AMENDMENT NO. 1978

At the request of Mr. MCCAIN, the name of the Senator from New Hampshire (Mr. SUNUNU) was added as a cosponsor of amendment No. 1978 proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 1991

At the request of Mr. KENNEDY, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of amendment No. 1991 proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 1992

At the request of Mr. BYRD, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of amendment No. 1992 proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2003

At the request of Mr. GRAHAM, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of amendment No. 2003 intended to be proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2022

At the request of Ms. LANDRIEU, her name was added as a cosponsor of amendment No. 2022 intended to be proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2023

At the request of Mr. SALAZAR, his name was added as a cosponsor of amendment No. 2023 intended to be proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2033

At the request of Mr. KERRY, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Minnesota (Mr. DAYTON), the Senator from Michigan (Ms. STABENOW), the Senator from Iowa (Mr. HARKIN), the Senator from Minnesota (Mr. COLEMAN), the Senator from Maine (Ms. SNOWE), the Senator from Connecticut (Mr. DODD), the Senator from Michigan (Mr. LEVIN), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Maine (Ms. COLLINS), the Senator from West Virginia (Mr. BYRD), the Senator from Illinois (Mr. OBAMA) and the Senator from Colorado (Mr. SALAZAR) were added as cosponsors of amendment No. 2033 proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2038

At the request of Mr. SCHUMER, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of amendment No. 2038 proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2043

At the request of Mr. LOTT, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of amendment No. 2043 intended to be proposed to H.R. 2863, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2006, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. INHOFE (for himself and Mr. COBURN):

S. 1820. A bill to designate the facility of the United States Postal Service located at 6110 East 51st Place in Tulsa, Oklahoma, as the ''Dewey F. Bartlett Post Office''; to the Committee on Homeland Security and Governmental Affairs.

Mr. INHOFE. Mr. President, I rise today along with my colleague, TOM COBURN, to proudly introduce legislation to designate the facility of the United States Postal Service located at 6110 East 51st Place in Tulsa, OK as the ''Dewey F. Bartlett Post Office''.

Dewey Follett Bartlett, former Governor and distinguished alumnus of this Senate body, emulated the Oklahoma spirit of innovative leadership, hard work, and public service. In his honor, I proudly seek to name a post office in his hometown of Tulsa, OK. We commemorate an outstanding public servant so that posterity will be challenged by his example, just as we have been.

Although he was not actually born in Oklahoma, Dewey Bartlett naturalized as fast as he could. While studying at Princeton University, he came home during summers to work in Oklahoma oil fields just as I did. He moved to my hometown, Tulsa, in 1945 to assume a managing role in his family's business after his military service during World War II.

Dewey Bartlett shared my dedication to a strong national defense. As a member of the Senate Armed Services Committee and a pilot myself, I appreciate Mr. Bartlett for his military service to our country. He was awarded the Air Medal for his distinguished efforts in the Pacific Theater during World War II. Not only did he serve in the U.S. Marine Corps as a combat dive-bomber pilot, he championed the military during his service in the Senate.

During his tenure in the Senate, Bartlett was more than once deemed the most conservative member of the Senate. It is an Oklahoma distinction that I have sought to uphold. Last year, the American Conservative Union ranked me as the most conservative member of the Senate. I share his vision of advocating common sense Oklahoma values including less government bureaucracy, less regulation, lower taxes and fiscal responsibility.

Dewey Bartlett's political philosophy was consistent with the Constitutional intention to not encumber Americans with layers of bureaucracy, but to promote individual liberty, freedom and justice. I am pleased that we can honor albeit in a small way, his service to our country by naming a post office in Tulsa, OK after him.

I encourage my colleagues to join me in support of this legislation as we commemorate an outstanding citizen so that future generations will be challenged by his example.

By Mr. REID (for himself, Mr. OBAMA, Mr. BAYH, Mr. KENNEDY, Mr. HARKIN, Mr. DURBIN, Mr. REED, Mr. DODD, Mrs. MURRAY, Ms. MIKULSKI, Mrs. CLINTON, Mr. KOHL, and Mr. DAYTON):

S. 1821. A bill to amend the Public Health Service Act with respect to preparation for an influenza pandemic, including an avian influenza pandemic, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REID. Mr. President, four years after 9/11, the government was supposed to be prepared for a crisis like Hurricane Katrina. Yet as we all saw, the government was not. We owe it to the American people to do better in the future.

Once again, the experts are warning us. This time, it's not about levees or terrorists. It's about another pandemic flu.

According to the experts, another pandemic flu is not a matter of if but a question of when. As Dr. Julie Gerberding of the Centers for Disease Control put it: ''. . . many influenza experts, including those at CDC, consider the threat of a serious influenza pandemic to the United States to be high. Although the timing and impact of an influenza pandemic is unpredictable, the occurrence is inevitable and potentially devastating.''

The devastation caused by Hurricane Katrina would pale in comparison to the potential consequences of a global pandemic. A respected U.S. health expert has concluded that 1.7 million Americans would die in the first year alone of an outbreak. A pandemic flu outbreak in the Untied States today could cost our economy hundreds of billions of dollars due to death, lost productivity and disruptions to commerce and society.

Perhaps the only thing more troubling than contemplating the possible consequences of an avian flu pandemic is recognizing that neither this Nation nor the world are prepared to deal with it.

Our National Pandemic Plan is still in draft stages. We lack the capacity to rapidly manufacture vaccines in mass

quantities. We barely have enough antiviral medication for 2 percent of our population. Our health care infrastructure is not prepared to handle a pandemic. And the medical community, businesses, and general public need to be better prepared.

These are just a few ways we are not as prepared as we should be.

America can do better. An avian flu pandemic may be inevitable, but the devastating consequences are not. We need to heed the warnings and take action immediately.

Last week, the Senate unanimously approved an amendment offered by Senators HARKIN, OBAMA, KENNEDY, DURBIN and me that will begin to provide the resources necessary to protect Americans against this looming threat.

Today, I am proud to introduce, along with Senators OBAMA, BAYH, KENNEDY, HARKIN and DURBIN, the Pandemic Preparedness and Response Act of 2005. This legislation builds on our commitment to protecting Americans by preparing for the possibility of a pandemic.

Specifically, the Pandemic Preparedness and Response Act will ensure that we have a national plan to address a flu pandemic. Under our bill, a new Director of Pandemic Preparedness and Response within the Executive Office of the President will be responsible for finalizing and carrying out the National Pandemic Influenza Preparedness Plan. There should be no question about who is in charge of preparing our nation for this looming threat. This new position will also ensure that, in the event of a pandemic, we will have a single senior official whose primary responsibility is to coordinate the federal government's response and ensure coordination between local governments and the private sector. This is serious responsibility, and our bill will ensure that the new Director is held accountable for preparing and protecting Americans against the threat of a pandemic.

Our bill will improve surveillance and international partnerships so we may detect the emergence of a flu strain with pandemic potential immediately. Specifically, our bill establishes and implements a comprehensive diplomatic strategy targeted at nations most at risk for an epidemic of avian influenza. It also provides assistance for international surveillance and medical care, and creates an International Fund to support pre-pandemic influenza control and relief activities in countries affected by avian influenza.

Domestic surveillance efforts will also be bolstered by our legislation. Our bill improves state surveillance capacity, and expands efforts by the Department of Agriculture to prevent pandemic avian influenza.

The Pandemic Preparedness and Response Act will improve our capacity to develop, produce and distribute a vaccine that will be effective against a pandemic flu. It will expand research at the National Institutes of Health so we may develop more efficient methods of producing vaccines. Our bill would enhance our vaccine production capacity by creating a guaranteed market for seasonal flu vaccine through a federal buyback program for a portion of unsold doses. And among other provisions, our bill will improve access to vaccinations during a pandemic by enhancing annual flu vaccination coverage for uninsured and underinsured adults and children.

Our legislation will ensure that we have enough antivirals, vaccines and other essential medications and supplies in the Strategic National Stockpile. Specifically, our bill requires that we procure enough antiviral medication to cover a minimum of 50 percent of the population for the Strategic National Stockpile. This legislation will protect Americans from the price-gouging of medications during a pandemic, and establishes a mass tracking and distribution system for vaccines and antiviral medications so we can direct medications and vaccines to where they are needed the most.

The Pandemic Preparedness and Response Act will also improve our surge capacity so that the American people can be assured there will be an adequate supply of health care providers and institutions to care for them in the event of a pandemic. Our bill will also ensure that public education and awareness campaigns targeted to businesses, health care providers and the American public related to pandemic preparedness are conducted.

And finally, the Pandemic Preparedness and Response Act will ensure that adequate resources are available to address this looming threat.

I hope that my colleagues will join me in supporting this legislation so we may ensure that we do everything possible to prepare and protect Americans from the threat of a global flu pandemic.

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. 1821

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 ''Pandemic Preparedness and Response Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The Department of Health and Human Services reports that an influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat.

(2) Three pandemics occurred during the 20th century: the Spanish flu pandemic in 1918, the Asian flu pandemic in 1957, and the Hong Kong flu pandemic in 1968. The Spanish flu pandemic was the most severe, causing over 500,000 deaths in the United States and more than 20,000,000 deaths worldwide.

(3) The Centers for Disease Control and Prevention has estimated conservatively that up to 207,000 Americans would die, and up to 734,000 would be hospitalized, during the next pandemic. The costs of the pandemic, including the total direct costs associated with medical care and indirect costs of lost productivity and death, are estimated at between $71,000,000,000 and $166,500,000,000. These costs do not include the economic effects of pandemic on commerce and society.

(4) Recent studies suggest that avian influenza strains, which are endemic in wild birds and poultry populations in some countries, are becoming increasingly capable of causing severe disease in humans and are likely to cause the next pandemic flu.

(5) In 2004, 8 nations—Thailand, Vietnam, Indonesia, Japan, Laos, China, Cambodia, and the Republic of Korea—experienced outbreaks of avian flu (H5N1) among poultry flocks. Cases of human infections were confirmed in Thailand, Cambodia, Indonesia, and Vietnam (including a possible human-to-human infection in Thailand).

(6) As of September 29, 2005, 116 confirmed human cases of avian influenza (H5N1) have been reported, 60 of which resulted in death. Of these cases, 91 were in Vietnam, 17 in Thailand, 4 in Cambodia, and 4 in Indonesia.

(7) On February 21, 2005, Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention, stated that ''this is a very ominous situation for the globe . . . the most important threat we are facing right now.''.

(8) On February 23, 2005, Dr. Shigeru Omi, Asia regional director of the World Health Organization (WHO), stated with respect to the avian flu, ''We at WHO believe that the world is now in the gravest possible danger of a pandemic.''.

(9) The best defense against influenza pandemics is a heightened global surveillance system. In many of the nations where avian flu (H5N1) has become endemic the early detection capabilities are severely lacking, as is the transparency in the health systems.

(10) In addition to surveillance, pandemic preparedness requires domestic and international coordination and cooperation to ensure an adequate medical response, including communication and information networks, public health measures to prevent spread, use of vaccination and antivirals, provision of health outpatient and inpatient services, and maintenance of core public functions.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

Title XXI of the Public Health Service Act (42 U.S.C. 300aa–1 et seq.) is amended by adding at the end the following:

''Subtitle 3—Pandemic Influenza Preparedness

''SEC. 2141. DEFINITION.

''For purposes of this subtitle, the term 'State' shall have the meaning given such term in section 2(f) and shall include Indian tribes and tribal organizations (as defined in section 4(b) and 4(c) of the Indian Self-Determination and Education Assistance Act).

''SEC. 2142. NATIONAL DIRECTOR OF PANDEMIC PREPAREDNESS AND RESPONSE.

''(a) APPOINTMENT.—The President shall appoint an individual to serve as the National Director of Pandemic Preparedness and Response (referred to in this section as the 'Director') within the Executive Office of the President.

''(b) RESPONSIBILITIES.—The Director shall—

''(1) serve as the chairperson of the Pandemic Influenza Preparedness Policy Coordinating Committee (as described in section 2143);

''(2) coordinate the Federal interagency preparation for a pandemic;

''(3) coordinate the Federal interagency response to a pandemic;

''(4) oversee approval of State pandemic plans to ensure nationwide preparedness standards and regional coordination as provided for under section 2144(b)(3);

''(5) ensure coordination between the governmental and non-governmental economic and finance infrastructure as it relates to pandemic preparedness and response;

''(6) as soon as practicable, finalize a National Pandemic Influenza Preparedness Plan that describes programs and activities to decrease the burden of disease, minimize social disruption, and reduce economic impact from an influenza pandemic;

''(7) implement the National Pandemic Influenza Preparedness Plan;

''(8) make the National Pandemic Influenza Preparedness Plan available to Congress, and the public as appropriate;

''(9) submit to Congress an annual budget request related to the National Pandemic Influenza Preparedness Plan;

''(10) report to Congress on a biannual basis progress regarding the implementation of the National Pandemic Influenza Preparedness Plan;

''(11) address any deficiencies in the National Pandemic Influenza Preparedness Plan as determined by the Government Accountability Office report under subsection (c);

''(12) coordinate the provision of technical assistance related to pandemic preparedness across Federal agencies, States, and local governments;

''(13) ensure outreach and education campaigns are conducted related to preparedness for businesses, health care providers, and the public;

''(14) address supply chain issues related to a pandemic;

''(15) ensure that the National Pandemic Influenza Preparedness Plan includes a specific focus on traditionally underserved populations, including low-income, racial and ethnic minorities, immigrants, and uninsured populations; and

''(16) hire staff, request information, assistance, or detailees from other Federal agencies, and carry out other activities related to staffing and administration.

''(c) GAO REPORT.—

''(1) IN GENERAL.—Not later than 60 days after the Director has finalized the National Pandemic Influenza Preparedness Plan under subsection (b)(5), the Government Accountability Office shall submit to the Director and Congress a report concerning the National Pandemic Influenza Preparedness Plan.

''(2) REQUIREMENTS.—At a minimum, the report under paragraph (1) shall evaluate the ability of the National Pandemic Influenza Preparedness Plan to—

''(A) address the organizational structure and chain of command, both in the Federal government and at the State level;

''(B) ensure adequate laboratory surveillance of influenza, including the ability to isolate and subtype influenza viruses year round;

''(C) improve vaccine research, development, and production;

''(D) procure adequate doses of antivirals for treatment.

''(E) develop systems for tracking and distributing antiviral medication and vaccines;

''(F) prioritize who would receive antivirals and vaccines based on limited supplies;

''(G) stockpile medical and safety equipment for health care workers and first responders;

''(H) assure surge capacity capabilities for health care providers and institutions;

''(I) secure a backup health care workforce in the event of a pandemic;

''(J) ensure the availability of food, water, and other essential items during a pandemic;

''(K) provide guidance on needed State and local authority to implement public health measures such as isolation or quarantine;

''(L) maintain core public functions, including public utilities, refuse disposal, mortuary services, transportation, police and firefighter services, and other critical services

''(M) establish networks that provide alerts and other information for health care providers;

''(N) communicate with the public with respect to prevention and obtaining care during a pandemic;

''(O) provide security for first responders and other medical personnel and volunteers, hospitals, treatment centers, isolation and quarantine areas, and transportation and delivery of resources

''SEC. 2143. POLICY COORDINATING COMMITTEE ON PANDEMIC INFLUENZA PREPAREDNESS.

''(a) IN GENERAL.—There is established the Pandemic Influenza Preparedness Policy Coordinating Committee (referred to in this section as the 'Committee').

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—The Committee shall be composed of—

''(A) the Secretary;

''(B) the Secretary of Homeland Security;

''(C) the Secretary of Agriculture;

''(D) the Secretary of State;

''(E) the Secretary of Defense;

''(F) the Secretary of Commerce;

''(G) the Administrator of the Environmental Protection Agency;

''(H) the Secretary of Transportation;

''(I) the Secretary of Veterans Affairs; and

''(J) other representatives as determined appropriate by the Chair of the Committee.

''(2) CHAIR.—The Director of Pandemic Preparedness and Response shall serve as the Chair of the Committee.

''(3) TERM.—The members of the Committee shall serve for the life of the Committee.

''(c) MEETINGS.—

''(1) IN GENERAL.—The Committee shall meet not less often than 2 times per year at the call of the Chair or as determined necessary by the President.

''(2) REPRESENTATION.—A member of the Committee under subsection (b) may designate a representative to participate in Committee meetings, but such representative shall hold the position of at least an assistant secretary or equivalent position.

''(d) DUTIES OF THE COMMITTEE.—

''(1) PREPAREDNESS PLANS.—Each member of the Committee shall submit to the Committee a pandemic influenza preparedness plan for the agency involved that describes—

''(A) initiatives and proposals by such member to address pandemic influenza (including avian influenza) preparedness; and

''(B) any activities and coordination with international entities related to such initiatives and proposals.

''(2) INTERAGENCY PLAN AND RECOMMENDATIONS.—

''(A) IN GENERAL.—

''(i) PREPAREDNESS PLAN.—Based on the preparedness plans described under paragraph (1), and not later than 90 days after the date of enactment of this subtitle, the Committee shall develop an Interagency Preparedness Plan that integrates and coordinates such preparedness plans.

''(ii) CONTENT OF PLAN.—The Interagency Preparedness Plan under clause (i) shall include a description of—

''(I) departmental or agency responsibility and accountability for each component of such plan;

''(II) funding requirements and sources;

''(III) international collaboration and coordination efforts; and

''(IV) recommendations and a timeline for implementation of such plan.

''(B) REPORT.—

''(i) IN GENERAL.—The Committee shall submit to the President and Congress, and make available to the public as appropriate, a report that includes the Interagency Preparedness Plan.

''(ii) UPDATED REPORT.—The Committee shall submit to the President and Congress, and make available to the public as appropriate, on a biannual basis, an update of the report that includes a description of—

''(I) progress made toward plan implementation, as described under clause (i); and

''(II) progress of the domestic preparedness programs under section 2144 and of the international assistance programs under section 2145.

''(C) CONSULTATION WITH INTERNATIONAL ENTITIES.—In developing the preparedness plans described under subparagraph (A) and the report under subparagraph (B), the Committee should consult with representatives from the World Health Organization, the World Organization for Animal Health, and other international bodies, as appropriate.

''(e) APPLICATION OF FACA.—Notwithstanding the Federal Advisory Committee Act, non-government individuals and entities may participate in the activities of the Committee.

''SEC. 2144. DOMESTIC PANDEMIC INFLUENZA PREPAREDNESS ACTIVITIES.

''(a) PANDEMIC PREPAREDNESS ACTIVITIES.—The Director of Pandemic Preparedness and Response shall strengthen, expand, and coordinate domestic pandemic influenza preparedness activities.

''(b) STATE PREPAREDNESS PLAN.—

''(1) IN GENERAL.—As a condition of receiving funds from the Centers for Disease Control and Prevention or the Health Resources and Services Administration related to bioterrorism, a State shall—

''(A) designate an official or office as responsible for pandemic influenza preparedness;

''(B) submit to the Director of the Centers for Disease Control and Prevention a Pandemic Influenza Preparedness Plan described under paragraph (2); and

''(C) have such Preparedness Plan approved in accordance with this subsection.

''(2) PREPAREDNESS PLAN.—

''(A) IN GENERAL.—The Pandemic Influenza Preparedness Plan required under paragraph (1) shall address—

''(i) human and animal surveillance activities, including capacity for epidemiological analysis, isolation and subtyping of influenza viruses year-round, including for avian influenza among domestic poultry, and reporting of information across human and veterinary sectors;

''(ii) methods to ensure surge capacity in hospitals, laboratories, outpatient healthcare provider offices, medical suppliers, and communication networks;

''(iii) assisting the recruitment and coordination of national and State volunteer banks of healthcare professionals;

''(iv) distribution of vaccines, antivirals, and other treatments to priority groups, and monitor effectiveness and adverse events;

''(v) networks that provide alerts and other information for healthcare providers and organizations at the National, State, and regional level;

''(vi) communication with the public with respect to prevention and obtaining care during pandemic influenza;

''(vii) maintenance of core public functions, including public utilities, refuse disposal, mortuary services, transportation, police and firefighter services, and other critical services;

''(viii) provision of security for—

''(I) first responders and other medical personnel and volunteers;

''(II) hospitals, treatment centers, and isolation and quarantine areas;

''(III) transport and delivery of resources, including vaccines, medications and other supplies; and

''(IV) other persons or functions as determined appropriate by the Secretary;

''(ix) the acquisition of necessary legal authority for pandemic activities;

''(x) integration with existing national, State, and regional bioterrorism preparedness activities or infrastructure;

''(xi) coordination among public and private health sectors with respect to healthcare delivery, including mass vaccination and treatment systems, during pandemic influenza; and

''(xii) coordination with Federal pandemic influenza preparedness activities.

''(B) UNDERSERVED POPULATIONS.—The Pandemic Influenza Preparedness Plan required under paragraph (1) shall include a specific focus on surveillance, prevention, and medical care for traditionally underserved populations, including low-income, racial and ethnic minority, immigrant, and uninsured populations.

''(3) APPROVAL OF STATE PLAN.—

''(A) IN GENERAL.—The Director of Pandemic Preparedness and Response, in collaboration with the Pandemic Influenza Preparedness Policy Coordinating Committee, shall develop criteria to rate State Pandemic Influenza Preparedness Plans required under paragraph (1) and determine the minimum rating needed for approval.

''(B) TIMING OF APPROVAL.—Not later than 90 days after a State submits a State Pandemic Influenza Preparedness Plan as required under paragraph (1), the Director of Pandemic Preparedness and Response shall make a determination regarding approval of such Plan.

''(4) REPORTING OF STATE PLAN.—All Pandemic Influenza Preparedness Plans submitted and approved under this section shall be made available to Congress, State officials, and the public as determined appropriate by the Director.

''(5) ASSISTANCE TO STATES.—The Centers for Disease Control and Prevention and the Health Resources and Services Administration may provide assistance to States in carrying out this subsection, or implementing an approved State Pandemic Influenza Preparedness Plan, which may include the detail of an officer to approved domestic pandemic sites or the purchase of equipment and supplies.

''(6) WAIVER.—The Director of Pandemic Preparedness and Response may grant a temporary waiver of 1 or more of the requirements under this subsection.

''(c) DOMESTIC SURVEILLANCE.—

''(1) IN GENERAL.—The Secretary, in coordination with the Secretary of Agriculture, shall establish minimum thresholds for States with respect to adequate surveillance for pandemic influenza, including possible pandemic avian influenza.

''(2) ASSISTANCE TO STATES.—

''(A) IN GENERAL.—The Secretary, in coordination with the Secretary of Agriculture, shall provide assistance to States and regions to meet the minimum thresholds established under paragraph (1).

''(B) TYPES OF ASSISTANCE.—Assistance provided to States under subparagraph (A) may include—

''(i) the establishment or expansion of State surveillance and alert systems, including the Sentinel Physician Surveillance System and 122 Cities Mortalities Report System;

''(ii) the provision of equipment and supplies;

''(iii) support for epidemiological analysis and investigation of novel strains;

''(iv) the sharing of biological specimens and epidemiological and clinical data within and across States; and

''(v) other activities determined appropriate by the Secretary.

''(3) DETAIL OF OFFICERS.—The Secretary may detail officers to States for technical assistance as needed to carry out this subsection.

''(d) PRIVATE SECTOR INVOLVEMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Services Administration, and in coordination with private sector entities, shall integrate and coordinate public and private influenza surveillance activities, as appropriate.

''(2) GRANT PROGRAM.—

''(A) IN GENERAL.—In carrying out the activities under paragraph (1), the Secretary may establish a grant program, or expand existing grant programs, to provide funding to eligible entities to coordinate or integrate as appropriate, pandemic preparedness surveillance activities between States and private health sector entities, including hospitals, health plans, and other health systems.

''(B) ELIGIBILITY.—To be eligible to receive a grant under subparagraph (A), an entity shall submit an application at such time, in such manner, and containing such information as the Secretary may require.

''(C) USE OF FUNDS.—Funds under a grant under subparagraph (A) may be used to—

''(i) develop and implement surveillance protocols for patients in outpatient and hospital settings;

''(ii) establish a communication alert plan for patients for reportable signs and symptoms that may suggest influenza;

''(iii) plan for the vaccination of populations and, if appropriate, dissemination of antiviral drugs;

''(iv) purchase necessary equipment and supplies;

''(v) increase laboratory testing and networking capacity;

''(vi) conduct epidemiological and other analyses; or

''(vii) report and disseminate data.

''(D) DETAIL OF OFFICERS.—The Secretary may detail officers to grantees under subparagraph (A) for technical assistance.

''(E) REQUIREMENT.—As a condition of receiving a grant under subparagraph (A), a State shall have a plan to meet minimum thresholds for State influenza surveillance established by the Director of the Centers for Disease Control and Prevention in coordination with the Secretary of Agriculture under subsection (b).

''(e) PROCUREMENT OF ANTIVIRALS FOR THE STRATEGIC NATIONAL STOCKPILE.—The Secretary shall take immediate action to procure for the Strategic National Stockpile described under section 319F-2 antivirals needed to prevent or treat infection during a pandemic influenza, including possible pandemic avian influenza, for at least 50 percent of the population.

''(f) PROCUREMENT OF VACCINES FOR THE STRATEGIC NATIONAL STOCKPILE.—Subject to development and testing of potential vaccines for pandemic influenza, including possible pandemic avian influenza, the Secretary shall determine the minimum number of doses of vaccines needed to prevent infection during at least the first wave of pandemic influenza for health professionals (including doctors, nurses, mental health professionals, pharmacists, laboratory personnel, epidemiologists, virologists, and public health practitioners), core public utility employees, and those persons expected to be at high risk for serious morbidity and mortality from pandemic influenza, and take immediate steps to procure this minimum number of doses for the Strategic National Stockpile described under section 319F–2.

''(g) PROCUREMENT OF ESSENTIAL MEDICATIONS.—The Secretary shall, as soon as is practicable, take action to procure for the Strategic National Stockpile essential medications and other supplies that may be needed in the event of a pandemic.

''(h) NATIONAL TRACKING AND DISTRIBUTION SYSTEM FOR VACCINES AND ANTIVIRALS.—

''(1) IN GENERAL.—The Secretary shall develop and implement a national system for the tracking and distribution of antiviral medications and vaccines in order to prepare and respond to pandemic influenza.

''(2) SYSTEM.—The system developed under paragraph (1) shall—

''(A) allow for the electronic tracking of all domestically available antiviral medication and vaccines for pandemic influenza;

''(B) anticipate shortages, and alert officials if shortages are expected in such medications and vaccines;

''(C) target distribution to high-risk groups, including health professionals and relief personnel and other individuals determined to be most susceptible to disease or death from pandemic flu;

''(D) ensure equitable distribution, particularly across low-income and other underserved groups; and

''(E) integrate with existing State and local systems as appropriate.

''(i) REIMBURSEMENTS.—The Secretary shall have the authority to reimburse State and local health departments for expenditures related to influenza vaccine purchase and administration during a public health emergency under section 319(a).

''SEC. 2145. PROPOSAL FOR INTERNATIONAL FUND TO SUPPORT PANDEMIC INFLUENZA CONTROL.

''(a) IN GENERAL.—The Director of Pandemic Preparedness and Response should submit to the Director of the World Health Organization a proposal to study the feasibility of establishing a fund, (referred to in this section as the 'Pandemic Fund') to support pre-pandemic influenza control, surveillance, and relief activities conducted in countries affected by avian influenza or other viruses likely to cause pandemic influenza.

''(b) CONTENT OF PROPOSAL.—The proposal submitted under subsection (a) shall describe, with respect to the Pandemic Fund—

''(1) funding sources;

''(2) administration;

''(3) application process by which a country may apply to receive assistance from such Fund;

''(4) factors used to make a determination regarding a submitted application, which may include—

''(A) the gross domestic product of the applicant country;

''(B) the burden of need, as determined by estimated human morbidity and mortality and economic impact related to pandemic influenza and the existing capacity and resources of the applicant country to control the spread of the disease; and

''(C) the willingness of the country to cooperate with other countries with respect to preventing and controlling the spread of the pandemic influenza; and

''(5) any other information the Secretary determines necessary.

''(c) USE OF FUNDS.—Funds from any Pandemic Fund established as provided for in this section shall be used to complement and augment ongoing bilateral programs and activities from the United States and other donor nations, or establish new programs as needed.

''SEC. 2146. INTERNATIONAL DIPLOMATIC AND DEVELOPMENT STRATEGY.

''(a) POLICY.—It is the policy of the United States to develop and implement a comprehensive diplomatic strategy targeted at (but not limited to) nations in Southeast and East Asia that are most at risk for an outbreak of the avian influenza, including Cambodia, China, Laos, Thailand, Indonesia, and Vietnam, in order to strengthen international public health structures to detect, prevent, and effectively respond to an outbreak of the avian flu.

''(b) STRATEGY.—The strategy developed and implemented under subsection (a) shall include—

''(1) supporting information sharing and strengthening surveillance, and rapid response capacities in key nations, including the development of pandemic preparedness and response plans;

''(2) issuing demarches to key nations in the region urging additional cooperation and coordination with the United States, regional governments, and international organizations;

''(3) provide for regular visits by cabinet-level officials of the United States Government, including the Secretary of State, Secretary of Health and Human Services, Secretary of Agriculture, Secretary of Homeland Security, and Secretary of Defense, to key nations in Southeast and East Asia in order to enhance cooperation;

''(4) expanding ongoing technical assistance programs, including training of personnel, procuring laboratory equipment, logistics support, bio-safety procedures, quality control, and case detection investigation techniques;

''(5) exchanges of scientists and medical personnel engaged in significant work on issues related to avian flu;

''(6) encouraging regional governments to implement viable compensation schemes to encourage reporting by poultry farmers of cases of avian influenza in commercial flocks;

''(7) forward deployment of additional United States Government science and medical personnel to embassies and consulates in the region;

''(8) public awareness campaigns in the region, including increased involvement of the Broadcasting Board of Governors and Voice of America, to ensure timely and accurate dissemination of information;

''(9) using the voice and vote of the United States at meeting of appropriate international organizations to support the aforementioned efforts; and

''(10) integrating the private sector, especially those entities with a strong presence in the region, into this effort.

''SEC. 2147. INTERNATIONAL PANDEMIC INFLUENZA ASSISTANCE.

''(a) IN GENERAL.—The Secretary shall assist other countries in preparation for, and response to, pandemic influenza, including possible pandemic avian influenza.

''(b) INTERNATIONAL SURVEILLANCE.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in collaboration with the Secretary of Agriculture, in consultation with the World Health Organization and the World Organization for Animal Health, shall establish minimum standards for surveillance capacity for all countries with respect to viral strains with pandemic potential, including avian influenza.

''(2) ASSISTANCE.—The Secretary and the Secretary of Agriculture shall assist other countries to meet the standards established in paragraph (1) through—

''(A) the detail of officers to foreign countries for the provision of technical assistance or training;

''(B) laboratory testing, including testing of specimens for viral isolation or subtype analysis;

''(C) epidemiological analysis and investigation of novel strains;

''(D) provision of equipment or supplies;

''(E) coordination of surveillance activities within and among countries;

''(F) the establishment and maintenance of an Internet database that is accessible to health officials domestically and internationally, for the purpose of reporting new cases or clusters of influenza and other information that may help avert the pandemic spread of influenza; and

''(G) other activities as determined necessary by the Secretary.

''(c) INCREASED INTERNATIONAL MEDICAL CAPACITY DURING PANDEMIC INFLUENZA.—Notwithstanding any other provision of law, the Secretary, in consultation with the Secretary of State, may provide vaccines, antiviral medications, and supplies to foreign countries from the Strategic National Stockpile described under section 319F–2.

''(d) ASSISTANCE TO FOREIGN COUNTRIES.—The Centers for Disease Control and Prevention and the Health Resources and Services Administration may provide assistance to foreign countries in carrying out this section, which may include the detail of an officer to approved international pandemic sites or the purchase of equipment and supplies.

''SEC. 2148. PUBLIC EDUCATION AND AWARENESS CAMPAIGN.

''(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, in consultation with the United States Agency for International Development, the World Health Organization, the World Organization for Animal Health, and foreign countries, shall develop an outreach campaign with respect to public education and awareness of influenza and influenza preparedness.

''(b) DETAILS OF CAMPAIGN.—The campaign established under subsection (a) shall—

''(1) be culturally and linguistically appropriate for domestic populations;

''(2) be adaptable for use in foreign countries;

''(3) target high-risk populations (those most likely to contract, transmit, and die from influenza);

''(4) promote personal influenza precautionary measures and knowledge, and the need for general vaccination, as appropriate; and

''(5) describe precautions at the State and local level that could be implemented during pandemic influenza, including quarantine and other measures.

''SEC. 2149. HEALTH PROFESSIONAL TRAINING.

''The Secretary, directly or through contract, and in consultation with professional health and medical societies, shall develop and disseminate pandemic influenza training curricula—

''(1) to educate and train health professionals, including physicians, nurses, public health practitioners, virologists and epidemiologists, veterinarians, mental health providers, allied health professionals, and paramedics and other first responders;

''(2) to educate and train volunteer, non-medical personnel whose assistance may be required during a pandemic influenza outbreak; and

''(3) that address prevention, including use of quarantine and other isolation precautions, pandemic influenza diagnosis, medical guidelines for use of antivirals and vaccines, and professional requirements and responsibilities, as appropriate.

''SEC. 2150. RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH.

''The Director of the National Institutes of Health (referred to in this section as the 'Director of NIH'), in collaboration with the Director of the Centers for Disease Control and Prevention, and other relevant agencies, shall expand and intensify human and animal research, with respect to influenza, on—

''(1) vaccine development and manufacture, including strategies to increase immunological response;

''(2) effectiveness of inducing heterosubtypic immunity;

''(3) antigen-sparing studies;

''(4) antivirals, including minimal dose or course of treatment and timing to achieve prophylactic or therapeutic effect;

''(5) side effects and drug safety of vaccines and antivirals in subpopulations;

''(6) alternative routes of delivery of vaccines, antivirals, and other medications as appropriate;

''(7) more efficient methods for testing and determining virus subtype;

''(8) protective measures;

''(9) modes of influenza transmission;

''(10) effectiveness of masks, hand-washing, and other non-pharmaceutical measures in preventing transmission;

''(11) improved diagnostic tools for influenza; and

''(12) other areas determined appropriate by the Director of NIH.

''SEC. 2151. RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

''The Director of the Centers for Disease Control and Prevention, in collaboration with other relevant agencies, shall expand and intensify research, with respect to influenza, on—

''(1) historical research on prior pandemics to better understand pandemic epidemiology, transmission, protective measures, high-risk groups, and other lessons that may be applicable to future pandemic;

''(2) communication strategies for the public during pandemic influenza, taking into consideration age, racial and ethnic background, health literacy, and risk status;

''(3) changing and influencing human behavior as it relates to vaccination;

''(4) development and implementation of a public, non-commercial and non-competitive broadcast system and person-to-person networks;

''(5) population-based surveillance methods to estimate influenza infection rates and rates of outpatient illness;

''(6) vaccine effectiveness;

''(7) systems to monitor vaccination coverage levels and adverse events from vaccination; and

''(8) other areas determined appropriate by the Director of the Centers for Disease Control and Prevention.

''SEC. 2152. INSTITUTE OF MEDICINE STUDY ON THE LEGAL, ETHICAL, AND SOCIAL IMPLICATIONS OF PANDEMIC INFLUENZA.

''(a) IN GENERAL.—The Secretary shall contract with the Institute of Medicine to—

''(1) study the legal, ethical, and social implications of, with respect to pandemic influenza—

''(A) animal/human interchange;

''(B) global surveillance;

''(C) case contact investigations;

''(D) vaccination and medical treatment;

''(E) community hygiene;

''(F) travel and border controls;

''(G) decreased social mixing and increased social distance;

''(H) civil confinement; and

''(I) other topics as determined appropriate by the Secretary.

''(2) not later than 1 year after the date of enactment of the Pandemic Preparedness and Response Act, submit to the Secretary a report that describes recommendations based on the study conducted under paragraph (1).

''(b) IMPLEMENTATION OF RECOMMENDATIONS.—Not later than 90 days after the submission of the report of under subsection (a)(2), the Secretary shall address the recommendations of the Institute of Medicine regarding the domestic and international allocation and distribution of pandemic influenza vaccine and antivirals.

''SEC. 2153. NATIONAL PANDEMIC INFLUENZA ECONOMICS ADVISORY COMMITTEE.

''(a) IN GENERAL.—There is established the National Pandemic Influenza Economics Advisory Committee (referred to in this section as the 'Committee').

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—The members of the Committee shall be appointed by the Comptroller General of the United States and shall include domestic and international experts on pandemic influenza, public health, veterinary science, commerce, economics, finance, and international diplomacy.

''(2) CHAIR.—The Comptroller General of the United States shall select a Chair from among the members of the Committee.

''(c) DUTIES.—The Committee shall study and make recommendations to Congress and the Secretary on the financial and economic impact of pandemic influenza and possible financial structures for domestic and international pandemic response, relating to—

''(1) the development, storage, and distribution of vaccines;

''(2) the development, storage, and distribution of antiviral and other medications and supplies;

''(3) increased surveillance activities;

''(4) provision of preventive and medical care during pandemic;

''(5) reimbursement for health providers and other core public function employees;

''(6) reasonable compensation for farmers and other workers that bear direct or disproportionate loss of revenue; and

''(7) other issues determined appropriate by the Chair.

''(d) COMPENSATION.—

''(1) IN GENERAL.—Each member of the Committee who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee. All members who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

''(2) TRAVEL EXPENSES.—A member of the Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for an employee of an agency under subchapter I of chapter 57 of title 5, United States Code, while away from the home or regular place of business of the member in the performance of the duties of the Committee.

''(e) STAFF.—

''(1) IN GENERAL.—The Chair of the Committee shall provide the Committee with such professional and clerical staff, such information, and the services of such consultants as may be necessary to assist the Committee in carrying out the functions under this section.

''(2) DETAIL OF FEDERAL GOVERNMENT EMPLOYEES.—

''(A) IN GENERAL.—An employee of the Federal Government may be detailed to the Committee without reimbursement.

''(B) CIVIL SERVICE STATUS.—The detail of the employee shall be without interruption or loss of civil service status or privilege.

''(3) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chair of the Committee may procure temporary and intermittent services in accordance with section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of that title.

SEC. 2154. PANDEMIC INFLUENZA AND ANIMAL HEALTH.

''(a) IN GENERAL.—The Secretary of Agriculture shall expand and intensify efforts to prevent pandemic influenza, including possible pandemic avian influenza.

''(b) REPORT.—Not later than 180 days after the date of enactment this Act, the Secretary of Agriculture shall submit to Congress a report that describes the anticipated impact of pandemic influenza on the United States.

''(c) ASSISTANCE.—The Secretary of Agriculture, in consultation with the Secretary of Health and Human Services, the World Health Organization, and the World Organization for Animal Health, shall provide domestic and international assistance with respect to pandemic influenza preparedness to—

''(1) support the eradication of infectious animal diseases and zoonosis;

''(2) increase transparency in animal disease states;

''(3) collect, analyze, and disseminate veterinary data;

''(4) strengthen international coordination and cooperation in the control of animal diseases; and

''(5) promote the safety of world trade in animals and animal products.

''(d) ELECTRONIC DATABASE.—The Secretary of Agriculture, in conjunction with the Secretary of Health and Human Services, shall establish an electronic disease surveillance database in order to trace the incidence of avian influenza in both animals and humans in the United States.

''(e) IMPROVEMENTS IN THE NATIONAL ANIMAL HEALTH LABORATORY NETWORK.—The Secretary of Agriculture shall evaluate the National Animal Health Laboratory Network and make recommendations for improvements to participating laboratories and other State animal health laboratories to rapidly diagnose and research avian influenza outbreaks.

''(f) COMMUNICATIONS LIAISONS.—

''(1) IN GENERAL.—The Secretary of Agriculture jointly with the Secretary of Homeland Security shall designate a liaison in each State to facilitate and coordinate communications among and between States in the event of an agriculture emergency.

''(2) FUNCTIONS.—Each liaison designated under paragraph (1) shall—

''(A) be the central point of contact for animal health in communications with the Department of Agriculture and the Department of Homeland Security;

''(B) communicate Federal preparedness and response plans to State and local agriculture officials and veterinarians; and

''(C) communicate concerns from State and local agriculture officials and veterinarians to the Department of Agriculture and Department of Homeland Security and the Department of Health and Human Services.

''Subtitle 4—Strengthening Public Health Immunization Capacity and Supply

''SEC. 2161. FINDINGS.

''Congress finds that—

''(1) effective pandemic influenza preparedness and response is dependent upon the existence of solid public health infrastructure to combat seasonal flu;

''(2) the domestic surveillance and vaccine production and distribution capabilities needed in a time of crisis should be well established and active in a non-crisis capacity to enable a more efficient response to pandemic influenza; and

''(3) each State receiving Federal funds should have a State Immunization Program Coordinator, who should be responsible for coordinating and implementing activities related to influenza.

''SEC. 2162. VACCINE SUPPLY.

''(a) REQUESTS FOR MORE DOSES.—

''(1) IN GENERAL.—Not later than March 15 of each year, the Secretary shall enter into contracts with manufacturers to produce such additional doses of the influenza vaccine as determined necessary by the Secretary.

''(2) CONTENT OF CONTRACT.—A contract for additional doses shall provide that the manufacturer will be compensated by the Secretary at an equitable rate negotiated by the Secretary and the manufacturer for any doses that—

''(A) were not sold by the manufacturer through routine market mechanisms at the end of the influenza season for that year; and

''(B) were requested by the Secretary to be produced by such manufacturer.

''(3) WHEN SUCH VACCINE PURCHASES SHOULD TAKE PLACE.—The Secretary may purchase from the manufacturer the doses for which it has contracted at any time after which it is determined by the Secretary, in consultation with the manufacturer, that the doses will likely not be absorbed by the private market.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary.

''SEC. 2163. DISCONTINUANCE OF INFLUENZA VACCINE.

''(a) IN GENERAL.—

''(1) NOTICE TO SECRETARY.—A manufacturer of the influenza vaccine shall notify the Secretary of a discontinuance of the manufacture of the vaccine at least 12 months prior to the date of the discontinuance.

''(2) DIRECTOR OF CENTERS FOR DISEASE CONTROL AND PREVENTION.—Promptly after receiving a notice under paragraph (1), the Secretary shall inform the Director of the Centers for Disease Control and Prevention of the notice. Promptly after determining that a reduction under subsection (b) applies with respect to such a notice, the Secretary shall inform such Director of the reduction.

''(3) RELATIONSHIP TO SEPARATE NOTICE PROGRAM.—In the case of influenza vaccine that is approved by the Secretary and is a drug described in section 506C(a), this section applies to the vaccine in lieu of section 506C.

''(b) REDUCTION IN NOTIFICATION PERIOD.—The notification period required under subsection (a) for a manufacturer may be reduced if the manufacturer certifies to the Secretary that good cause exists for the reduction, such as a situation in which—

''(1) a public health problem may result from continuation of the manufacturing for the 12-month period;

''(2) a biomaterials shortage prevents the continuation of the manufacturing for the 12-month period;

''(3) continuation of the manufacturing for the 12-month period may cause substantial economic hardship for the manufacturer;

''(4) the manufacturer has filed for bankruptcy under chapter 7 or 11 of title 11, United States Code; or

''(5) the manufacturer can continue the distribution of the vaccine involved for 12 months.

''(c) DISTRIBUTION.—To the maximum extent practicable, the Secretary shall distribute information on the discontinuation of the manufacture of influenza vaccines to appropriate physician and patient organizations.

''SEC. 2164. SHORTAGE PREPAREDNESS AND RESPONSE.

''(a) EMERGENCY RESPONSE PLANS REGARDING SHORTAGES.—

''(1) NATIONAL EMERGENCY RESPONSE PLAN.—The Secretary shall develop and maintain a national plan for the response to potential shortages in supplies of influenza vaccines that would constitute public health emergencies. The plan shall include provisions with respect to communication among relevant entities, distribution of available supplies of the influenza vaccine involved, the designation of populations to be given priority for immunizations, interactions with State and local governments, the use of the National Stockpile, and special considerations for specific vaccines. The initial plan shall be completed not later than 12 months after the date of the enactment of this section.

''(2) STATE EMERGENCY RESPONSE PLAN.—Each State that receives funds under this Act shall, not later than 6 months after the date on which the National Plan is issued under paragraph (1), develop, through the State Immunization Coordinator, a State Emergency Response Plan that is modeled on the National Plan.

''SEC. 2165. PROVISIONS TO INCREASE VACCINE COVERAGE RATES.

''(a) IN GENERAL.—The Secretary shall develop a plan for the distribution of seasonal flu vaccines to ensure that uninsured and underinsured adults and children have access to annual influenza vaccines and vaccines for conditions potentially exacerbated by exposure to pandemic influenza. Immunizations should be available to such populations as well as children in the VFC program through a wide variety of providers including both Federally qualified health centers and State and local health departments.

''(b) REQUIREMENT.—The Secretary shall—

''(1) conduct an assessment to determine the number of adults in need of vaccinations and the barriers to vaccinating adults; and

''(2) develop and implement strategies to increase the rate of immunizations in populations in which a significant number of individuals have not received immunizations with the federally recommended vaccines (as defined in section 317A(g)) for the populations.

''(c) DEFINITION.—For purposes of this section, the term 'adult' means an individual who is not a child as defined in section 1928 of the Social Security Act.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary.

''SEC. 2166. OUTREACH, COMMUNICATION, EDUCATION.

''(a) EDUCATION PROGRAM REGARDING ADULT IMMUNIZATIONS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention (in this section referred to as the 'Director'), shall conduct a public awareness campaign and education and outreach efforts each year during the time period preceding the influenza season on each of the following:

''(1) The importance of receiving the influenza vaccine.

''(2) Which populations the Director recommends to receive the influenza vaccine to prevent health complications associated with influenza, including health care workers and their household contacts.

''(3) Professional medical education of physicians, nurses, pharmacists, and other health care providers and such providers' associated organizations.

''(4) Information that emphasizes the safety and benefit of recommended vaccines for the public good.

''(b) OUTREACH TO MEDICARE RECIPIENTS.—

''(1) PROGRAM.—

''(A) IN GENERAL.—The Director, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, shall, at the earliest possible time in the influenza vaccine planning and production process, reach out to providers of medicare services, including managed care providers, nursing homes, hospitals, and physician offices to urge early and full preordering of the influenza vaccine so that production levels can accommodate the needs for the influenza vaccine.

''(B) RATES OF IMMUNIZATION AMONG MEDICARE RECIPIENTS.—The Director shall work with the Administrator of the Centers for Medicare & Medicaid Services to publish the rates of influenza immunization among individuals receiving assistance under the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

''(2) STATE AND PUBLIC HEALTH ADULT IMMUNIZATION ACTIVITIES.—The Director shall support the development of State adult immunization programs that place emphasis on improving influenza vaccine delivery to high-risk populations and the general population, including the exploration of improving access to the influenza vaccine.

''(3) EXISTING MODES OF COMMUNICATION.—In carrying out the public awareness campaign and education and outreach efforts under paragraph (1) and (2), the Director may use existing websites or structures for communication.

''(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection $10,000,000 for each of fiscal years 2005 through 2009.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2006 through 2010.''.

SEC. 4. UNFAIR OR DECEPTIVE ACTS OR PRACTICES IN COMMERCE RELATED TO TREATMENTS FOR PANDEMIC INFLUENZA.

Section 319F-3 of the Public Health Service Act (as added by section ____ and amended by section ____(a)) is further amended by adding at the end the following:

''(i) UNFAIR OR DECEPTIVE ACTS OR PRACTICES IN COMMERCE RELATED TO TREATMENTS FOR PANDEMIC INFLUENZA.—

''(1) SALES TO CONSUMERS AT UNCONSCIONABLE PRICE.—

''(A) IN GENERAL.—During any public health emergency declared by the Secretary under section 319 related to pandemic influenza, it shall be unlawful for any person to sell any drug (including an anti-viral drug), device, or biologic for the prevention or treatment of influenza in, or for use in, the area to which that declaration applies at a price that—

''(i) is unconscionably excessive (as determined by the Secretary); or

''(ii) indicates the seller is taking unfair advantage of the circumstances to increase prices unreasonably.

''(B) FACTORS TO BE CONSIDERED.—In determining whether a violation of paragraph (1) has occurred, a court shall take into account, among other factors, whether—

''(i) the amount charged represents a gross disparity between the price of a drug, device, or biologic for the prevention or treatment of influenza and the price at which the drug, device, or biologic was offered for sale in the usual course of the seller's business immediately prior to the public health emergency; or

''(ii) the amount charged grossly exceeds the price at which the same or similar drug, device, or biologic for the prevention or treatment of influenza was readily obtainable by other purchasers in the area in which the declaration applies.

''(C) MITIGATING FACTORS.—In determining whether a violation of subparagraph (A) has occurred, the court shall also take into account, among other factors, the price that would reasonably equate supply and demand in a competitive and freely functioning market and whether the price at which the drug, device, or biologic for the prevention or treatment of influenza was sold reasonably reflects additional costs, not within the control of the seller, that were paid or incurred by the seller.

''(2) FALSE PRICING INFORMATION.—It shall be unlawful for any person to report information related to the wholesale price of any drug, device, or biologic for the prevention or treatment of influenza to the Secretary if—

''(A) that person knew, or reasonably should have known, the information to be false or misleading;

''(B) the information was required by law to be reported; and

''(C) the person intended the false or misleading data to affect data compiled by the department or agency involved for statistical or analytical purposes with respect to the market for drugs, devices, or biologics for the prevention or treatment of influenza.

''(3) MARKET MANIPULATION.—It shall be unlawful for any person, directly or indirectly, to use or employ, in connection with the purchase or sale of drugs, devices, or biologics for the prevention or treatment of influenza at wholesale, any manipulative or deceptive device or contrivance, in contravention of such rules and regulations as the Secretary may prescribe as necessary or appropriate in the public interest or for the protection of United States citizens.''.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act (and the amendments made by this Act) for each of the fiscal years 2006 through 2010.

Mr. OBAMA. Mr. President, I rise today to talk about a critical issue—the possibility of an avian influenza pandemic.

When I started talking about this 7 months ago, not too many folks paid attention. Perhaps because the shorthand for this looming crisis is the ''bird flu,'' people assume it is just going to get birds and animals sick.

In reality, however, what is at stake here is the potential of a pandemic that we have not seen in the United States since 1918. As has already been stated, our top scientists and medical personnel, including the heads of the NIH, CDC, and the Department of Health and Human Services, all agree that it is almost inevitable that an avian flu pandemic will strike.

The key question is the extent of the damage, especially in terms of lives lost. The answer to this question will, in large measure, depend on our level of preparedness and the amount of resources we are willing to immediately commit to deal with this looming crisis.

After Katrina, I hope we all learned a lesson about the critical value of preparedness.

I rise today to introduce, along with Senators REID, BAYH, and KENNEDY, S. 1821, legislation that dramatically enhances the ability of the United States and international community to prevent and respond to an avian flu pandemic.

The bill we are introducing today—the Pandemic Preparedness and Response Act or PPRA—incorporates much of my AVIAN Act, and has a number of new and important provisions, that will protect Americans from pandemic flu.

The PPRA establishes leadership at the very top level by requiring the President to name a national director for Pandemic Preparedness and Response, who will sit in the executive office. This director will be in charge of all preparedness and response activities at the national level, including coordinating the activities and programs of each Federal agency.

It is not enough for the Department of Health and Human Services and Department of Homeland Security to be ready; we must have a commerce plan, a transportation plan, a diplomatic plan aimed at our foreign partners, and a plan for our military personnel and veterans.

We have asked this director to procure enough antivirals to cover 50 percent of the populations, and sufficient vaccines and other supplies we need for the Strategic National Stockpile. The director will also create a national tracking and distribution system to ensure the fair and equitable allocation of drugs and vaccines when the pandemic strikes.

On the State level, we have asked the Director of the CDC and HRSA to work with States and give them the help they need to make sure they are ready to respond as well. Our success at preventing or containing an outbreak of avian flu will depend on the preparedness of our State and local partners.

Understanding that international collaboration and cooperation is key to surveillance and quick response, we have created an international pandemic fund, and requested the Secretary of State develop and implement a diplomatic policy aimed at the Southeast and East Asian countries. Senator LUGAR and I have been hard at work on this last point for months.

Finally, we recognize that this Nation will never have enough vaccines, or the ability to produce sufficient vaccines, if we don't create the incentives for more drug manufacturers to get into the vaccine business. We just have three domestic flu vaccine manufacturers, and that is unacceptable. This bill authorizes the Secretary to enhance vaccine production capacity by creating a guaranteed market for seasonal flu vaccine through a Federal buyback program for unsold doses of seasonal flu vaccine. It also increases public education and outreach activities for Americans, to stimulate demand for the seasonal flu vaccine.

An outbreak of the avian flu could occur in a year, 5 years, 10 years, or if we were incredibly lucky not happen at all. But the one good thing about investing in measures to deal with this looming crisis is—and I will end on this point—if we spend the money now, it will pay dividends, even if this particular strain of the avian flu outbreak does not occur.

Why is this the case?

This is not—no pun intended—a case of Chicken Little.

The risk of some sort of pandemic, and the mutations of flus for which we have no immunity, is almost inevitable. The H5N1 strain may not be the strain that leads to a full blown pandemic. But, another strain could easily come along and cause serious damage in the future.

My point is this: undertaking these measures is going to be a wise investment that will help protect the lives of millions of people here in the United States and across the globe. This legislation gets at the heart of this issue.

By Mrs. MURRAY (for herself and Ms. CANTWELL):

S. 1822. A bill to amend titles XVIII and XIX of the Security Act to make improvements to the implementation of the medicare prescription drug benefit; to the Committee on Finance.

Mrs. MURRAY. Mr. President, today I am introducing legislation to protect low-income Medicare beneficiaries from being penalized under the new Medicare Modernization Act. My legislation also gives all seniors and the disabled more time to make the right choice in selecting a drug plan.

My bill is called the Medicare HEALS Act, which stands for Help for Every beneficiary and Low Income Seniors. I am pleased to be joined today by Senator CANTWELL in introducing this new bill.

My goal is to protect very low-income seniors who today are covered by both Medicare and Medicaid. The new drug law will impose new co-payments and premiums on these vulnerable patients, while—at the same time—covering fewer prescription drugs.

Worst of all, the law prohibits States from providing additional coverage, known as wrap-around coverage, to seniors, the disabled and low-income beneficiaries. I believe seniors deserve better. I believe low income working families deserve better, and that's why I've written this bill.

The new drug law will force painful changes on low income patients, and my bill will help protect our most vulnerable from the negative impacts of the drug law.

Let's start by looking at how low-income beneficiaries are covered today versus how they will be covered under the new law. Today, very low income seniors are eligible for coverage under both state Medicaid programs and the Federal Medicare program, so they are often referred to as ''dual eligibles.''

Today, their prescription drugs are covered by State Medicaid programs, and they are a good deal. For many seniors and the disabled, State Medicaid drug coverage involves limited co-payments, no premiums, and coverage for a broad range of medically-necessary drugs.

Once the new Medicare drug program is implemented, these vulnerable patients will lose their State Medicaid coverage. They will be shifted into the Federal Medicare program, which will impose higher co-payments, new premiums and fewer covered drugs. It's a bad deal for low-income seniors and to make matters worse, it's incredibly complicated to figure out which private drug plan meets their needs.

1 am concerned that these individuals will be unable to afford co-payments or tiered co-payments that will be part of many MMA plans.

I am concerned that these individuals will also be denied the most medically-appropriate treatments due to restrictions imposed by the plans or additional financial burdens that plans will use to drive down drug utilization costs.

In addition, I am not convinced that we have done enough to fully educate and prepare beneficiaries to the choices and implications of these choices that they face today.

Another problem with the Medicare drug law is that it will penalize anyone on Medicare who needs extra time to make a decision about which plan to choose or whether or not to join the program. For a new system that is as complex as this new drug law, it's unfair to force people to make a decision quickly and to penalize those who need extra time to make the right choice.

To solve these problems and to protect our most vulnerable, my legislation would repeal the prohibition included in MMA on the use of Medicaid funds to provide wrap around coverage for dually eligible.

While I still believe that additional delay is warranted in switching this population to private plans under Medicare, I do believe we need to ensure that States facing a huge backlash from this population can respond accordingly.

I have joined in support of legislation aimed at providing a 6-month transition period for dual eligibles to give these patients time to phase into these new plans, but I also think we must ensure that States have the ability to respond to lapses in coverage or financial barriers that will deny access to necessary and life saving drugs.

States would have the option of providing wrap-around coverage using both Federal and State Medicaid funds, as they do today.

My legislation would also deduct any State funds used to provide wrap-around coverage from the so-called clawback amount. As we know, the MMA legislation takes back much of the savings States will see by transferring these patients to Medicare. I do

not think it is fair to penalize States for trying to do the right thing.

Finally, my legislation would delay the late penalty enrollment from May 15, 2006 until January 1, 2008, for all beneficiaries. This will give all Medicare beneficiaries the time to fully evaluate the plans. The extension will provide beneficiaries with one full benefit year and the open enrollment period to determine if these plans offer them a good value or provide the kind of security we all expect from Medicare.

This extension is of particular importance to those seniors who may be eligible for assistance but have not yet applied. We know that full dual eligibles will be automatically enrolled in a plan if they fail to select one. However, those with incomes from 135 percent to 150 percent of the Federal poverty level could also qualify for assistance but will not be automatically enrolled.

Early estimates from the Social Security Administration and the Centers for Medicare and Medicaid Services (CMS) indicate that a number of seniors have failed to even apply for eligibility determination. I have been told from CMS that 18 to 19 million beneficiaries were mailed information and an application this summer to begin the eligibility determination. So far, only 3 million have even applied.

A recent USA Today/Gallup Poll shows that only 37 percent of beneficiaries understand the program somewhat, but 61 percent do not. Fifty-four percent of beneficiaries do not even plan on joining the program. Many seniors have simply chosen not to even try and navigate the process. For some, there are more than 20 different plans with premiums nationwide, ranging from $1.87 to $100 and deductibles from $0 to $250. This does not even get into restricted formularies or other restrictions that may be imposed.

It is clear that all beneficiaries need more time. Extending the late penalty enrollment deadline of May 15, 2006 is the simplest step we can take to give seniors time to evaluate these plans and this new benefit. The late enrollment penalty of 1 percent each month is a huge financial hit that punishes those who may need the help the most.

In Washington State, we could see thousands of frail, vulnerable beneficiaries paying significantly more for life saving drugs or simply going without. There are an estimated 86,167 full dual eligibles and an additional 22,869 who receive some assistance from Medicaid. The intent of MMA and this new benefit was to expand access to affordable drug coverage; however, the unintended consequence could be the disruption of care for millions of low income beneficiaries nationwide.

It is my understanding that dual eligibles in Washington State will be automatically enrolled into 1 of 12 plans. There are 31 plans participating as Medicare Advantage or Prescription Drug Plans (PDPs). Within these plans, there are often several different benefit packages. Premiums range from $0 to $120; deductibles can range from $0 to $2500; and many will have tiered copayment structures. None of these plans will cover all top 100 drugs used by seniors. Some plans provide only 77 of the top 100 drugs.

While these plans may offer far better benefits than many receive today, it will be difficult to make this determination. The range of choices; the restrictions; the variations in out-of-pocket and the belief by many that this is not a good benefit overall, will lead many seniors to simply walk away.

But, even if seniors decide to sit down and do the calculation and evaluate each plan or option, they face challenges in the reliability of the information.

CMS has partnered with a number of outstanding groups in Washington State who are working hard to get information and help to seniors so they can make informed choices. But the task is made much more difficult when CMS announces that materials already mailed to beneficiaries are incorrect.

My office received notice this week from CMS that the area specific 2006 version of the ''Medicare and You Handbook'' already mailed to beneficiaries contains a rather large error. The error occurs in the comparison charts listing the Medicare Prescription Drug Plans (PDPs). In the last column of the comparison table, entitled ''If I qualify for Extra Help, will my full premium be covered?''

For each plan listed, the column should say yes if the plan's premium is at or below the regional benchmark, and a beneficiary who qualifies for the low income subsidy would pay no premium for this plan.

The column should show no if the plan's premium is above the regional benchmark and a beneficiary who qualifies for the low income subsidy would pay the difference between the regional benchmark and the plan's premium.

Due to an error, this column lists yes for every plan. Even if one could figure out what the regional benchmark is and the difference in the premium, they are still getting bad information.

How can anyone determine the value of a plan or benefit when the initial information is wrong?

There are other examples of information being provided by CMS that is incorrect or inconsistent. I think this has happened in part because this administration is in a race against time to enroll, enroll, enroll. This kind of pressure will only lead to more and more confusion and distrust.

As we saw with the temporary discount drug card, seniors simply refused to participate. Even those who would have qualified for $600 did not bother to enroll. The largest enrollment was done by States and private plans for those who qualified for the subsidy, but far more simply did not bother. The choices were too complex, there were too many rules or restrictions, and there was no way for beneficiaries to measure the value of these cards.

My legislation does not address every problem and every coverage gap, but it is a small step to protect the most vulnerable. I urge my colleagues to join me in making these small but necessary corrections today before beneficiaries lose their coverage and lose access to affordable life saving drugs.

I know that this administration has resisted any efforts at fixing this program and has said the President would veto any legislation that delays implementation or changes the structure of the benefit. But, I am convinced we will be back making changes to this program over the next 2 years because seniors will demand action.

Maybe before all confidence in this program is gone and seniors are calling for repeal, the administration would look at small, humane fixes today, and that is the Medicare HEALS Act offers.

By Mrs. HUTCHISON:

S. 1823. A bill to empower States and local governments to prosecute illegal aliens and to authorize the Secretary of Homeland Security to establish a pilot Volunteer Border Marshal Program; to the Committee on the Judiciary.

Mrs. HUTCHISON. Mr. President, I rise today to address a serious threat facing our Nation—illegal immigration. Despite successful efforts by me and other Members to increase border patrol forces, add new detention facilities, and improve border monitoring, the problem of individuals entering our country illegally continues to impact communities across the country. Just last year, the number of immigrants entering our country illegally outnumbered those entering through legal means. While legal immigration contributes to the diversity and uniqueness of our society, illegal immigration undermines the system and weakens the legitimate process by which people can enter our country. With the Census Bureau estimating that 10 to 11 million people reside in our country illegally, clearly our strategy in confronting this issue must change.

Immigration and naturalization are constitutionally defined powers granted to the Federal Government. As such, many view the issue of immigration as strictly a Federal burden, to be addressed by Federal legislation, policies, and payment. While immigration policy is certainly initiated at the Federal level, one cannot ignore the inherent truth that the impact of illegal immigration is predominantly manifested in our State and local communities, often in the form of overwhelmed emergency rooms, overburdened school systems, and overcrowded prisons. Our local communities often find themselves with little recourse or ability to address the pervasive and crippling effects of a broken immigration system. These effects, of course, are not confined to our southern border regions,

but rather they reverberate across the country.

The country's immigration system is long overdue for a comprehensive overhaul, and I commend the efforts being made by a number of my colleagues to generate attention to the need for comprehensive immigration reform. Ideas are being proposed to improve avenues for legal immigration, enhance enforcement capabilities, and address the growing presence of illegal immigrants with nationalities other than Mexican. While I applaud these proposals and eagerly await our opportunity to discuss them, I believe it is essential that we recognize the role our State and local communities can have in addressing illegal immigration, particularly when it comes to the area of enforcement. As such, I am introducing legislation today to solidify the right and opportunity of our State and local governments to enforce the law—immigration law.

Historically, the authority for State and local law enforcement officials to enforce immigration law has been limited to the criminal provisions of the Immigration and Nationality Act; these include acts such as physically crossing the border illegally. By contrast, the enforcement of the act's civil provisions, which include apprehension and removal of deportable aliens already in the country, has been strictly a Federal responsibility, with States playing an incidental supporting role. This view was recently reinforced when a community in New Hampshire attempted to prosecute illegal immigrants for criminal trespass but was thwarted when a judge ruled it was constitutionally impermissible, stating that Congress has exclusive jurisdiction on civil immigration issues.

Enforcing the laws of our country should not be confined to Federal authorities when the illegal behavior specifically impacts the State and local communities. Just as State and local officials can arrest, detain, and prosecute for illicit drug violations, so they should be able to for illegal immigration violations. The legislation I propose today would enable State and local officials to arrest, detain, and prosecute illegal immigrants for all Federal immigration violations, both civil and criminal, and would authorize States to create immigration enforcement provisions in accordance with Federal immigration law. My proposal preserves the Federal Government's constitutionally delegated authority to determine immigration status, a determination to which the States would defer. Allowing communities to take enforcement actions based on their own needs, while working within limits set under Federal law, is sound, appropriate policy.

Further, in order to strengthen border security and reduce the strain on local and Federal border officials, my bill allows the Secretary of Homeland Security to create a Volunteer Border Marshal Program The program will assist the Department in securing our borders by using trained, State-licensed peace officers in a volunteer capacity. These volunteers would be assigned to the Border Patrol on temporary missions to identify and control illegal immigration, as well as human and drug trafficking.

In order to properly tackle the problem of illegal immigration, Federal, State, and local authorities must work as partners. Our communities must have the tools necessary to fight it effectively. My legislation will empower States and communities with a new weapon to combat illegal immigration and thereby reinforce our legal naturalization process. I encourage my colleagues to support this sensible approach to addressing this serious problem. I ask unanimous consent that the text of my bill be printed in the RECORD.

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

S. 1823

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 ''Illegal Immigration Enforcement and Empowerment Act''.

SEC. 2. STATE ENFORCEMENT AND EMPOWERMENT.

(a) IN GENERAL.—A State or unit of local government may investigate, identify, apprehend, arrest, detain, prosecute, and impose criminal or civil penalties upon any individual who violates—

(1) a Federal immigration law; or

(2) a State law that is based, in part, upon the violation of Federal immigration law.

(b) LIMITATION.—Criminal penalties imposed under subsection (a) may not exceed the penalties authorized under section 275(a) of the Immigration and Nationality Act (8 U.S.C. 1325(a)).

(c) FEDERAL DETERMINATION OF IMMIGRATION STATUS.—No penalty may be imposed upon an individual under this section unless the individual has been identified by the Federal Government as having violated a Federal immigration law.

SEC. 3. VOLUNTEER BORDER MARSHAL PROGRAM.

(a) ESTABLISHMENT.—Not later than 90 days after the date of enactment of this Act, the Secretary of Homeland Security may establish a pilot Volunteer Border Marshal Program (referred to in this section as the ''Program'').

(b) PURPOSE.—The purpose of the Program is to assist the Department of Homeland Security in securing the borders of the United States in a safe and orderly manner by using volunteer, State-licensed peace officers who are already well trained.

(c) ASSIGNMENTS.—Upon deployment, the volunteer peace officers shall be sworn in as Special United States Border Marshals and shall be assigned to the Office of Border Patrol, which shall be act as the lead agency of the Program.

(d) ROTATIONS.—The volunteer peace officers shall rotate on temporary missions along the international borders of the United States to assist the Office of Border Patrol in identifying and controlling illegal immigration and human and drug trafficking.

(e) DEFINITION.—In this section, the term ''peace officer'' means any law enforcement agent, whether currently employed or retired, who is licensed by a State authority to enforce State or local penal offenses.

By Mr. KERRY (for himself and Mr. SCHUMER):

S. 1824. A bill to amend the Internal Revenue Code of 1986 to strengthen the earned income tax credit; to the Committee on Finance.

Mr. KERRY. Mr. President, today I am introducing the Strengthen the Earned Income Tax Credit Act of 2005. Since 1975, the EITC has been an innovative tax credit which helps low-income working families. President Reagan referred to the EITC as ''the best antipoverty, the best pro-family, the best job creation measure to come out of Congress.'' According to the Center on Budget and Policy Priorities, the EITC lifts more children out of poverty than any other government program.

It is time for us to reexamine the EITC and determine where we can strengthen it. Census data released in August and the events of Hurricane Katrina reiterated the fact that there is a group of Americans that are not benefiting from the economic recovery. The Census data shows the number of people who work, but live in poverty increased by 563,000. Four million more people were poor in 2004 than in 2001, when the economy hit bottom. The poverty rate in 2004 remains higher than the rate in 2001, the year of the recession.

Hurricane Katrina affected many individuals who were already faced with difficult economic situations. Mississippi, Louisiana, and Alabama are the first, second, and eighth poorest States in the Nation. The income of the typical household in these three States is well below the national average. In the hardest hit counties, 18.6 percent of the population is poor and the national average is 12.4 percent.

Time after time, the Republican controlled Congress has passed tax cuts which are skewed towards those with the most. The Urban Institute-Brookings Institution Tax Policy Center reports that households with incomes of more than $1 million a year—the richest two-tenths of the population—receive tax cuts of an average of $103,000 a year. These individuals do not have to worry about how they will have to pay for a roof over their heads or enough gas to fill the tank. We should not be focused on tax cuts which help those who do not have to worry about living pay check to pay check.

We need to help the low-income workers who struggle day after day trying to make ends meet. They have been left behind in the economic policies of the last 4 years. We need to begin a discussion on how to help those that have been left behind. The Earned Income Tax Credit is the perfect place to start.

The Strengthen the Earned Income Tax Credit Act of 2005 strengthens the EITC by making the following four changes: Reduce marriage penalty; increase the credit for families with

three or more children; slow down the phase-out for individuals with no children; and permanently extend the provision which allows members of the armed forces to include combat pay as income for EITC computations. By making these changes, more individuals and families would benefit from the EITC.

First, the legislation increases marriage penalty relief and makes it permanent. In the way that the EITC is currently structured, many single individuals that marry find themselves faced with a reduction in their EITC once they are married. The tax code should not penalize individuals who marry.

Second, the legislation increases the credit for families with three or more children. This proposal would make the credit more generous for families with 3 or more children. Increasing the credit rate results in an increase in the phase-out range. More families would be able to benefit from the EITC. The poverty level for an adult living with three children is $19,233. Under current law, an adult living with three children and eligible for the maximum EITC with income equivalent to the phase-out income level would still have income below the poverty level. This provision would lift this family above the poverty level. Some 36 percent of all children live in families with at least three children and more than half of poor children live in such families.

Third, the legislation would slow down the phase-out rate for individuals without children. It would result in more individuals without children eligible for the credit. For 2005, an individual with earnings above $11,750 would not be eligible for the EITC. Under the proposal, an individual with earnings above $16,950 would not be eligible for the EITC. The EITC for individuals with no children only offsets a portion of federal taxes. Giving more individuals the EITC would help provide an incentive to work.

Fourth, the Working Families Tax Relief Act of 2004 included a provision which would treat combat pay as earned income for purposes of computing the child credit. This provision expires at the end of the year. This legislation makes this provision permanent. There is no reason why a member of the armed services should lose their EITC when they are mobilized and serving their country.

This legislation will help those who most need our help. It will put more money in their pay check. We need to invest in our families and help individuals who want to make a living by working. We are all aware of our fiscal situation and we should legislate in a responsible manner. It is a time for shared sacrifice. We do not need to extend tax cuts or allow tax cuts to go forward that only benefit those earning over $200,000. We cannot keep adding to the deficit

Thank you for your consideration.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 265—RECOGNIZING 2005 AS THE YEAR OF THE 50TH ANNIVERSARY OF THE CROP SCIENCE SOCIETY OF AMERICA

Mr. FEINGOLD submitted the following resolution; which was referred to the Committee on Agriculture, Nutrition, and Forestry:

S. RES. 265

Whereas the Crop Science Society of America was founded in 1955, with Gerald O. Mott as its first President;

Whereas the Crop Science Society of America is one of the premier scientific societies in the world, as shown by its world-class journals, international and regional meetings, and development of a broad range of educational opportunities;

Whereas the science and scholarship of the Crop Science Society of America are mission-directed, with the goal of addressing agricultural challenges facing humanity;

Whereas the Crop Science Society of America significantly contributes to the scientific and technical knowledge necessary to protect and sustain natural resources in the United States;

Whereas the Crop Science Society plays a key role internationally in developing sustainable agricultural management and biodiversity conservation for the protection and sound management of the crop resources of the world;

Whereas the mission of the Crop Science Society of America continues to expand, from the development of sustainable production of food and forage, to the production of renewable energy and novel industrial products;

Whereas, in industry, extension, and basic research, the Crop Science Society of America has fostered a dedicated professional and scientific community that, in 2005, includes more than 3,000 members; and

Whereas the American Society of Agronomy was the parent society that led to the formation of both the Crop Science Society of America and the Soil Science Society of America and fostered the development of the common overall management of the 3 sister societies: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes 2005 as the 50th Anniversary year of the Crop Science Society of America;

(2) commends the Crop Science Society of America for 50 years of dedicated service to advance the science and practice of crop science; and

(3) acknowledges the promise of the Crop Science Society of America to continue to enrich the lives of all citizens, by improving stewardship of the environment, combating world hunger, and enhancing the quality of life for the next 50 years and beyond.

SENATE RESOLUTION 266—DESIGNATING THE MONTH OF OCTOBER 2005, AS ''FAMILY HISTORY MONTH''

Mr. HATCH submitted the following resolution; which was considered and agreed to:

S. RES. 266

Whereas it is the family, striving for a future of opportunity and hope, that reflects our Nation's belief in community, stability, and love;

Whereas the family remains an institution of promise, reliance, and encouragement;

Whereas we look to the family as an unwavering symbol of constancy that will help us discover a future of prosperity, promise, and potential;

Whereas within our Nation's libraries and archives lie the treasured records that detail the history of our Nation, our States, our communities, and our citizens;

Whereas individuals from across our Nation and across the world have embarked on a genealogical journey by discovering who their ancestors were and how various forces shaped their past;

Whereas an ever-growing number of people in our Nation, and in other nations, are collecting, preserving, and sharing genealogies, personal documents, and memorabilia that detail the life and times of families around the world;

Whereas 54,000,000 individuals belong to a family where someone in the family has used the Internet to research their family history;

Whereas individuals from across our Nation, and across the world, continue to research their family heritage and its impact upon the history of our Nation and the world;

Whereas approximately 60 percent of Americans have expressed an interest in tracing their family history;

Whereas the study of family history gives individuals a sense of their heritage and a sense of responsibility in carrying out a legacy that their ancestors began;

Whereas as individuals learn about their ancestors who worked so hard and sacrificed so much, their commitment to honor the memory of their ancestors by doing good is increased;

Whereas interest in our personal family history transcends all cultural and religious affiliations;

Whereas to encourage family history research, education, and the sharing of knowledge is to renew the commitment to the concept of home and family; and

Whereas the involvement of national, State, and local officials in promoting genealogy and in facilitating access to family history records in archives and libraries are important factors in the successful perception of nationwide camaraderie, support, and participation: Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of October 2005, as ''Family History Month''; and

(2) calls upon the people of the United States to observe the month with appropriate ceremonies and activities.

SENATE RESOLUTION 267—TO AUTHORIZE TESTIMONY, DOCUMENT PRODUCTION, AND LEGAL REPRESENTATION IN STATE OF NEW HAMPSHIRE V. ANNE MILLER, MARY LEE SARGENT, JESSICA ELLIS, LYNN CHONG, DONALD BOOTH, EILEEN REARDON

Mr. FRIST (for himself and Mr. REID) submitted the following resolution; which was considered and agreed to:

Whereas, in the cases of State of New Hampshire v. Anne Miller, Mary Lee Sargent, Jessica Ellis, Lynn Chong, Donald Booth, Eileen Reardon, pending in Concord District Court, New Hampshire, testimony and documents have been requested from Carol Carpenter, an employee in the office of Senator Judd Gregg;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§ 288b(a) and 288c(a)(2), the Senate may direct its counsel to represent an employee of the Senate with respect to