN HATCH and EDWARD KENNEDY, in the development of the bipartisan proposal was a pleasure.

Since 1997, we have all continued to work together, members from both sides of the aisle, to extend funding and make improvements to the program. This year should be no different. I know it is an election year, a presidential election year in fact, and that often creates a dynamic where politics can overwhelm policy. However, I am hopeful that we can once again triumph over partisanship and pass legislation that will intervene and prevent the expiration of \$1.1 billion in unspent S-CHIP funding. I am confident that if both sides are reasonable and willing to work together we can accomplish this goal by the time Congress recesses on October 8.

As we prepare to take action on a bill, we need to consider that no one member or group of members have all of the answers; that nobody has a monopoly on protecting America's children. We all work every day to protect our Nation's children and ensure that those who come from low-income families receive the nutritional, housing, education and health care assistance that they need. This time should be no different.

I look forward to working with Senators HATCH and KENNEDY, the creators of this remarkable program; President Bush, a strong advocate for our nation's children; Leader FRIST, Chairman GRASSLEY and others to extend funding for this important program.

Mr. FRIST. I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 5149) was read the third time and passed.

TO PROVIDE AN EXTENSION OF HIGHWAY, HIGHWAY SAFETY, MOTOR CARRIER SAFETY, TRANSIT, AND OTHER PROGRAMS FUNDED OUT OF THE HIGHWAY TRUST FUND PENDING ENACTMENT OF A LAW REAUTHORIZING THE TRANSPORTATION EQUITY ACT FOR THE 21ST CENTURY

Mr. FRIST. I ask unanimous consent that the Senate now proceed to consideration of H.R. 5183, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 5183) to provide an extension of highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment of a law reauthorizing the Transportation Equity Act for the 21st Century.

There being no objection, the Senate proceeded with the consideration of the bill.

#### TRANSPORTATION REAUTHORIZATION BILL

Mr. HATCH. Mr. President, today is a disappointing day in the history of Congress. Exactly one year ago, Congress missed the deadline for passing a full transportation reauthorization bill that would fund the Federal portion of highway, transit, and safety projects around the country for the next six years. The fact that we missed this self-imposed, legislative deadline will come as no surprise to those who follow progress on Capitol Hill, but it is deeply troubling.

Because of the unwillingness of several of my colleagues, Congress is once again forced to use a temporary extension of last year's funding as an inadequate short-term fix to a very real problem. This is an unacceptable outcome and I hope my colleagues will agree we need to pass a fully-funded 6-year bill immediately.

Just as national defense and judicial review are core functions performed by the United States Government to ensure security and fairness for all citizens, transportation infrastructure funding is one of the primary responsibilities of the Federal Government. Adequate transportation infrastructure that is safe and affordable helps facilitate intrastate and interstate trade and provides the physical backbone of our economy. This is certainly a burden that the Federal Government needs to bear on behalf of its citizens. While it was extremely disappointing that Congress allowed the September 30, 2003 deadline to pass without a resolution to this problem, it is simply inexcusable for us to have not successfully addressed this critical need for over a year. I ask my colleagues to commit to coming together before this year's end to pass a six-year reauthorization bill.

I am not naive, I understand that there are always reasons behind the in-

ability for Congress to pass important legislation. And this case is no exception. Over the last year, I have heard the excuses from the legislative and executive branches of government, both Republicans and Democrats. Some argue the transportation funding proposals being debated cost too much; others say they don't provide enough funding to States; still others say the formulas being used to distribute the money are inherently flawed and do not return as much of the Highway Trust Fund proceeds as their State contributes. All of these excuses have merit and need to be worked out to the satisfaction of lawmakers prior to enactment, but it is rational for a person to believe, as I do, that given the high priority transportation funding plays in each and every State, Congress should have reached a compromise by now two years after work on this reauthorization initially began.

As I travel throughout Utah, meeting with the good citizens of my home State, the most frequently-requested issue I am asked to address is the issue of transportation. Every week, Utahns remind me of the constant need we have to maintain our roadways, increase our transit capacity, and provide alternative routes along main arteries in the cities. I certainly understand why this issue is so important to my constituents. Over the last ten years, Utah has seen a dramatic increase in the number of residents who call "The Beehive State" home. In fact, there are only three states in the United States who have had larger proportional increases in their populations over the past ten years and all of them border the State of Utah. There is tremendous population growth all over the West, underscoring the critical need we have for a steady increase in transportation funding right now.

The State of Utah receives over \$200 million per year in highway funding which goes toward the planning and execution of highway expansion projects. Under the Senate-proposed version of this bill, that number would go to nearly \$300 million per year. That increase goes a long way, not all the way, but a long way toward making several important transportation projects a reality. Projects that otherwise might not come to fruition without a federal commitment.

In stating the amount of funding Utah receives, I do not want to give the impression that this Federal funding comes to States without them having to do their part. All of the Federal funds in this bill have a State matching component as well. States spend millions, even billions, of State dollars on transportation every year. Demand for more and better transportation alternatives in the State of Utah have become so severe that State lawmakers are now seriously considering raising the State fuel tax in order to pay for their portion of these projects. Although I hate to see any tax increases, I applaud the efforts of local lawmakers to deal with our transportation