

We have all witnessed this disturbing trend of shortages in nursing, radiology, mental health professions, and many other health professionals for quite some time. While the ultimate solution to this problem lies in a variety of actions, telehealth has proven a solution to this mounting crisis. I have long supported efforts in technology to improve the efficiency and quality of health care, and make it easier for folks in rural areas to get the health services they need. Telehealth is one answer to the access and affordability problems facing health care today, and I hope my bill will increase the ease with which folks obtain their critical health services.

Telehealth applications have a record of cutting costs, increasing choice and reducing medical errors in facilities and communities across the country. Telehealth also provides services to elderly who may not otherwise be able to get to a health care facility for care. This is growing increasingly important in rural America—especially in my State of Montana. Montana's demographics have been changing over the past few years, and our health care providers continue to see more and more patients over the age of 65. We now have more elderly people per capita than most States in the union, and by 2025, Montana is predicted to rank third in the Nation in the number of people over the age of 65.

We must charge forward to modernize and improve healthcare through the application of information technology. Healthcare expenditures in 2003 totaled \$1.7 trillion—a number that is growing faster than the overall economy. Increased adoption of health information technology has the potential to save this country billions of dollars and thousands of lives. I want to do what I can to bring more money to the State of Montana for telehealth services and expand the availability of these services to more patients in more areas than ever before. I will continue my efforts, both through bringing money to Montana to make this happen and by passing meaningful, common-sense legislation to get rid of the over-burdensome red-tape that often gets in the way of good care.

I think it is essential to bring quality health care to all comers of Montana and other rural States. It is high time we bring back the dynamic days of these frontier areas by creating and maintaining vibrant and thriving communities, which have so much to offer their residents, including one of the most important basic needs—health care.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2194. Mr. REED (for himself, Ms. COLLINS, Mr. KENNEDY, Ms. SNOWE, Mr. KERRY, Ms. CANTWELL, Mr. HARKIN, Mr. BAUCUS, Mr. COLEMAN, Mr. DORGAN, Mr. OBAMA, Mr. SCHUMER, Mr. LEAHY, Ms. STABENOW, Mrs. CLINTON, Mr. DURBIN, Mrs. LINCOLN, Mr. DAYTON, Mr. REID, Mr. BAYH, Mr. LEVIN, Mr. ROCKEFELLER, Mr. LAUTENBERG, Mr. SAR-

Mr. REID, Mr. BAYH, Mr. LEVIN, Mr. ROCKEFELLER, Mr. LAUTENBERG, Mr. SARBAKES, Mr. JEFFORDS, Mr. SALAZAR, Ms. MIKULSKI, Mr. BINGAMAN, Mr. LUGAR, Mr. SMITH, and Mr. KOHL) submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table.

SA 2195. Mr. LEVIN submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2196. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2197. Mr. SPECTER proposed an amendment to the bill H.R. 3010, supra.

SA 2198. Mrs. CLINTON (for herself and Mr. SCHUMER) submitted an amendment intended to be proposed by her to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2199. Mr. ALLEN (for himself and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2200. Mr. NELSON, of Florida submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2201. Mr. NELSON, of Florida submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2202. Mr. NELSON, of Florida submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2203. Mrs. CLINTON (for herself and Mr. SCHUMER) submitted an amendment intended to be proposed by her to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2204. Ms. CANTWELL submitted an amendment intended to be proposed by her to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2205. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2206. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2207. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2208. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2209. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

SA 2210. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2194. Mr. REED (for himself, Ms. COLLINS, Mr. KENNEDY, Ms. SNOWE, Mr. KERRY, Ms. CANTWELL, Mr. HARKIN, Mr. BAUCUS, Mr. COLEMAN, Mr. DORGAN, Mr. OBAMA, Mr. SCHUMER, Mr. LEAHY, Ms. STABENOW, Mrs. CLINTON, Mr. DURBIN, Mrs. LINCOLN, Mr. DAYTON, Mr. REID, Mr. BAYH, Mr. LEVIN, Mr. ROCKEFELLER, Mr. LAUTENBERG, Mr. SAR-

BANES, Mr. JEFFORDS, Mr. SALAZAR, Ms. MIKULSKI, Mr. BINGAMAN, Mr. LUGAR, Mr. SMITH, and Mr. KOHL) submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

In title II, in the matter under the heading "LOW-INCOME HOME ENERGY ASSISTANCE", in the matter under the heading "ADMINISTRATION FOR CHILDREN AND FAMILIES", after the first sentence insert the following:

In addition to amounts appropriated under the preceding sentence, for making payments under title XXVI of the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 8621 et seq.), \$2,920,000,000, which amount is designated as an emergency requirement pursuant to section 402 of H. Con. Res. 95 (109th Congress), the concurrent resolution on the budget for fiscal year 2006.

SA 2195. Mr. LEVIN submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____.(a) Section 316 of the Immigration and Nationality Act (8 U.S.C. 1427), is amended by adding at the end the following:

"(g) The continuous residency requirement under subsection (a) may be reduced to 3 years for an applicant for naturalization if—

"(1) the applicant is the beneficiary of an approved petition for classification under section 204(a)(1)(E);

"(2) the applicant has been approved for adjustment of status under section 245(a); and

"(3) such reduction is necessary for the applicant to represent the United States at an international event.

"(h)(1) The Secretary of Homeland Security shall adjudicate an application for naturalization under this section not later than 30 days after the submission of such application if the applicant—

"(A) requests such expedited adjudication in order to represent the United States at an international event; and

"(B) demonstrates that such expedited adjudication is related to such representation.

"(2) An applicant is ineligible for expedited adjudication under paragraph (1) if the Secretary of Homeland Security determines that such expedited adjudication poses a risk to national security. Such a determination by the Secretary shall not be subject to review."

(b) There is authorized to be appropriated to the Secretary of Homeland Security for the Bureau of Citizenship and Immigration Services, \$100,000 for fiscal year 2006, to review applications for naturalization submitted by applicants who are eligible for the reduced residency requirement or expedited adjudication under subsections (g) and (h) of 316 of the Immigration and Nationality Act, as added by subsection (a).

(c) The amendment made by subsection (a) is repealed on October 1, 2006.

SA 2196. Mr. DURBIN submitted an amendment intended to be proposed by

him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

After section 221, insert the following:

SEC. 222. Not later than June 30, 2006, the Secretary of Health and Human Services shall prepare and submit to Congress a report outlining—

(1) a detailed plan for expeditiously changing the numerical identifier used to identify medicare beneficiaries under the medicare program so that a beneficiary's social security account number is no longer displayed on the identification card issued to the beneficiary under such program or on any explanation of medicare benefits mailed to the beneficiary; and

(2) the costs of implementing such plan.

SA 2197. Mr. SPECTER proposed an amendment to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; as follows:

On page 154, line 10, strike “\$3,203,418,000” and insert “\$3,188,418,000” in lieu thereof.

SA 2198. Mrs. CLINTON (for herself and Mr. SCHUMER) submitted an amendment intended to be proposed by her to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. Notwithstanding any other provision of law rescinding the amounts made available under chapter 8 of division B of the Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States Act, 2002 (Public Law 107-117), \$50,000,000 shall be available under such chapter, and shall remain available until expended, for payment to the New York State Uninsured Employers Fund for reimbursement of claims related to the terrorist attacks of September 11, 2001 and for reimbursement of claims related to the first response emergency services personnel who were injured, were disabled, or died due to such terrorist attacks, and \$75,000,000 shall be made available under such chapter to the Centers for Disease Control and Prevention upon enactment of this Act, and shall remain available until expended, for purposes related to the September 11, 2001 terrorist attacks. In expending such funds, the Director of the Centers for Disease Control and Prevention shall give first priority to the existing programs coordinated by the Mount Sinai Center for Occupational and Environmental Medicine, the Fire Department of New York City Bureau of Health Services and Counseling Services Unit, the New York City Police Foundation's Project COPE, Police Organization Providing Peer Assistance, and the New York City Department of Health and Mental Hygiene World Trade Center Health Registry that administer baseline and follow-up screening, clinical examinations, or long-term medical health monitoring, analysis, or treatment for emergency services personnel or rescue and recov-

ery personnel, and shall give secondary priority to similar programs coordinated by other entities working with the State of New York and New York City.

SA 2199. Mr. ALLEN (for himself and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

On page 178, after line 25, add the following:

SEC. 222. Effective as if enacted on January 1, 1995, the phrase “costs incurred during the year of furnishing hospital services” in section 1923(g)(1)(A) of the Social Security Act (42 U.S.C. § 1396r-4(g)(1)(A)), shall be applied to the State of Virginia as including the costs of physician services provided at a hospital when those costs are incurred either by the hospital or by an organization related to the hospital, as determined for purposes of title XVIII of the Social Security Act, including such services provided through a university or a faculty practice plan. The preceding sentence shall be applied without fiscal year limitation.

SA 2200. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

After section 221, insert the following:

SEC. 222. (a) Section 1851(e)(3)(B) of the Social Security Act (42 U.S.C. 1395w-21(e)(3)(B)) is amended—

(1) in clause (iii), by striking “May 15, 2006” and inserting “December 31, 2006”; and
(2) by adding at the end the following new sentence:

“An individual making an election during the period beginning on November 15, 2006, and ending on December 15, 2006, shall specify whether the election is to be effective with respect to 2006 or with respect to 2007 (or both).”

(b) Section 1851(e) of the Social Security Act (42 U.S.C. 1395w-21(e)) is amended—

(A) in paragraph (2)(B)—
(i) in the heading, by striking “FOR FIRST MONTHS”;

(ii) in clause (i)—

(I) by striking “the first 6 months of 2006” and inserting “2006”; and

(II) by striking “the first 6 months during 2006” and inserting “2006”;

(iii) in clause (ii), by inserting “(other than during 2006)” after “paragraph (3)”; and

(iv) in clause (iii), by striking “2006” and inserting “2007”; and

(B) in paragraph (4), by striking “2006” and inserting “2007” each place it appears.

(2) Section 1860D-1(b)(1)(B)(iii) of the Social Security Act (42 U.S.C. 1395w-101(b)(1)(B)(iii)) is amended by striking “subparagraphs (B) and (C) of paragraph (2)” and inserting “paragraph (2)(C)”.

(c) The amendments made by this section shall take effect as if included in the enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173).

SA 2201. Mr. NELSON of Florida submitted an amendment intended to be

proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. ADVANCE DIRECTIVES.

(a) FINDINGS.—Congress makes the following findings:

(1) Every year 2,500,000 people die in the United States. Eighty percent of those people die in institutions such as hospitals, nursing homes, and other facilities. Chronic illnesses, such as cancer and heart disease, account for 2 out of every 3 deaths.

(2) In January 2004, a study published in the Journal of the American Medical Association concluded that many people dying in institutions have unmet medical, psychological, and spiritual needs. Moreover, family members of decedents who received care at home with hospice services were more likely to report a favorable dying experience.

(3) In 1997, the Supreme Court of the United States, in its decisions in *Washington v. Glucksberg* and *Vacco v. Quill*, reaffirmed the constitutional right of competent adults to refuse unwanted medical treatment. In those cases, the Court stressed the use of advance directives as a means of safeguarding that right should those adults become incapable of deciding for themselves.

(4) A study published in 2002 estimated that the overall prevalence of advance directives is between 15 and 20 percent of the general population, despite the passage of the Patient Self-Determination Act in 1990, which requires that health care providers tell patients about advance directives.

(5) Competent adults should complete advance care plans stipulating their health care decisions in the event that they become unable to speak for themselves. Through the execution of advance directives, including living wills and durable powers of attorney for health care, individuals can protect their right to express their wishes and have them respected.

(b) PURPOSES.—The purposes of this section are to improve access to information about individuals' health care options and legal rights for care near the end of life, to promote advance care planning and decision-making so that individuals' wishes are known should they become unable to speak for themselves, to engage health care providers in disseminating information about and assisting in the preparation of advance directives, which include living wills and durable powers of attorney for health care, and for other purposes.

(c) MEDICARE COVERAGE OF END-OF-LIFE PLANNING AND CONSULTATIONS AS PART OF INITIAL PREVENTIVE PHYSICAL EXAMINATION.—

(1) IN GENERAL.—Section 1861(ww) of the Social Security Act (42 U.S.C. 1395x(ww)) is amended—

(A) in paragraph (1), by striking “paragraph (2),” and inserting “paragraph (2) and the end-of-life care services described in paragraph (3).”; and

(B) by adding at the end the following new paragraph:

“(3) The end-of-life care services described in this paragraph include a discussion between the provider and the individual of end-of-life care for the purpose of informing the individual receiving such an examination regarding—

“(A) situations where an advance directive might be beneficial;

“(B) medical options available to such individual with respect to end-of-life care; ”

“(C) coverage of hospice care under this title; and

“(D) such other issues relevant to end-of-life care as the provider determines are appropriate.”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to initial preventive physical examinations provided on or after the date that is 60 days after the date of enactment of this Act.

(d) IMPROVEMENT OF POLICIES RELATED TO THE USE AND PORTABILITY OF ADVANCE DIRECTIVES.—

(1) MEDICARE.—Section 1866(f) of the Social Security Act (42 U.S.C. 1395cc(f)) is amended—

(A) in paragraph (1)—

(i) in subparagraph (B), by inserting “and if presented by the individual (or on behalf of the individual), to include the content of such advance directive in a prominent part of such record” before the semicolon at the end;

(ii) in subparagraph (D), by striking “and” after the semicolon at the end;

(iii) in subparagraph (E), by striking the period at the end and inserting “; and”; and

(iv) by inserting after subparagraph (E) the following new subparagraph:

“(F) to provide each individual with the opportunity to discuss issues relating to the information provided to that individual pursuant to subparagraph (A) with an appropriately trained professional.”;

(B) in paragraph (3), by striking “a written” and inserting “an”; and

(C) by adding at the end the following new paragraph:

“(5)(A) In addition to the requirements of paragraph (1), a provider of services, Medicare Advantage organization, or prepaid or eligible organization (as the case may be) shall give effect to an advance directive executed outside the State in which such directive is presented, even one that does not appear to meet the formalities of execution, form, or language required by the State in which it is presented to the same extent as such provider or organization would give effect to an advance directive that meets such requirements, except that a provider or organization may decline to honor such a directive if the provider or organization can reasonably demonstrate that it is not an authentic expression of the individual’s wishes concerning his or her health care. Nothing in this paragraph shall be construed to authorize the administration of medical treatment otherwise prohibited by the laws of the State in which the directive is presented.

“(B) The provisions of this paragraph shall preempt any State law to the extent such law is inconsistent with such provisions. The provisions of this paragraph shall not preempt any State law that provides for greater portability, more deference to a patient’s wishes, or more latitude in determining a patient’s wishes.”.

(2) MEDICAID.—Section 1902(w) of the Social Security Act (42 U.S.C. 1396a(w)) is amended—

(A) in paragraph (1)—

(i) in subparagraph (B)—

(I) by striking “in the individual’s medical record” and inserting “in a prominent part of the individual’s current medical record”; and

(II) by inserting “and if presented by the individual (or on behalf of the individual), to include the content of such advance directive in a prominent part of such record” before the semicolon at the end;

(ii) in subparagraph (D), by striking “and” after the semicolon at the end;

(iii) in subparagraph (E), by striking the period at the end and inserting “; and”; and

(iv) by inserting after subparagraph (E) the following new subparagraph:

“(F) to provide each individual with the opportunity to discuss issues relating to the information provided to that individual pursuant to subparagraph (A) with an appropriately trained professional.”;

(B) in paragraph (4), by striking “a written” and inserting “an”; and

(C) by adding at the end the following paragraph:

“(6)(A) In addition to the requirements of paragraph (1), a provider or organization (as the case may be) shall give effect to an advance directive executed outside the State in which such directive is presented, even one that does not appear to meet the formalities of execution, form, or language required by the State in which it is presented to the same extent as such provider or organization would give effect to an advance directive that meets such requirements, except that a provider or organization may decline to honor such a directive if the provider or organization can reasonably demonstrate that it is not an authentic expression of the individual’s wishes concerning his or her health care. Nothing in this paragraph shall be construed to authorize the administration of medical treatment otherwise prohibited by the laws of the State in which the directive is presented.

“(B) The provisions of this paragraph shall preempt any State law to the extent such law is inconsistent with such provisions. The provisions of this paragraph shall not preempt any State law that provides for greater portability, more deference to a patient’s wishes, or more latitude in determining a patient’s wishes.”.

(3) EFFECTIVE DATES.—

(A) IN GENERAL.—Subject to subparagraph (B), the amendments made by paragraphs (1) and (2) shall apply to provider agreements and contracts entered into, renewed, or extended under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), and to State plans under title XIX of such Act (42 U.S.C. 1396 et seq.), on or after such date as the Secretary of Health and Human Services specifies, but in no case may such date be later than 1 year after the date of enactment of this Act.

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

(e) INCREASING AWARENESS OF THE IMPORTANCE OF END-OF-LIFE PLANNING.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following new part:

PART R—PROGRAMS TO INCREASE AWARENESS OF ADVANCE DIRECTIVE PLANNING ISSUES

SEC. 399Z-1. ADVANCE DIRECTIVE EDUCATION CAMPAIGNS AND INFORMATION CLEARINGHOUSES.

“(a) ADVANCE DIRECTIVE EDUCATION CAMPAIGN.—The Secretary shall, directly or

through grants awarded under subsection (c), conduct a national public education campaign—

“(1) to raise public awareness of the importance of planning for care near the end of life;

“(2) to improve the public’s understanding of the various situations in which individuals may find themselves if they become unable to express their health care wishes;

“(3) to explain the need for readily available legal documents that express an individual’s wishes, through advance directives (including living wills, comfort care orders, and durable powers of attorney for health care); and

“(4) to educate the public about the availability of hospice care and palliative care.

“(b) INFORMATION CLEARINGHOUSE.—The Secretary, directly or through grants awarded under subsection (c), shall provide for the establishment of a national, toll-free, information clearinghouse as well as clearinghouses that the public may access to find out about State-specific information regarding advance directive and end-of-life decisions.

“(c) GRANTS.—

“(1) IN GENERAL.—The Secretary shall use at least 60 percent of the funds appropriated under subsection (d) for the purpose of awarding grants to public or nonprofit private entities (including States or political subdivisions of a State), or a consortium of any of such entities, for the purpose of conducting education campaigns under subsection (a) and establishing information clearinghouses under subsection (b).

“(2) PERIOD.—Any grant awarded under paragraph (1) shall be for a period of 3 years.”.

(f) GAO STUDY AND REPORT ON ESTABLISHMENT OF NATIONAL ADVANCE DIRECTIVE REGISTRY.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on the feasibility of a national registry for advance directives, taking into consideration the constraints created by the privacy provisions enacted as a result of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(2) REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the study conducted under paragraph (1) together with recommendations for such legislation and administrative action as the Comptroller General of the United States determines to be appropriate.

(g) ADVANCE DIRECTIVES AT STATE DEPARTMENT OF MOTOR VEHICLES.—Each State shall establish a program of providing information on the advance directives clearinghouse established pursuant to section 399Z-1 of the Public Health Service Act, as added by subsection (e), to individuals who are residents of the State at such State’s department of motor vehicles. Such program shall be modeled after the program of providing information regarding organ donation established at the State’s department of motor vehicles, if such State has such an organ donation program.

(h) EFFECTIVE DATE.—Except as otherwise provided in this section, this section and the amendments made by this section shall take effect on the date of enactment of this Act.

SA 2202. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes;

which was ordered to lie on the table; as follows:

On page 178, after line 25, insert the following:

SEC. _____. None of the funds made available under this Act may be used to pay the salaries or expenses of any officer or employee of the Department of Health and Human Services to provide payments under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to a physician, practitioner (as described in section 1842(b)(18)(C) of such Act (42 U.S.C. 1395u(b)(18)(C)), or other individual who charges their patients membership or similar fees, or who requires the purchase of services not covered under Medicare, as a condition for the provision of covered services under such title.

SA 2203. Mrs. CLINTON (for herself and Mr. SCHUMER) submitted an amendment intended to be proposed by her to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____.(a) Notwithstanding any other provision of law, \$125,000,000 shall be available and shall remain available until expended to replace the funds appropriated but not expended under chapter 8 of division B of the Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States Act, 2002 (Public Law 107-117), and of such amount, \$50,000,000 shall be made available for payment to the New York State Uninsured Employers Fund for reimbursement of claims related to the terrorist attacks of September 11, 2001 and for reimbursement of claims related to the first response emergency services personnel who were injured, were disabled, or died due to such terrorist attacks, and \$75,000,000 shall be made available to the Centers for Disease Control and Prevention upon enactment of this Act, and shall remain available until expended, for purposes related to the September 11, 2001 terrorist attacks. In expending such funds, the Director of the Centers for Disease Control and Prevention shall give first priority to the existing programs coordinated by the Mount Sinai Center for Occupational and Environmental Medicine, the Fire Department of New York City Bureau of Health Services and Counseling Services Unit, the New York City Police Foundation's Project COPE, Police Organization Providing Peer Assistance, and the New York City Department of Health and Mental Hygiene World Trade Center Health Registry that administer baseline and follow-up screening, clinical examinations, or long-term medical health monitoring, analysis, or treatment for emergency services personnel or rescue and recovery personnel, and shall give secondary priority to similar programs coordinated by other entities working with the State of New York and New York City.

(b) The amount provided under subsection (a) is designated as an emergency request, pursuant to section 402 of H. Con. Res. 95 (109th Congress).

SA 2204. Ms. CANTWELL submitted an amendment intended to be proposed by her to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies

for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

On page 112, strike lines 17 and 18, insert the following:

Workforce Investment Act of 1998; \$2,790,806,000 plus reimbursements, of which \$1,791,518,000 (plus an additional amount of \$3,000,000 for workforce investment activities for adults under chapter 5 of subtitle B of such Act) is available for obli-**

SA 2205. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. Amounts appropriated in this title for the preventive health and health services block grant program under part A of title XIX of the Public Health Service Act (42 U.S.C. 300w et seq.) shall be increased to \$132,000,000.

SA 2206. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. Amounts appropriated in this title for the global disease detection program at the Centers for Disease Control and Prevention shall be increased so that such program receives \$45,000,000.

SA 2207. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. Amounts appropriated in this title for national immunization programs under section 317 of the Public Health Service Act (42 U.S.C. 247b) at the Centers for Disease Control and Prevention shall be increased so that such programs receives \$748,000,000.

SA 2208. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

On page 222, between lines 5 and 6, insert the following:

SEC. 517. Notwithstanding clause (A) of the flush language immediately following section 1905(a)(28) of the Social Security Act, none of the funds made available in this Act may be used by the Secretary of Health and

Human Services to withhold, suspend, disallow, or otherwise deny Federal financial participation under section 1903(a) of such Act to a State for the provision of items and services described in section 1905(a) of such Act to children who are receiving inpatient psychiatric hospital services for individuals under age 21 under the State Medicaid plan that are provided consistent with the requirements of title XIX of the Social Security Act and such plan.

SA 2209. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. Amounts made available under this title for bioterrorism activities at the Centers for Disease Control and Prevention shall be increased by \$129,900,000, to be used to restore amounts available for grants for State and local capacity to the level provided for such grants for fiscal year 2005.

SA 2210. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2006, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. No amounts appropriated under this title for the Office of the Secretary of Health and Human Services shall be expended after January 1, 2006 unless the Secretary has prepared and publicly issued a national pandemic preparedness plan that—

(1) designates a single official as being responsible for Federal planning and response related to a national pandemic;

(2) describes global and domestic pandemic surveillance activities;

(3) describes efforts to build domestic production capacity to ensure a sufficient stockpile of vaccines and antivirals;

(4) addresses potential demands for or shortages of medical equipment and supplies such as antibiotics, ventilators, masks, gloves, and ongoing medical treatment needs for chronically ill individuals;

(5) addresses surge capacity and support to State and local governments;

(6) addresses the potential effectiveness of measures such as quarantine and the use of masks;

(6) addresses the plan of the Secretary for educating the public in advance of a pandemic;

(7) describes how the Secretary will coordinate with relevant government agencies to provide guidance to the medical and business communities regarding travel, transportation, the economy, business operations, and schools; and

(8) includes specific levels of funding for each element of the plan.

PRIVILEGE OF THE FLOOR

Mr. REID. Mr. President, I ask unanimous consent that the following Finance Committee fellows and interns be allowed the privilege of the floor