

S. 2522

At the request of Mr. CORZINE, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 2522, a bill to amend title 38, United States Code, to increase the maximum amount of home loan guaranty available under the home loan guaranty program of the Department of Veterans Affairs, and for other purposes.

S. 2553

At the request of Mr. DODD, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 2553, a bill to amend title XVIII of the Social Security Act to provide for coverage of screening ultrasound for abdominal aortic aneurysms under part B of the medicare program.

S. 2568

At the request of Mr. BIDEN, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 2568, a bill to require the Secretary of the Treasury to mint coins in commemoration of the tercentenary of the birth of Benjamin Franklin, and for other purposes.

S. 2706

At the request of Mrs. CLINTON, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of S. 2706, a bill to establish kinship navigator programs, to establish kinship guardianship assistance payments for children, and for other purposes.

S. 2735

At the request of Mr. MILLER, the name of the Senator from Mississippi (Mr. LOTT) was added as a cosponsor of S. 2735, a bill to require a study and report regarding the designation of a new interstate route from Augusta, Georgia to Natchez, Mississippi.

S. 2764

At the request of Mr. DODD, the name of the Senator from Georgia (Mr. MILLER) was added as a cosponsor of S. 2764, a bill to extend the applicability of the Terrorism Risk Insurance Act of 2002.

S. 2786

At the request of Mr. BAYH, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of S. 2786, a bill to strengthen United States trade enforcement laws.

S. 2793

At the request of Mr. SANTORUM, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 2793, a bill to remove civil liability barriers that discourage the donation of fire equipment to volunteer fire companies.

S. 2815

At the request of Mr. DEWINE, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 2815, a bill to give a preference regarding States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis, and for other purposes.

S. 2821

At the request of Ms. SNOWE, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 2821, a bill to reauthorize certain programs of the Small Business Administration, and for other purposes.

S. 2881

At the request of Mr. VOINOVICH, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of S. 2881, a bill to clarify that State tax incentives for investment in new machinery and equipment are a reasonable regulation of commerce and not an undue burden on interstate commerce, and for other purposes.

S. CON. RES. 8

At the request of Ms. COLLINS, the names of the Senator from Iowa (Mr. GRASSLEY), the Senator from Georgia (Mr. CHAMBLISS), the Senator from Michigan (Ms. STABENOW), the Senator from Maryland (Ms. MIKULSKI) and the Senator from Minnesota (Mr. COLEMAN) were added as cosponsors of S. Con. Res. 8, a concurrent resolution designating the second week in May each year as "National Visiting Nurse Association Week".

S. CON. RES. 136

At the request of Mr. CONRAD, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. Con. Res. 136, a concurrent resolution honoring and memorializing the passengers and crew of United Airlines Flight 93.

S. RES. 271

At the request of Mr. COLEMAN, the name of the Senator from Nevada (Mr. ENSIGN) was added as a cosponsor of S. Res. 271, a resolution urging the President of the United States diplomatic corps to dissuade member states of the United Nations from supporting resolutions that unfairly castigate Israel and to promote within the United Nations General Assembly more balanced and constructive approaches to resolving conflict in the Middle East.

S. RES. 408

At the request of Mr. SCHUMER, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. Res. 408, a resolution supporting the construction by Israel of a security fence to prevent Palestinian terrorist attacks, condemning the decision of the International Court of Justice on the legality of the security fence, and urging no further action by the United Nations to delay or prevent the construction of the security fence.

AMENDMENT NO. 3838

At the request of Mr. CONRAD, the names of the Senator from Texas (Mrs. HUTCHISON) and the Senator from Montana (Mr. BURNS) were added as cosponsors of amendment No. 3838 intended to be proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3888

At the request of Mr. SCHUMER, the name of the Senator from New Jersey

(Mr. CORZINE) was added as a cosponsor of amendment No. 3888 proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3890

At the request of Mr. SCHUMER, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 3890 proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3891

At the request of Mr. SCHUMER, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 3891 proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3893

At the request of Mr. SCHUMER, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 3893 proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3894

At the request of Mr. SCHUMER, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 3894 proposed to S. 2845, a bill to reform the intelligence community and the intelligence and intelligence-related activities of the United States Government, and for other purposes.

AMENDMENT NO. 3943

At the request of Mr. HARKIN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of amendment No. 3943 proposed to H.R. 4278, a bill to amend the Assistive Technology Act of 1998 to support programs of grants to States to address the assistive technology needs of individuals with disabilities, and for other purposes.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DODD (for himself, Ms. SNOWE, Mr. KENNEDY, Mrs. CLINTON, Ms. COLLINS, Mr. DURBIN, Mr. LAUTENBERG, Mr. JOHNSON, and Mrs. MURRAY):

S. 2887. A bill to improve the Child Care Access Means Parents in School Program; to the Committee on Health, Education, Labor, and Pensions.

Mr. DODD. Mr. President, I am pleased to rise today with Senators SNOWE, KENNEDY, COLLINS, MURRAY, DURBIN, LAUTENBERG, CLINTON and JOHNSON to introduce legislation which would supply greatly needed support to

college students struggling to balance their roles as parents with their roles as students. The Child Care Access Means Parents in School Act, CCAMPIS, would increase access to, support for, and retention of low-income, nontraditional students who are struggling to complete college degrees while caring for their children.

The typical college student is no longer an 18 year old recent high school graduate. According to a 2002 study by the National Center for Education Statistics, only 27 percent of undergraduates meet the "traditional" undergraduate criteria of earning a high school diploma, enrolling full-time, depending on parents for financial support and not working or working part-time. This means that 73 percent of today's students are considered nontraditional in some way. Clearly, nontraditional students—older students with children and various job and life experiences—are filling the ranks of college classes. Why? Because they recognize the importance of college to future success. It is currently estimated that a full-time worker with a bachelor's degree earns about 60 percent more than a full-time worker with only a high school diploma. This amounts to a lifetime gap in earnings of more than \$1 million.

Today's nontraditional students face barriers unheard of by traditional college students of earlier years. Many are parents and must provide for their children while in school. Access to affordable, quality and convenient child care is a necessity for these students. But obtaining the child care that they need is often difficult because of their limited income and nontraditional schedules, compounded by declining assistance for child care through other supports. Campus based child care can fill the gap. It is conveniently located, available during the right hours, and of high quality and lower cost. Unfortunately, it is unavailable at many campuses. Even when programs do exist, they are often available to only a fraction of the eligible students. That is where the Dodd-Snowe CCAMPIS Act comes in.

The Dodd-Snowe CCAMPIS Act increases and expands the availability of campus based child care in three ways. First, it raises the minimum grant amount from \$10,000 to \$30,000. For most institutions of higher education, \$10,000 has proven too small relative to the effort to complete a Federal application. Grant offices on campuses often pass small grants over in favor of those that appear more cost effective.

Second, the Dodd-Snowe CCAMPIS Act ensures that a wider range of students are able to access services. Present language defines low-income students as students eligible to receive a Federal Pell Grant. This language excludes graduate students, international students, and students who may be low-income but make slightly more than is allowed to qualify for Pell grants. CCAMPIS will open eligibility for these additional populations.

Third, the CCAMPIS Act raises the program's current authorization level from \$45 million to \$75 million so that we not only expand existing programs, we create new ones.

Research demonstrates that campus based child care is of high quality and that it increases the educational success of both parents and students. Furthermore, recipients of campus based child care assistance who are on public assistance are more likely to never return to welfare and to obtain jobs paying good wages.

Currently, there are approximately 1,850 campus based child care programs but over 4,000 colleges and universities eligible to participate in the CCAMPIS program. Currently, CCAMPIS funds only 343 programs in 25 states and the District of Columbia. Meanwhile, the number of nontraditional students across America is increasing. As these numbers increase, the need for campus based child care will be increasingly unmet.

This is a modest measure that will make a major difference to students. It will offer them new hope for starting and staying in school. I am hopeful that it can be considered and enacted as part of the Higher Education Act. I look forward to working with my colleagues to move this important measure forward.

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. 2887

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

**SECTION 1. CHILD CARE ACCESS MEANS PARENTS IN SCHOOL PROGRAM.**

(a) MINIMUM GRANT.—Section 419N(b)(2)(B) of the Higher Education Act of 1965 (20 U.S.C. 1070e(b)(2)(B)) is amended by striking "\$10,000" and inserting "\$30,000".

(b) DEFINITION OF LOW-INCOME STUDENT.—Section 419N(b)(7) of such Act is amended to read as follows:

"(7) DEFINITION OF LOW-INCOME STUDENT.—For the purpose of this section, the term 'low-income student' means a student who—

"(A) is eligible to receive a Federal Pell Grant for the fiscal year for which the determination is made;

"(B) would otherwise be eligible to receive a Federal Pell Grant for the fiscal year for which the determination is made, except that the student fails to meet the requirements of—

"(i) section 401(c)(1) because the student is enrolled in a graduate or first professional course of study; or

"(ii) section 484(a)(5) because the student is in the United States for a temporary purpose; or

"(C) is from a family with an income that is less than 275 percent of the poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Community Services Block Grant Act) applicable to a family of the size involved."

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 419N(g) of such Act is amended by striking "\$45,000,000 for fiscal year 1999" and inserting "\$75,000,000 for fiscal year 2005".

Ms. SNOWE. Mr. President, I am extremely pleased to join my colleague from Connecticut, Senator DODD, to introduce the Child Care Access Means Parents in School Act of 2004. Senator DODD and I have worked together to ensure access to quality child care, and this bill represents the next step in our shared commitment to this important issue. This legislation provides grants to colleges in order to provide child care for low-income students.

Countless college students have recently returned to college. At this time, we should remind ourselves that many Americans face obstacles that prevent them from participating in higher education. The absence of affordable and accessible child care is, unfortunately, one such obstacle.

For many parents with young children, the availability of on-campus child care services is central to their ability to attend college. Campus-based child care is conveniently located, available at the hours that fit students' schedules and often available at a lower cost than community-based child care centers. Student parents rate access to campus-based child care as an important factor affecting their college enrollment. Unfortunately, such services are often in very short supply, particularly for low-income parents who may find the cost of existing services prohibitive.

Higher education is becoming ever more crucial to getting a job in today's global job market. The majority of new jobs require education beyond high school. Getting the skills necessary to meet the demands of today's marketplace simply requires higher and higher levels of educational achievement. For many low-income students who are parents, the availability of campus-based child care is key to their ability to receive a higher education and thus achieve the American dream. Student parents are more likely to remain in school, and to graduate sooner and at a higher rate if they have campus-based child care. Child care services are particularly critical for older students who choose to go back to school to get their degree or to improve their skills through advanced education. Children placed in campus-based child care also reap numerous benefits, given its high quality. In fact, children in high-quality child care exhibit higher earnings as adults, higher rates of secondary school graduation, lower rates of teen pregnancy, and a reduced need for special education or costly social services.

Research shows that programs such as the High/Scope Perry Preschool Program in Ypsilanti, Michigan and the Chicago Child-Parent Centers demonstrate overwhelmingly that quality child care is a wise investment and is cost efficient. According to analysis of these programs the public saves \$7 for every \$1 invested in child care. These savings counted only the benefits to the public at large—in reduced costs of crime, welfare and remedial education

and in taxes paid when the preschoolers became adult workers—without even taking into account participants' increased earnings or the increased contribution to economic growth those earnings represent.

The Child Care Access Means Parents in School Act of 2004 will amend title IV of the Higher Education Act to help provide campus-based child care to low-income parents seeking a college degree. Under the bill, the Secretary of Education will award 3-year grants to institutions of higher education to support or help establish a campus-based child care program serving the needs of low-income student parents. The Secretary will award \$75 million in grants—equal to 1 percent of total Pell grant funding—based on an application submitted by the institution, and the grant amount will be linked to the institution's Pell grant funding level. This bill ensures that a wide range of low-income students are able to access child care services.

Under the bill low-income students are defined as students eligible to receive a Federal Pell Grant, or students who would be eligible to receive a Pell grant if they were not in the United States temporarily, and students who are from a family with an income that is less than 275 percent of the poverty line (as defined by the Office of Management and Budget). Students typically qualify for Pell grants if their income is under \$30,000 per year and in Maine, this means approximately 17,000 students could have access to high quality child care services while they earn their college degree. This bill will make a true difference in the lives of many low-income students who need child care to attend school.

This bill raises the minimum CCAMPIS grant to \$30,000 and authorizes \$75 million as research has found that the existing minimum grant of \$10,000 is often too small relative to the effort for many institutions to complete a federal application. We have found that grant offices on campuses often pass small grants over in favor of those that are most cost effective.

Because the bill we are introducing today will help bring the American dream within the reach of American parents who need child care in order to attend college, I urge my colleagues to support this important legislation which will truly make a difference in the lives of many American parents.

By Mr. DODD (for himself, Mr. EDWARDS, Mr. LEVIN, and Mr. KENNEDY):

S. 2888. A bill to amend the Higher Education Act of 1965 to establish a scholarship program to encourage and support students who have contributed substantial public services; to the Committee on Health, Education, Labor, and Pensions.

Mr. DODD. Mr. President, I rise to introduce, along with Senators EDWARDS, LEVIN and KENNEDY, the Youth Service Scholarship Act. This Act

would authorize the Secretary of Education to award college scholarships of up to \$5,000 a year to high school students and undergraduates who perform community service.

A recent study titled Community Service and Service Learning in U.S. Public Schools reveals that 66 percent of public schools involve students in community service. This means that approximately 54,000 public schools in America currently engage about 13.7 million students in community service each year. Other studies have shown that nearly 84 percent of high school students participate in volunteer activities either in or out of school, and two-thirds of college students have recently participated in volunteer activities.

The Youth Service Scholarship Act is dedicated to assist low-income students who dedicate a significant portion of their time to volunteer service with money for college. This Act would authorize the Secretary of Education to award college scholarships of up to \$5,000 to high school students who perform over 600 hours of community service in two years. In order to be considered, high school applicants must maintain a 2.0 grade point average, submit character recommendations, and write an essay on the nature of their community service. Additional money is available if the student continues to participate in a significant amount of community service once they are in college.

Volunteerism not only brings support and services to communities in need, it provides significant benefits to the students who participate. Research has shown that students who volunteer are 50 percent less likely to use drugs and alcohol, or engage in destructive behavior. Additionally, students who volunteer are more likely to receive good grades, be philanthropic, graduate, and be interested in going to college.

In the 21st Century, higher education is not a luxury, it is a necessity. For many of our low-income youth, finding money to pay for college is an obstacle to enrollment. This scholarship program provides aid to motivated and inspirational youth.

I urge my colleagues to join me in supporting the Youth Service Scholarship Act. 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. 2888

*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 "Youth Service Scholarship Act of 2004".

#### SEC. 2. FINDINGS.

Congress finds that—

(1) young people under 18 years of age are now our Nation's most impoverished age group, with 1 of every 5 living in poverty, a higher proportion than in 1968, and the percentage of minority children living in poverty is about twice as high;

(2) more than 1 of 4 families is headed by a single parent and the percentage of such families has risen steadily over the past few decades, rising 13 percent since 1990;

(3) there is a need to engage youth as active participants in decisionmaking that affects their lives, including in the design, development, implementation, and evaluation of youth development programs at the Federal, State, and community levels;

(4) existing outcome driven youth development strategies, pioneered by community-based organizations, hold real promise for promoting positive behaviors and preventing youth problems;

(5) formal evaluations of youth development programs have documented significant reductions in drug and alcohol use, school misbehavior, aggressive behavior, violence, truancy, high-risk sexual behavior, and smoking;

(6) compared to youth in the United States generally, youth participating in community-based organizations are more than 26 percent more likely to report having received recognition for good grades than youth in the United States generally and nearly 20 percent more likely to rate the likelihood of their going to college as very high; and

(7) the availability and use of Federal resources can be an effective incentive to leverage broader community support to enable local programs, activities, and services to provide the full array of developmental core resources, remove barriers to access, promote program effectiveness, and facilitate coordination and collaboration within the community.

#### SEC. 3. ESTABLISHMENT OF PROGRAM.

Subpart 2 of part A of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070a–11 et seq.) is amended—

(1) by redesignating section 407E as section 406E; and

(2) by adding at the end the following:

#### "Chapter 4—Public Service Incentives

##### "SEC. 407A. PURPOSE.

"The purpose of this chapter is to establish a scholarship program to reward low-income students who have, during high school, and who continue, during college, to make significant public service contributions to their communities.

##### "SEC. 407B. SCHOLARSHIPS AUTHORIZED.

"(a) QUALIFICATIONS FOR SCHOLARSHIPS.—The Secretary is authorized to award a scholarship to enable a student to pay the cost of attendance at an institution of higher education during the student's first 4 academic years of undergraduate education, if the student—

"(1) in order to be eligible for the first year of such scholarship, performed not less than 300 hours of qualifying public service during each of 2 academic years of the student's secondary school enrollment;

"(2) in order to be eligible for the second or any subsequent year of such scholarship, performed not less than 300 hours of qualifying public service during the academic year of postsecondary school attendance preceding the academic year for which the student seeks such scholarship;

"(3) was eligible for a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1721 et seq.);

"(4) is eligible to receive Federal Pell Grants for the year in which the scholarships are awarded, except that a student shall not be required to comply or verify compliance with section 484(a)(5) for purposes of receiving a scholarship under this chapter; and

"(5) otherwise demonstrates compliance with regulations prescribed by the Secretary under section 407G.

"(b) DEFINITION OF QUALIFYING PUBLIC SERVICE.—For purposes of subsection (a), the

term 'qualifying public service' means service that would be eligible for treatment as community service under the National and Community Service Act of 1990 (42 U.S.C. 12501 et seq.) or under the Federal work-study program under part C.

**"SEC. 407C. AMOUNT OF SCHOLARSHIP.**

**"(a) AMOUNT OF AWARD.—**

**"(1) IN GENERAL.—**Except as provided in paragraph (2) and subsection (b), the amount of a scholarship awarded under this chapter for any academic year shall be equal to \$5,000.

**"(2) ADJUSTMENT FOR INSUFFICIENT APPROPRIATIONS.—**If, after the Secretary determines the total number of students selected under section 407D for an academic year, funds available to carry out this chapter for the academic year are insufficient to fully fund all awards under this chapter for the academic year, the amount of the scholarship paid to each student under this chapter shall be reduced proportionately.

**"(b) ASSISTANCE NOT TO EXCEED COST OF ATTENDANCE.—**A scholarship awarded under this chapter to any student, in combination with the Federal Pell Grant assistance and other student financial assistance available to such student, may not exceed the student's cost of attendance.

**"SEC. 407D. SELECTION OF SCHOLARSHIP RECIPIENTS.**

**"The Secretary shall designate a panel to select students for the award of scholarships under this chapter. Such panel shall be composed of 9 individuals who are selected by the Secretary and shall be composed of equal numbers of youths, community representatives, and teachers. The Secretary shall ensure that no individual assigned under this section to review any application has any conflict of interest with regard to the application that might impair the impartiality with which the individual conducts the review under this section.**

**"SEC. 407E. APPLICATIONS.**

**"Any eligible student desiring to obtain a scholarship under this section shall submit to the Secretary an application at such time, in such manner, and containing such information or assurances as the Secretary may require. Such application shall—**

**"(1) demonstrate that the eligible student is maintaining satisfactory academic progress and is achieving a grade point average of at least 2.0 (on a scale of 4), or its equivalent;**

**"(2) include a recommendation from—**

**"(A) the supervisor of the community service project of the applicant; and**

**"(B) another individual not related to, but familiar with the character of the applicant such as a teacher, coach, or employer; and**

**"(3) include an essay by the applicant on the nature of the community service performed by the applicant.**

**"SEC. 407F. PROGRAM DISSEMINATION AND PROMOTION.**

**"(a) DEVELOPMENT AND DISSEMINATION.—**The Secretary shall develop and disseminate to the public information on the availability of, and application process for, scholarships under this chapter.

**"(b) PROMOTION.—**In disseminating information about the scholarship program under this chapter, the Secretary shall—

**"(1) disseminate such information directly or through arrangements with local educational agencies, public and private elementary schools and secondary schools, nonprofit organizations, consumer groups, Federal, State, or local agencies, and the media; and**

**"(2) at a minimum, include a description and the purpose of the scholarship program, an explanation of how to obtain an application, and a description of the application process and procedures.**

**"SEC. 407G. REGULATIONS.**

**"The Secretary shall prescribe such regulations as may be necessary to carry out this chapter.**

**"SEC. 407H. EVALUATION.**

**"Not earlier than 2 years after the first fiscal year for which funds are made available under this chapter, the Secretary shall prepare and submit to Congress an evaluation of the effectiveness of the program under this chapter. Such evaluation shall include—**

**"(1) an evaluation of the demand, by grade level and types of community service sites, for the scholarships provided under this chapter;**

**"(2) general data on the background of program participants and the types of service performed; and**

**"(3) an itemization of the costs of administering the program under this chapter.**

**"SEC. 407I. AUTHORIZATION OF APPROPRIATIONS.**

**"There are authorized to be appropriated to carry out this chapter \$5,000,000 for fiscal year 2005 and such sums as are necessary for each of the 3 succeeding fiscal years."**

By Mr. DODD (for himself and Mr. BOND):

S. 2892. A bill to amend the Public Health Service Act to reauthorize and extend certain programs to provide coordinated services and research with respect to children and families with HIV/AIDS; to the Committee on Health, Education, Labor, and Pensions.

Mr. DODD. Mr. President, I rise today to introduce the Children and Family HIV/AIDS Research and Care Act of 2004. This bipartisan legislation will address the special needs of children and youth with HIV/AIDS—needs that are too often overlooked, both domestically and internationally. This legislation recognizes the simple fact that when it comes to HIV prevention, research, care, and treatment, children and youth are not just small adults. To give them a chance for a healthy future, we must ensure that their unique needs are met.

I want to begin by thanking my good friend Senator BOND of Missouri for joining me in introducing this important legislation. Senator BOND has provided crucial support for children and for children's health. Over the years, he has been a leader in the fight to protect children from birth defects and developmental disabilities. He has also done a great deal to ensure that our nation's children's hospitals and community health centers have the resources they need to continue to provide essential care to children and families. I am very pleased to work with him to move this legislation forward.

Children's growing bodies are especially susceptible to the rapid advancement of HIV infection. Because their immune systems are still immature, the disease typically progresses more rapidly and differently in children than in adults. For example, children with HIV infection are more prone to neurological abnormalities and certain opportunistic infections than adults. In addition, because children's bodies are growing and developing, HIV/AIDS can have profound effects on children's

physical growth and ability to reach developmental milestones such as crawling, walking and learning to talk.

While research has definitively shown that initiating drug treatment in children in a timely manner promotes normal growth and development, and prolongs life, treating children with HIV/AIDS presents particular challenges. Appropriately formulated and dosed HIV/AIDS drugs are urgently needed to ensure that children receive optimal care. Currently, liquid formulations that young children can swallow are not always readily available. In addition, pediatric dosing and safety information for these powerful drugs is often lacking, particularly for younger children. This lack of information puts children at risk; too much medication can be toxic and too little will not effectively suppress the virus. Over time, under-dosing can lead to drug resistance, a particularly serious concern for children who will need to use these medications for years, if not decades.

Appropriate HIV/AIDS care and treatment for children and youth also requires that special attention be paid to their social development needs. Children and youth have unique concerns regarding disclosure and stigma that may be exacerbated by frequent absences from school and social activities, and the onset of sexual maturity. Working with schools and other social and community institutions is imperative to promoting a sense of normalcy. Because children are not typically medical decision-makers, developing long-term care partnerships with parents and other caregivers is also crucial to successful care and treatment. At the same time, maximizing each child's own ability to take active participation in different aspects of his or her own care can increase a child's sense of ownership over treatment, improving adherence and overall health.

By reauthorizing and expanding Title IV of the Ryan White CARE Act this legislation will help to ensure that the unique care and treatment needs of children are addressed. This program is a lifeline for more than 53,000 women, children, and youth affected by HIV/AIDS served annually by Title IV-funded projects. Through 91 grants in 35 states, the District of Columbia, Puerto Rico and the Virgin Islands, Title IV projects provide medical care, case management, support services, mental health, transportation, child care, and other crucial services to families affected by HIV/AIDS. Title IV is the smallest of the four main titles of the Ryan White CARE Act, yet reaches the highest proportion of minorities.

Key to the success of Title IV projects is the model of "family-centered care." This model of care treats the whole family as the client, whether several family members are infected by HIV, or just a parent or child. The family-centered care model is crucial to developing strong partnerships between consumers and providers, leading to better health outcomes for women,

children, and youth. By allowing affected family members to receive services, as well as the infected individuals, Title IV projects promote health at the family level, thereby prolonging life, improving quality of life, and saving money by keeping people out of the hospital.

I would like to take a moment to recognize the work done by the Children, Youth and Family AIDS Network of Connecticut, which provides Title IV services to more than 500 children, youth, women, and families affected by HIV/AIDS in my home state. I have heard from many of these individuals about just how important these services are to their quality of life.

While recommitting the Health Resources and Services Administration (HRSA) to family-centered care and the unique work of Title IV, this legislation will also expand the innovative strategies Title IV projects have used to prevent mother-to-child HIV transmission. Since 1994, when the administration of preventive drug interventions was shown to significantly reduce perinatal HIV transmission, the number of newborns infected with HIV has decreased dramatically. Yet mother-to-children transmission does continue to occur, largely due to missed opportunities for identifying HIV-positive pregnant women and providing the supportive services needed to ensure adherence to recommended treatment regimens. We propose to fund demonstration grants to assess the effectiveness of two strategies in reducing mother-to-children transmission: (1) Increasing routine, voluntary HIV testing of pregnant women and (2) increasing access to prenatal care, intensive case management, and supportive services for HIV-positive pregnant women.

In addition, this bill will encourage research into key care and treatment questions affecting the pediatric populations. These include: the long-term health effects of preventive drug regimens on HIV-exposed children; the long-term health, psycho-social, and prevention needs for children and adolescents perinatally HIV-infected; the transition to adulthood for HIV-infected children; and safer and more effective treatment options for infants, children, and adolescents with HIV disease.

Since history suggests that a vaccine may prove to be the most effective, affordable, long-term approach to stopping the spread of HIV, this legislation will also ensure that children are not an afterthought when it comes to the development of an HIV vaccine. Currently, some of the populations hardest hit by the pandemic—infants and youth—are at risk of being left behind in the search for an effective vaccine. Because we cannot assume that a vaccine tested in adults will also be safe and effective when used in pediatric populations, it will be important to ensure that promising vaccines are tested in infants and youth as early as is medically and ethically appropriate.

Failure to begin planning for the inclusion of these groups in clinical trials could mean significant delays in the availability of a pediatric HIV vaccine, at the cost of countless thousands of lives. This legislation will ensure that we begin now to address the logistical, regulatory, medical, and ethical issues presented by pediatric testing of HIV vaccines so that children can share in the benefits of any advances in vaccines research.

I want to thank several organizations for lending their expertise to the development of this legislation, in particular the Elizabeth Glaser Pediatric AIDS Foundation, the AIDS Alliance for Children, Youth and Families, and the American Academy of Pediatrics, all of whom support this bill. I would also like to note that the AMS Vaccine Advocacy Coalition is endorsing this legislation. I would ask unanimous consent that three letters of endorsement be printed in the RECORD.

HIV/AIDS is the single greatest health care catastrophe facing the world today. We need to do much more to seek effective treatments and, eventually, a cure for this horrible illness. This legislation is by no means sufficient to reach that goal, but it is a step towards ensuring that children are not left behind as we make progress, and then when we do finally eradicate HIV/AIDS once and for all, children and youth are able to benefit immediately. I urge all of my colleagues to join us in support of this legislation.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

AIDS ALLIANCE FOR CHILDREN,  
YOUTH AND FAMILIES,  
Washington, DC, October 5, 2004.

Senator CHRISTOPHER J. DODD,  
*Subcommittee on Children and Families,*  
Senator CHRISTOPHER S. BOND,  
*Subcommittee on Aging,*  
Washington, DC.

DEAR SENATORS DODD AND BOND:

As the national non-profit organization dedicated to women, children, youth and families affected by HIV/AIDS, we would like to extend our sincere gratitude for your introduction of the Children and Family HIV/AIDS Research and Care Act of 2004. We greatly appreciate your leadership on this issue.

The Children and Family HIV/AIDS Research and Care Act provides many important services to some of the most vulnerable populations of HIV-positive people: women, children, infants, youth and male caregivers. This bill reauthorizes Title IV of the Ryan White CARE Act, strengthens the model of family-centered care, reinforces other provisions in the CARE Act serving these groups, expands efforts to prevent mother-to-child HIV transmission (MTCT), and ensures that biomedical research efforts in the fight against HIV—especially the search for a preventive vaccine—take into consideration the special needs of pediatric populations.

Title IV of the Ryan White CARE Act is a lifeline to more than 53,000 women, children, youth, infants and male caregivers served each year. Through grants to 91 organizations across 35 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, grantees and hundreds of subgrantees provide medical care, support services, case

management, outreach and other services to thousands of families affected by HIV/AIDS. Title IV saves lives by providing treatment and care, improves quality of life by keeping people healthier, and saves money by reducing hospitalization. Title IV projects have also led the way in reducing MTCT from more than 2,000 babies born HIV-positive each year to fewer than 300. It is essential this program be reauthorized and expanded, and we appreciate your support.

In addition, biomedical research on a potential HIV vaccine and other research into antiretroviral treatment, psychosocial and prevention needs, and transitioning from pediatric into adult health care settings are all complicated research issues that must pay special attention to the needs of children. Children and youth are not merely “mini-adults” for whom the same treatment, care and prevention regimens apply. In terms of both physiological and psychosocial development, children and adolescents have different needs than adults, and research efforts must be attuned to these concerns. This bill would address those issues by developing a pediatric HIV vaccination testing plan and expand other research efforts relevant to infants, children, and youth affected by HIV/AIDS.

We fully endorse this legislation, and again thank you for your efforts to introduce and support it. We look forward to working with our offices to promote this bill and see its provisions enacted into law.

Sincerely,

IVY TURNBULL,  
*President.*

DAVID C. HARVEY,  
*Executive Director.*

ELIZABETH GLASER PEDIATRIC  
AIDS FOUNDATION,  
Washington, DC, October 5, 2004.

Hon. CHRISTOPHER J. DODD,  
*U.S. Senate,*  
Washington, DC.

Hon. CHRISTOPHER S. BOND,  
*U.S. Senate,*  
Washington, DC.

DEAR SENATORS DODD AND BOND:

On behalf of the Elizabeth Glaser Pediatric AIDS Foundation, I would like to commend your leadership in introducing the Children and Family HIV/AIDS Research and Care Act of 2004. We applaud your attention to the needs of children with HIV/AIDS and offer our strong endorsement of this bipartisan legislation.

The Foundation was created more than 15 years ago to help children with HIV/AIDS and is now the worldwide leader in the fight against pediatric AIDS and other serious and life-threatening diseases affecting children. While we have made great strides in caring for children with HIV/AIDS since the early days of the pandemic, it is an unfortunate fact that their unique needs are still too often overlooked. As we have learned firsthand, children with HIV/AIDS are not small adults. To give them the best possible chance for a healthy future, it is essential that their specific prevention, care and treatment needs are met.

The Children and Family HIV/AIDS Research and Care Act of 2004 will address those needs by reauthorizing Title IV of the Ryan White CARE Act and expanding its focus on reaching and caring for adolescents with HIV/AIDS. To further reduce mother-to-child transmission of HIV, this legislation will also promote routine, voluntary prenatal HIV testing and intensive care management for HIV-positive pregnant women. In addition, because children are at risk of being left behind in the search for an effective HIV vaccine, the bill will require federal agencies funding and regulating HIV vaccine

research to develop plans and guidelines for including pediatric populations in clinical trials as quickly as is medically and ethically appropriate. This legislation will also encourage research on key remaining pediatric research questions, including how to provide safer and more effective treatment options for children with HIV/AIDS.

Thank you again for your commitment to ensuring that the unique prevention, care and treatment needs of children with HIV/AIDS are met. We appreciate the opportunity to join you in helping children to reap the benefits of the very best that science and medicine have to offer and look forward to working with you toward passage of this critical legislation.

Sincerely,

MARK ISAAC,  
*Vice President, Public Policy  
and Communication.*

AIDS VACCINE ADVOCACY COALITION,  
*New York, NY, October 5, 2004.*

Hon. CHRISTOPHER BOND,  
*U.S. Senate,*

Hon. CHRISTOPHER DODD,  
*U.S. Senate,  
Washington, DC.*

DEAR SENATORS BOND AND DODD: On behalf of the AIDS Vaccine Advocacy Coalition, I would like to express our strong support for the Children and Family HIV/AIDS Research and Care Act of 2004. We applaud your efforts to provide coordinated services and research with respect to children and families with HIV/AIDS.

Founded in 1995, AVAC is an internationally recognized non-profit organization committed to accelerating the ethical development and global delivery of vaccines against HIV/AIDS. We are committed to a broad, sustainable response to manage the long haul from basic science, to product development, through multiple clinical trials and, eventually and most importantly, to a safe, efficacious, accessible and affordable vaccine in use for the people and communities that need it most.

Unless issues surrounding the testing of vaccine candidates in relevant pediatric populations are addressed now, they likely won't have timely access to an effective vaccine when one is developed and licensed. That would not only deny young people of an important HIV prevention tool, but it would severely hamper global efforts to stop the AIDS pandemic.

We, therefore, strongly endorse your effort to enact legislation that prioritizes this critical research issue and calls for a plan of action to move forward. We appreciate the opportunity to join you now to ensure that the research and development process delivers treatment and prevention to the populations that need it most and look forward to working with you toward passage of this legislation.

Sincerely,

MITCHELL WARREN,  
*Executive Director.*

Mr. BOND. Mr. President, currently, more than 3,700 children and youth under the age of 13 are living with HIV or AIDS in the United States and of the more than 40,000 Americans newly infected with HIV each year, half are young people under the age of 25 years old. When we think about this devastating virus we do not often associate it with children, especially infants or newborn babies, but the fact is this disease does not discriminate on the basis of age. It affects children in very specific and very different ways than adults.

For instance, the medical experience of children with HIV/AIDS can differ significantly from that of adults. Because children's immune systems are still immature, the disease typically progresses more rapidly in children than in adults and can have different manifestations. For example, the majorities of children with HIV have neurological abnormalities and are more susceptible to certain opportunistic infections than adults. In addition, because children's bodies are growing and developing, HIV/AIDS can have profound effects on children's physical growth and ability to reach developmental milestones such as crawling, walking and learning to walk.

Medication for young children living with HIV/AIDS can also be very different than that of an adult living with HIV/AIDS. For example, children of certain ages cannot swallow pills and require liquid formulations of life-saving HIV/AIDS drugs that are not always readily available. In addition, dosing and safety information for these powerful drugs are often strikingly different for children and adults, and for younger children, this information is typically completely missing. This lack of information puts children at risk by requiring health care providers to estimate correct dosing. Too much medication can be toxic, and too little will not effectively suppress the virus. Over time, under-dosing can lead to drug resistance.

Children are not just small adults and their growing bodies are especially susceptible to the rapid advancement of HIV infection. Early awareness that a child has HIV infection, combined with good care and support, can enhance survival and quality of life, which is why I am introducing, with my colleague Senator DODD, The Children Family HIV/AIDS Research and Care Act of 2004. This legislation will address those needs of children and adolescents living with HIV/AIDS by reauthorizing Title IV of the Ryan White CARE Act and expanding its focus on reaching and caring for adolescents with HIV/AIDS. Moreover, this legislation will continue to work to reduce mother-to-child transmission of HIV, by promoting routine, voluntary prenatal HIV testing and intensive care management for HIV-positive pregnant women. In addition, because children are at risk of being left behind in the search for an effective HIV vaccine, the bill will require federal agencies funding and regulating HIV vaccine research to develop plans and guidelines for including pediatric populations in clinical trials as quickly as is medically and ethically appropriate. This legislation will also encourage research on key remaining pediatric research questions, including how to provide safer and more effective treatment options for children with HIV/AIDS.

For a young person living with HIV or AIDS there is no cure and there is no remission. It is with them at home, on the playground, in the classroom,

and at a Friday night sleepover. It will be with them as they enter high school, go to college and get their first job. For a person born with this virus it is a permanent part of their life. This bill will help to ensure that the needs of infants, children, and adolescents living with HIV/AIDS are not overlooked.

By Ms. MURKOWSKI:

S. 2893. A bill to amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance, and for other purposes; to the Committee on Finance.

Ms. MURKOWSKI. Mr. President, I believe all Americans should have access to affordable, high-quality health care. Rising health care costs impose a burden on families and small businesses and put coverage out of reach for many Americans. According to the most recent Census Bureau findings, 45 million Americans lack health insurance; about 200,000 of the 45 million were Alaskans. The vast majority, nearly 80 percent, of uninsured Alaskans in 2003-2004 were employed or members of working families.

As part of the effort to address this problem, I have introduced legislation that will increase the number of insured Americans. The SAVE (Securing Access, Value, and Equality) Health Care Act offers a solution to the problems of accessibility, portability, and choice.

My plan does not just increase funding for current government programs; my plan provides a path to greater opportunity, more freedom, and more control over your own health care and your own future.

The SAVE Health Care Act would provide working class Americans with a tax credit that they can use to purchase health insurance. The act targets three-quarters of the total number of uninsured Americans by setting eligibility at 350 percent of poverty, or an Alaskan's annual income of \$41,000 for an individual or \$82,000 for a family of four.

To help make health coverage more affordable for low and middle-income individuals and families who do not have employer-provided coverage and who are not eligible for the expanded public programs, this legislation would provide a refundable tax credit of up to \$1,000 for individuals and up to \$3,000 for families, which could be advanced on a monthly basis.

The SAVE Act would also cover an additional 50 percent of any health insurance premiums not covered by the basic credit. This provision is targeted to help those who need health insurance the most—those who are sick, have pre-existing health conditions, or older Americans whose insurance prices are higher and who do not have access to employer-based insurance.

A tax credit proposal without this type of additional assistance would only help insure the young and the healthy because their premiums are



the lowest and most within reach financially. The additional credit is a key part of providing coverage to Americans with the greatest need.

The SAVE Act would allow those who have access to employer-sponsored plans to have up to one-half of the credit they are eligible for to help them pay for their portion of the health insurance premiums. This credit amount is a balance designed to help employees afford their portion of employer-sponsored coverage without providing employers an incentive to shift more costs to their employees.

The SAVE Act includes a provision that would make the premiums for qualified high-deductible health insurance plans that coordinate with Health Savings Accounts (HSAs) tax-deductible. Both individuals and their employers can contribute tax free dollars to an HSA, and the individual can use these dollars for qualifying out-of-pocket medical expenses.

The SAVE Act provides small business owners a refundable tax credit for contributions they make to their employees' HSAs in the amount of \$500 per worker with family coverage and \$200 per worker with individual coverage. More than half of the uninsured are small business employees and their families.

In addition to reducing the number of our nation's uninsured, this legislation will create an incentive for personal savings while shaping a health care marketplace driven by consumer choice.

The SAVE Act would extend and expand the State high risk pool health insurance grant program that was established under the Trade Adjustment Act of 2002. Alaska is one of 31 States that currently operates a high risk pool. I commend the work of the Alaska Comprehensive Health Insurance Association (ACHIA), the nonprofit organization that provides health insurance to 467 Alaska residents who would otherwise be denied coverage because of medical conditions. Under this legislation, Alaska will receive a portion of the \$75 million allocated in this legislation to continue to operate our high risk pool and to continue insuring Alaskans that really need this program.

The SAVE Act would establish a grant program in which States would be encouraged to establish Voluntary Choice Cooperatives, or VCCs. VCCs essentially increase the clout of small businesses in negotiating with insurers. Premiums are generally higher for small businesses because they do not have as much purchasing power as large companies. This limits the ability of small businesses to bargain for lower rates. They also have higher administrative costs because they have fewer employees among whom to spread the fixed cost of a health benefits plan. Moreover, VCCs decrease the risk of adverse selection and spread the cost of health care over a broader group.

I believe this well-rounded approach will provide significant help with the cost and availability of health insurance, and make a real difference in reducing the number of uninsured Americans.

By Mr. KENNEDY:

S. 2894. A bill to amend the Public Health Service Act to provide for the coordination of Federal Government policies and activities to prevent obesity in childhood, to provide for State childhood obesity prevention and control, and to establish grant programs to prevent childhood obesity within homes, schools, and communities; to the Committee on Health, Education, Labor, and Pensions.

Mr. KENNEDY. Mr. President, it's an honor to introduce the "Prevention of Childhood Obesity Act". The goal of this legislation is to deal more effectively with the growing health epidemic of obesity now faced by millions of children today. Currently, 9,000,000 children have this chronic condition, and it's putting them at high risk for diabetes, high blood pressure, and other preventable diseases. In addition, obese children frequently grow up to become obese adults, and they impose at least 11 billion dollars in medical costs on the nation each year.

Childhood obesity is the direct result of too much food and too little physical activity. One of the results is the epidemic now plaguing the nation. Children watch over 40,000 food advertisements on television a year—one food commercial every minute, urging them to eat large helpings of candy, snacks, fast foods and cereal high in sugar.

Young students have access to vending machines that now put high-fat or high-sugar snacks and beverages in them. Yet they have no opportunity for physical activity or instruction in physical education. They live in neighborhoods with instant access to fast foods, but no supermarket, no outdoor produce stand, or few fruits and vegetables. These same neighborhoods also have no bike paths, sidewalks, tracks for walking or running, and no parks or open spaces.

The result is millions of children without nutritious foods, a safe physical environment, that allows them to be active, and healthy information. Today, only 2 percent of the nation's children meet Department of Agriculture standards for daily intake. Less than a third meet the recommended guidelines for exercise, and millions have developed obesity.

According to the Centers for Disease Control, regular physical activity and healthy eating and a positive environment for such behavior are essential factors in reducing the epidemic of obesity. Our legislation focuses, therefore, on coordinating federal, state, community and school efforts to see that our children have access to a healthy environment.

This bill appoints a federal commission to see that Federal food policies

promote good nutrition. Guidelines for food and physical activity advertisements will be established by a summit conference of representatives from education, industry, and health care.

At the State level, the bill provides grants and coordinates efforts by the states to implement and evaluate ways to prevent obesity. It offers grants for early childhood activities and school and after-school programs, and for developing curricular, training educators, and implementing policies to reduce poor foods, increase physical education, and help communities build sidewalks, bike trails, and create parks that encourage healthy activity and sports.

We know that regular physical activity and healthy eating can prevent childhood obesity. We need a coordinated and focused nationwide effort to halt this health epidemic facing millions of children, and prevent the chronic diseases and unnecessary suffering that afflict millions of children today. It's time for Congress to do its part, and I urge my colleagues to support us.

By Mr. FITZGERALD:

S. 2898. A bill to require the review of Government programs at least once every 5 years for purposes of evaluating their performance; to the Committee on Governmental Affairs.

Mr. FITZGERALD. Mr. President, I rise today to introduce the Program Assessment and Results Act, or "PAR Act." This bill is a companion bill to H.R. 3826 that Congressman Todd Platts, Chairman of the House Government Reform Subcommittee on Government Efficiency and Financial Management, introduced on February 25, 2004.

The PAR Act builds upon the reforms adopted by Congress in the early 1990s, such as the Government Performance and Results Act of 1993 (GPRA). This bill would increase the effectiveness, and accountability of the Federal Government by requiring the review of Federal programs at least once every five years to evaluate their performance. Information obtained from these reviews would be incorporated in the President's budget requests and would assist Congress in its oversight and funding of Federal programs.

The PAR Act would strengthen the program evaluation requirements under the strategic planning requirements of GPRA, the one area that the Government Accountability Office (GAO) recognized as a government-wide deficiency under GPRA. GAO found that most agencies were implementing the requirement for program evaluation merely by making lists of observations rather than presenting and analyzing performance data.

To build upon the framework of reforms established by GPRA, the PAR Act would require the Office of Management and Budget (OMB) to work with Federal agencies to carefully and periodically assess the strengths and

weaknesses of all Federal programs. This legislation would enable policy makers to compare data from different agents to determine how different programs with similar goals are achieving their results.

The PAR Act would improve the accountability of Federal programs in a number of areas. Congress would be able to use this information to make more informed budget decisions and conduct more effective oversight. Federal managers would use the information to improve the way they manage programs. Moreover, taxpayers will be able to track the progress of these programs with more precision.

The ultimate result of the PAR Act will be a more effective and efficient government. Therefore, I urge my colleagues to support passage of this legislation.

I ask unanimous consent that the bill be printed in the RECORD following my remarks.

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

S. 2898

*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 “Program Assessment and Results Act”.

#### SEC. 2. FINDINGS.

Congress finds that—

(1) inefficiency and ineffectiveness in Federal programs undermines the confidence of the American people in the Government and reduces the Federal Government’s ability to adequately address vital public needs;

(2) insufficient information on program performance seriously disadvantages Federal managers in their efforts to improve program efficiency and effectiveness;

(3) congressional policy making, spending decisions, and program oversight are handicapped by insufficient attention to program performance and results;

(4) programs performing similar or duplicative functions that exist within a single agency or across multiple agencies should be identified and their performance and results shared among all such programs to improve their performance and results;

(5) advocates of good government continue to seek ways to improve accountability, focus on results, and integrate the performance of programs with decisions about budgets;

(6) with the passage of the Government Performance and Results Act of 1993, the Congress directed the executive branch to seek improvements in the effectiveness, efficiency, and accountability of Federal programs by having agencies focus on program results; and

(7) the Government Performance and Results Act of 1993 provided a strong framework for the executive branch to monitor the long-term goals and annual performance of its departments and agencies.

#### SEC. 3. PURPOSE.

The purposes of this Act are—

(1) to improve the Government Performance and Results Act of 1993 by implementing a program assessment and evaluation process that attempts to determine the strengths and weaknesses of Federal programs with a particular focus on the results produced by individual programs;

(2) to use the information gathered in the assessment and evaluation process to build

on the groundwork laid in the Government Performance and Results Act of 1993 to help the executive branch make informed management decisions and evidence-based funding requests aimed at achieving positive results; and

(3) to provide congressional policy makers the information needed to conduct more effective oversight, to make better-informed authorization decisions, and to make more evidence-based spending decisions that achieve positive results for the American people.

#### SEC. 4. PROGRAM ASSESSMENT.

(a) REQUIREMENT FOR PROGRAM ASSESSMENTS.—Chapter 11 of title 31, United States Code, as amended by the Government Performance and Results Act of 1993, is amended by adding at the end the following new section:

##### “§ 1120. Program assessment

“(a) ASSESSMENT.—The Director of the Office of Management and Budget to the maximum extent practicable shall conduct, jointly with agencies of the Federal Government, an assessment of each program at least once every 5 fiscal years.

“(b) ASSESSMENT REQUIREMENTS.—In conducting an assessment of a program under subsection (a), the Director of the Office of Management and Budget and the head of the relevant agency shall—

“(1) coordinate to determine the programs to be assessed; and

“(2) evaluate the purpose, design, strategic plan, management, and results of the program, and such other matters as the Director considers appropriate.

“(c) CRITERIA FOR IDENTIFYING PROGRAMS TO ASSESS.—The Director of the Office of Management and Budget shall develop criteria for identifying programs to be assessed each fiscal year. In developing the criteria, the Director shall take into account the advantages of assessing during the same fiscal year any programs that are performing similar functions, have similar purposes, or share common goals, such as those contained in strategic plans under section 306 of title 5. To the maximum extent possible, the Director shall assess a representative sample of Federal spending each fiscal year.

“(d) CRITERIA FOR MORE FREQUENT ASSESSMENTS.—The Director of the Office of Management and Budget shall make every effort to assess programs more frequently than required under subsection (a) in cases in which programs are determined to be of higher priority, special circumstances exist, improvements have been made, or the head of the relevant agency and the Director determine that more frequent assessment is warranted.

“(e) PUBLICATION.—At least 90 days before completing the assessments under this section to be conducted during a fiscal year, the Director of the Office of Management and Budget shall—

“(1) make available in electronic form through the Office of Management and Budget website or any successor website, and provide to the Committee on Government Reform of the House of Representatives and the Committee on Governmental Affairs of the Senate—

“(A) a list of the programs to be assessed during that fiscal year; and

“(B) the criteria that will be used to assess the programs; and

“(2) provide a mechanism for interested persons to comment on the programs being assessed and the criteria that will be used to assess the programs.

“(f) REPORT.—(1) The results of the assessments conducted during a fiscal year shall be submitted in a report to Congress at the same time that the President submits the next budget under section 1105 of this title after the end of that fiscal year.

“(2) The report shall—

“(A) include the performance goals for each program assessment;

“(B) specify the criteria used for each assessment;

“(C) describe the results of each assessment, including any significant limitation in the assessments;

“(D) describe significant modifications to the Federal Government performance plan required under section 1105(a)(28) of this title made as a result of the assessments; and

“(E) be available in electronic form through the Office of Management and Budget website or any successor website.

“(g) CLASSIFIED INFORMATION.—(1) With respect to program assessments conducted during a fiscal year that contain classified information, the President shall submit on the same date as the report is submitted under subsection (f)—

“(A) a copy of each such assessment (including the classified information), to the appropriate committees of jurisdiction of the House of Representatives and the Senate; and

“(B) consistent with statutory law governing the disclosure of classified information, an appendix containing a list of each such assessment and the committees to which a copy of the assessment was submitted under subparagraph (A), to the Committee on Government Reform of the House of Representatives and the Committee on Governmental Affairs of the Senate.

“(2) Upon request from the Committee on Government Reform of the House of Representatives or the Committee on Governmental Affairs of the Senate, the Director of the Office of Management and Budget shall, consistent with statutory law governing the disclosure of classified information, provide to the Committee a copy of—

“(A) any assessment described in subparagraph (A) of paragraph (1) (including any assessment not listed in any appendix submitted under subparagraph (B) of such paragraph); and

“(B) any appendix described in subparagraph (B) of paragraph (1).

“(3) In this subsection, the term ‘classified information’ refers to matters described in section 552(b)(1)(A) of title 5.

“(h) INHERENTLY GOVERNMENTAL FUNCTIONS.—The functions and activities authorized or required by this section shall be considered inherently governmental functions and shall be performed only by Federal employees.

“(i) TERMINATION.—This section shall not be in effect after September 30, 2013.”.

(b) GUIDANCE.—Not later than 6 months after the date of the enactment of this Act, the Director of the Office of Management and Budget shall prescribe guidance to implement the requirements of section 1120 of title 31, United States Code, as added by subsection (a), including guidance on a definition of the term “program”.

(c) CONFORMING AND CLERICAL AMENDMENTS.—

(1) Section 1115(g) of title 31, United States Code, is amended by striking “1119” and inserting “1120”.

(2) The table of sections at the beginning of chapter 11 of title 31, United States Code, is amended by adding at the end the following: “1120. Program assessment.”.

#### SEC. 5. STRATEGIC PLANNING AMENDMENTS.

(a) CHANGE IN DEADLINE FOR STRATEGIC PLAN.—Subsection (a) of section 306 of title 5, United States Code, is amended by striking “No later than September 30, 1997,” and inserting “Not later than September 30 of each year following a year in which an election for President occurs, beginning with September 30, 2005.”.



(b) CHANGE IN PERIOD OF COVERAGE OF STRATEGIC PLAN.—Subsection (b) of section 306 of title 5, United States Code, is amended to read as follows:

“(b) Each strategic plan shall cover the 4-year period beginning on October 1 of the year following a year in which an election for President occurs.”.

# SUBMITTED RESOLUTIONS

SENATE RESOLUTION 447—EXPRESSING THE SENSE OF THE SENATE THAT THE PRESIDENT OF THE UNITED STATES SHOULD EXERCISE HIS CONSTITUTIONAL AUTHORITY TO PARDON POSTHUMOUSLY JOHN ARTHUR “JACK” JOHNSON FOR MR. JOHNSON’S RACIALLY-MOTIVATED 1913 CONVICTION THAT DIMINISHED HIS ATHLETIC, CULTURAL, AND HISTORIC SIGNIFICANCE, AND UNDULY TARNISHED HIS REPUTATION

Mr. MCCAIN (for himself, Mr. HATCH, Mr. KENNEDY, Mr. REID, and Mr. TALENT) submitted the following resolution; which was considered and agreed to:

## S. RES. 447

Whereas, Jack Johnson was a flamboyant, defiant, and controversial figure in American history who challenged racial biases;

Whereas, Jack Johnson was born in Galveston, Texas, in 1878 to parents who were former slaves;

Whereas, Jack Johnson became a professional boxer and traveled throughout the United States fighting white as well as black heavyweights;

Whereas, Jack Johnson, after being denied, on purely racial grounds, the opportunity to fight two white champions was granted an opportunity in 1908 by an Australian promoter to fight the reigning white titleholder, Tommy Burns, whom Johnson defeated to become the first African American to hold the title of Heavyweight Champion of the World;

Whereas, Jack Johnson’s victory prompted a search for a white boxer who could beat Johnson, a recruitment effort dubbed the search for the “great white hope”;

Whereas, a white former champion named Jim Jeffries left retirement to fight and lose to Jack Johnson in Reno, Nevada, in 1910 in what was deemed the “Battle of the Century”;

Whereas, rioting and aggression toward African Americans resulted from Johnson’s defeat of Jeffries and led to racially-motivated murders of African Americans nationwide;

Whereas, Jack Johnson’s relationship with white women compounded the resentment felt toward him by many whites;

Whereas, between 1901 and 1910, 754 African Americans were lynched, some of whom were lynched simply for being “too familiar” with white women;

Whereas, in 1910 the Congress passed the Mann Act, (18 U.S.C. 2421), then known as the “White Slave Traffic Act,” which outlawed the transportation of women in interstate or foreign commerce “for the purpose of prostitution or debauchery, or for any other immoral purpose”;

Whereas, in October, 1912, Jack Johnson became involved with a white woman whose mother disapproved of their relationship and sought action from the United States Department of Justice, claiming that Johnson had abducted her daughter;

Whereas, Jack Johnson was arrested on October 18, 1912, by Federal marshals for transporting this woman across State lines for an “immoral purpose” in violation of the Mann Act, only to have the charges dropped when the woman refused to cooperate with authorities and then married the champion;

Whereas, Federal authorities persisted and summoned a white woman named Belle Schreiber who testified that Johnson had transported her across State lines for the purpose of “prostitution and debauchery”;

Whereas, Jack Johnson was eventually convicted in 1913 of violating the Mann Act and sentenced to one year and a day in Federal prison, but fled the country to Canada and then on to various European and South American countries, before losing the Heavyweight Championship title to Jess Willard in Cuba in 1915;

Whereas, Jack Johnson returned to the United States in July, 1920, surrendered to authorities, served nearly a year in the Federal penitentiary at Leavenworth, Kansas, and fought subsequent boxing matches, but never regained the Heavyweight Championship title;

Whereas, Jack Johnson served his country during World War II by encouraging citizens to buy war bonds and participating in exhibition boxing matches to promote the war bond cause;

Whereas, Jack Johnson died in an automobile accident in 1946; and

Whereas, in 1954 Jack Johnson was inducted into the Boxing Hall of Fame: Now, therefore, be it

Resolved, That it is the Sense of the Senate that—

(1) Jack Johnson paved the way for African American athletes to participate and succeed in racially-integrated professional sports in the United States;

(2) Jack Johnson was wronged by a racially-motivated conviction prompted by his success in the boxing ring and his relationship with white women;

(3) his criminal conviction unjustly ruined his career and destroyed his reputation; and

(4) the President of the United States should grant a pardon to Jack Johnson posthumously to expunge from the annals of American criminal justice a racially-motivated abuse of the Federal government’s prosecutorial authority and in recognition of Mr. Johnson’s athletic and cultural contributions to society.

SENATE CONCURRENT RESOLUTION 140—URGING THE PRESIDENT TO WITHDRAW THE UNITED STATES FROM THE 1992 AGREEMENT ON GOVERNMENT SUPPORT FOR CIVIL AIRCRAFT WITH THE EUROPEAN UNION AND IMMEDIATELY FILE A CONSULTATION REQUEST, UNDER THE UNDERSTANDING ON RULES AND PROCEDURES GOVERNING THE SETTLEMENT OF DISPUTES OF THE WORLD TRADE ORGANIZATION, ON THE MATTER OF INJURY TO, AND ADVERSE EFFECTS ON, THE COMMERCIAL AVIATION INDUSTRY OF THE UNITED STATES

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

## S. CON. RES. 140

Whereas as recently as 1990, Boeing was the uncontested world leader in commercial aviation, and had produced over 55 percent of

all the jet commercial aircraft ever produced; McDonnell Douglas produced 25 percent, while Airbus accounted for only 6 percent;

Whereas in 1992 the Agreement on Government Support for Civil Aircraft was negotiated between the United States and the European Community to address the near total subsidization of Airbus commercial aircraft development;

Whereas the agreement stated that no more than 33 percent of total aircraft development costs could be borne by the respective governments;

Whereas the agreement “recogniz[ed] that the disciplines in the GATT Agreement on Trade in Civil Aircraft should be strengthened with a view to progressively reducing the role of government support”;

Whereas Boeing has experienced a dramatic downturn in the last three years, losing thousands of employees and a significant market share;

Whereas Airbus has continued to increase market share at a time of significant turbulence in the commercial airline industry as a result of continued government subsidies;

Whereas the European Union has not abided by the agreement to phase out subsidies;

Whereas European Union officials have publicly reaffirmed their plan to achieve global leadership in aerospace based on continued subsidization, noting in “European Aeronautics: A Vision for 2020”, that “gradual realization of our ambitious vision must be facilitated by an increase in public funding. European aeronautics has grown and prospered with the support of public funds and this support must continue if we are to achieve our objective of global leadership.”;

Whereas the new Airbus A380 is the most subsidized aircraft ever, having received more than \$6,000,000,000 in direct subsidies from the European Union, including \$3,700,000,000 in launch aid;

Whereas in public statements, Airbus representatives have indicated that the company may launch yet another new aircraft, which may require billions of dollars of additional subsidies from the European Union;

Whereas Airbus has achieved market parity with Boeing; therefore the 1992 agreement has outlived its usefulness;

Whereas the parties to the 1992 agreement noted “their intention to act without prejudice to their rights and obligations under the GATT and under other multilateral agreements negotiated under the auspices of the GATT”;

Whereas on a visit to Washington State on August 13, 2004, President George W. Bush said “I’ve instructed U.S. Trade Representative Bob Zoellick to inform European officials in his September meeting that we think these subsidies are unfair and that he should pursue all options to end these subsidies—including bringing a WTO case, if need be”;

Whereas the Boeing Company has more than 150,000 employees within the United States and has 26,000 suppliers in all 50 States;

Whereas the United States Trade Representative has strongly supported Boeing’s efforts to seek redress in this matter and has patiently and appropriately pursued bilateral dialogue with the European Union in an attempt to negotiate a new agreement to discipline subsidies; and

Whereas public statements by the United States Trade Representative have made it clear that bilateral consultations on the matter of ending commercial aviation subsidies by the European Union have been unproductive and that further talk is unlikely to resolve the serious injury caused to the Boeing company: Now, therefore, be it