

Whereas the Kansas State Board of Regents has recognized the contributions of Coach Bill Snyder and his family to the State of Kansas and Kansas State University by renaming the football stadium "Bill Snyder Family Football Stadium"; and

Whereas the contributions of Bill Snyder to Kansas State University, the State of Kansas, and countless young adults are worthy of honor and recognition: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates Coach Bill Snyder and his family upon his planned retirement on November 19, 2005, as the most successful coach in Kansas State University history with a current record of 135 wins;

(2) commends Coach Bill Snyder for his mentoring and teaching of leadership and values to young men;

(3) commends Coach Bill Snyder and his family for their selfless support of Kansas State University and their charitable activities throughout the State of Kansas, while displaying the heartland values of honesty, integrity, and humility; and

(4) respectfully directs the Enrolling Clerk of the Senate to transmit an enrolled copy of this resolution to—

(A) Bill Snyder and his family; and

(B) Kansas State University President Jon Wefald.

Mr. ROBERTS. Mr. President, today I am submitting a Senate Resolution commending the contributions and record of a most unique and deserving man, the retiring football coach of Kansas State University Wildcats, Bill Snyder.

I suppose some, especially non sports fans, might raise an eyebrow or question a Senate Resolution congratulating a football coach, no matter how successful in wins and losses—after all, as some have said, "it's only a game." But in the case of Coach Bill Snyder his contributions transcend his outstanding record of wins and losses; they represent being a mentor and teacher of leadership and values to young men during a time when collegiate athletics and sports in general face challenge after challenge involving unbecoming conduct and worse. Coach Snyder's contribution—football is a game of course but in the case of Bill Snyder one of his greatest contributions has been to enable young men to win in the game of life by being responsible citizens.

And, this unique ability on the athletic field became a catalyst for alumni interest and a renewal of financial support throughout the university enabling all students in all academic fields to benefit.

Much has been said in Kansas and throughout the football sports world about the amazing turnaround Coach Snyder achieved at K-State; directing and orchestrating a football program success story that is now considered by many to be the greatest in the history of collegiate athletics.

The record in the resolution I have introduced speaks for itself; three time national coach of the year, 11 post season bowl games, only the second program in college football history to win 11 games, 6 times in a 7-year time span, 42 NFL draft picks, 45 All America selections, and 68 first team all conference players. That is quite a record.

The coaches that first started their careers at K-State under Coach Snyder now read like a "Who's Who" in college football.

But great as those and the rest of the records are, that does not really tell the Bill Snyder story. Simply put, this is a man who restored and instilled a new sense of pride in a university and throughout our State. This is a man and his family who have given of themselves and contributed countless hours and resources to charitable causes throughout Kansas.

With all of his successes and attributes, this is a man who is humble, self effacing, soft spoken, and who knows you can get a lot more done if you don't care who gets the credit.

In many ways, Bill Snyder is a private man who has God given ability to inspire others in the public arena. He has taught his players that in the games of football and life, success is never final, failure is never fatal and that in the end its courage that counts. By his example, he showed them the attributes of honesty, character and reputation are not old fashioned. On the playing field and in life he instilled the truism that if you don't drop the ball you won't have to complain about the way the ball bounces. The same is true regarding his individual player marching orders, never say bad things about your opponent win or lose, take care of your self, conduct yourself in your best interests and that of your university and teammates. A coach on the field and a coach in life.

I want to get back and emphasize this restoring pride achievement on a more personal basis. I know my example is replete with similar experiences with the thousands of families who make up what is now referred to in the sports pages as the "Wildcat Nation."

My Dad was a proud graduate of Kansas State as I was and my son attended Kansas State—three generations. Sports fans and devoted K-State alumni all, we went through what many loyal K-Stater's call the decades of Death Valley Days, seasons of defeat, seasons of eternal optimism always tempered, if not shattered by the reality of yet another loss. There were some average seasons, a few good seasons, but "depths of despair" would not be an understatement for many of the faithful who endured and endured and endured. And, the defeats somehow became interwoven with the fabric of our alma mater and apologies for psychological exaggeration but even into the psyche of being a K-State graduate and our self worth.

And then came President Jon Wefald and then came Bill Snyder and both men grabbed K-State by the collar and said: Enough, we're going to win both academically and on the athletic field. And, wonder of wonders, they did just that.

Sports writers have called it a miracle. To many diehard K-State fans that was not an understatement. Winning season followed winning season and generations of alumni witnessed this success story took it to heart,

loved it and lived it. It has been a grand experience. When K-State goes to a bowl game, 25,000 to 30,000 diehard fans are in attendance, win or lose.

Bill Snyder and his wife Sharon and their family gave K-State their all and Coach Snyder has given us all pride, self esteem, and confidence. It has been one heck of a trail ride for me and my family as I know it has been for countless others.

I just don't know of anyone in their chosen profession who has made more of a difference in so many people's lives than Coach Snyder. Simply put, Bill Snyder has been a class act and then some and collegiate sports, Kansas State University, the State of Kansas and his players and fans have been the beneficiaries.

Thanks Coach. "Every Man A Wildcat!"

SENATE CONCURRENT RESOLUTION 67—URGING JAPAN TO HONOR ITS COMMITMENTS UNDER THE 1986 MARKET-ORIENTED SECTOR-SELECTIVE (MOSS) AGREEMENT ON MEDICAL EQUIPMENT AND PHARMACEUTICALS, AND FOR OTHER PURPOSES

Mr. COLEMAN submitted the following concurrent resolution; which was referred to the Committee on Foreign Relations:

S. CON. RES. 67

Whereas the revolution in medical technology has improved our ability to respond to emerging threats and prevent, identify, treat, and cure a broad range of diseases and disabilities, and has the proven potential to bring even more valuable advances in the future;

Whereas medical technology has driven dramatic productivity gains for the benefit of patients, providers, employers, and our economy;

Whereas investment from the United States medical technology industry produces the majority of the \$220,000,000,000 global business in development of medical devices, diagnostic products, and medical information systems, allowing patients to lead longer, healthier, and more productive lives;

Whereas the United States medical technology industry supports almost 350,000 Americans in high-value jobs located in every State, and was historically a key industry, as it was a net contributor to the United States balance of trade with Japan, which was a trade surplus of over \$7,000,000,000 in 2001, and continued to be a surplus until 2005, when the trade balance became a trade deficit of \$1,300,000,000, due in part to changes in the policies of Japan that impact medical devices;

Whereas Japan is one of the most important trading partners of the United States;

Whereas United States products account for roughly 1/2 of the global market, but garner only a 1/4 share of Japan's market;

Whereas Japan has made little progress in implementing its commitments to cut product review times and improve their reimbursement system in bilateral consultations on policy changes under the Market-Oriented Sector-Selective (MOSS) Agreement on Medical Equipment and Pharmaceuticals, signed

on January 9, 1986, between the United States and Japan;

Whereas, although regulatory reviews in Japan remain among the lengthiest in the world and Japan needs to accelerate patient access to safe and beneficial medical technologies, recently adopted measures actually increase regulatory burdens on manufacturers and delay access without enhancing patient safety;

Whereas the general cost of doing business in Japan is the highest in the world and is driven significantly higher by certain factors in the medical technology sector, and inefficiencies in Japanese distribution networks and hospital payment systems and unique regulatory burdens drive up the cost of bringing innovations to Japanese consumers and impede patient access to life-saving and life-enhancing medical technologies;

Whereas artificial government price caps such as the foreign average price policy adopted by the Government of Japan in 2002 restrict patient access and fail to recognize the value of innovation;

Whereas less than 1/10 of 1 percent of the tens of thousands of medical technologies introduced in Japan in the last 10 years received new product pricing;

Whereas the Government of Japan has adopted artificial price caps that are targeted toward technologies predominately marketed by companies from the United States and is considering further cuts to these products; and

Whereas these discriminatory pricing policies will allow the Japanese Government to take advantage of research and development from the United States: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) urges Japan to honor its commitments under the Market-Oriented Sector-Selective (MOSS) Agreement on Medical Equipment and Pharmaceuticals, signed on January 9, 1986, between the United States and Japan (in this resolution referred to as the "MOSS Agreement"), by—

(A) reducing regulatory barriers to the approval and adoption of new medical technologies; and

(B) meeting or exceeding agency performance goals for premarket approvals and adopting an appropriate, risk-based postmarket system consistent with globally accepted practices;

(2) urges Japan to honor its commitments under the MOSS Agreement to improve the reimbursement environment for medical technologies by actively promoting pricing policies that encourage innovation for the benefit of Japanese patients and the Japanese economy and eliminating reimbursement policies based on inappropriate comparisons to markets outside Japan; and

(3) urges Japan to honor its commitments under the MOSS Agreement by—

(A) implementing fair and open processes and rules that do not disproportionately harm medical technology products from the United States; and

(B) providing opportunities for consultation with trading partners.

Mr. COLEMAN. Mr. President, we share a strategic and important relationship with Japan. A relationship that has proven to be vital for both countries, as we enhance our collaboration on everything from economic pursuits to our joint national security interests. On all of these fronts Japan has demonstrated that it is both a committed partner of the U.S. as well as a global leader in its own right. It is because Japan has demonstrated its leadership on the global stage that I

support its bid to become a member of the U.N. Security Council.

As with any partnership, the U.S. and Japan face the occasional challenges to this cooperation. One might argue this is an opportunity for the U.S. and Japan to strengthen their partnership and increase collaboration and trade. The time is now to push this cooperation. However, I am concerned about a threat to our trade relationship with Japan based on our medical technology industry's market access in Japan. It is crucial to my State of Minnesota that we have access to this market and to our country.

Last Congress, I submitted a resolution in the Senate expressing my concern that discriminatory practices and systematic barriers have limited the ability of the U.S. medical device industry to introduce new technologies into the Japanese healthcare system. Today, I am resubmitting similar resolution. I am concerned that insufficient progress has been made by the Japanese to address policies that penalize American companies and ultimately prevent Japanese citizens from receiving the most advanced healthcare.

This resolution recognizes that medical technology has driven dramatic productivity gains for the benefit of patients, providers, employers and our economy. It also states that Japan is one of the most important trading partners of the U.S., and urges Japan to honor its commitments under the Market-Oriented, Sector Specific, MOSS Agreement. This agreement calls on the Japanese to improve the reimbursement environment for medical technologies by actively promoting pricing policies that encourage innovation and eliminating policies based on inappropriate comparisons to markets outside Japan.

Discriminatory practices targeting the medical device industry directly affect my state and many of my constituents. This is due to the fact that Minnesota is the proud home to a thriving medical technology industry. Minnesota's medical alley is a rich corridor of more than 8,000 medical-related companies—12 percent of our workforce—and is home to over 520 FDA-registered medical technology manufacturers. Employment in the industry increased 33 percent from 1991 to 2001, adding over 23,000 jobs to the State of Minnesota. The jobs produced by the medical technology industry represent a lucrative opportunity for my constituents, as the aggregate figure for wages exceeds \$1.3 billion an average of over \$56,000 per employee.

The benefits that Minnesota has derived from being home to a flourishing medical technology industry are well-deserved and a product of hard work. Minnesota ranks second only to California in device companies, and our State is home to many technology firsts: the first implantable cardiac pacemaker, artificial heart valve, implantable drug transfusion pump, wireless cardiac monitoring system,

blood pump, anesthesia monitor and many more examples. The success we have had in Minnesota is also indicative of the positive trends that have been experienced by the entire industry throughout the U.S.

The positive trends of American medical technology companies' performance in domestic and international markets are not reflected in their experience with the Japanese market. The fact of the matter is that U.S. medical technology companies are discriminated by Japanese policies. There are numerous examples of these policies, but I will only briefly mention a few.

Japan has adopted a foreign reference pricing system to reduce reimbursement prices in Japan's health system, a tool long opposed by the U.S. Government and the medical technology industry. This system calls for the establishment and revision of reimbursement rates on the basis of prices paid for medical technology products in the U.S., France, Germany, and the U.K. This pricing policy therefore fails to account for the high costs of bringing advanced technologies to the Japanese market, and instead bases prices on arbitrary conditions that exist outside of Japan.

In addition, Japan's system for approving the use of new medical technologies is the slowest and most costly in the developed world. The backlog in processing applications for medical technology products is staggering, and may be primarily related to the lack of staff dedicated towards the review of applications. Importantly, the end result has been that the medical technologies used to treat patients in Japan are often several generations behind the products utilized in the U.S.

These and other regulatory hurdles embedded in the Japanese medical technology industry conflict with regulatory commitments made to the U.S. under the MOSS trade agreement. They also contradict the philosophy underpinning the Global Harmonization Task Force, to which the U.S., Europe and Japan are a party. Even our friends need to be held accountable to the agreements they sign, otherwise they become less valuable than the paper they are printed on.

I urge our friends in the Japanese Government to take aggressive action to remedy this clearly unfavorable situation. Non-tariff regulatory and reimbursement policies discriminate U.S. manufacturers. While these policies hurt U.S. manufacturers' economically, ultimately the biggest losers of these policies are Japanese patients. Innovative medical technologies offer the possibility of key health solutions to all nations, including those that face severe health care budget constraints and the demands of aging populations. Past experience has demonstrated that the U.S. and Japan are able to overcome challenges that arise in our relationship, thus making it stronger. I think that both countries

stand to gain significantly if the principles of the resolution I am presenting today are upheld.

I urge my fellow colleagues to join me in Japan to honor its commitments under the 1986 Market-Oriented Sector-Selective, MOSS, Agreement on Medical Equipment and Pharmaceuticals by supporting this resolution.

S. CON. RES. 67

Whereas the revolution in medical technology has improved our ability to respond to emerging threats and prevent, identify, treat, and cure a broad range of diseases and disabilities, and has the proven potential to bring even more valuable advances in the future;

Whereas medical technology has driven dramatic productivity gains for the benefit of patients, providers, employers, and our economy;

Whereas investment from the United States medical technology industry produces the majority of the \$220,000,000,000 global business in development of medical devices, diagnostic products, and medical information systems, allowing patients to lead longer, healthier, and more productive lives;

Whereas the United States medical technology industry supports almost 350,000 Americans in high-value jobs located in every State, and was historically a key industry, as it was a net contributor to the United States balance of trade with Japan, which was a trade surplus of over \$7,000,000,000 in 2001, and continued to be a surplus until 2005, when the trade balance became a trade deficit of \$1,300,000,000, due in part to changes in the policies of Japan that impact medical devices;

Whereas Japan is one of the most important trading partners of the United States;

Whereas United States products account for roughly 1/2 of the global market, but garner only a 1/4 share of Japan's market;

Whereas Japan has made little progress in implementing its commitments to cut product review times and improve their reimbursement system in bilateral consultations on policy changes under the Market-Oriented Sector-Selective (MOSS) Agreement on Medical Equipment and Pharmaceuticals, signed on January 9, 1986, between the United States and Japan;

Whereas, although regulatory reviews in Japan remain among the lengthiest in the world and Japan needs to accelerate patient access to safe and beneficial medical technologies, recently adopted measures actually increase regulatory burdens on manufacturers and delay access without enhancing patient safety;

Whereas the general cost of doing business in Japan is the highest in the world and is driven significantly higher by certain factors in the medical technology sector, and inefficiencies in Japanese distribution networks and hospital payment systems and unique regulatory burdens drive up the cost of bringing innovations to Japanese consumers and impede patient access to life-saving and life-enhancing medical technologies;

Whereas artificial government price caps such as the foreign average price policy adopted by the Government of Japan in 2002 restrict patient access and fail to recognize the value of innovation;

Whereas less than 1/10 of 1 percent of the tens of thousands of medical technologies introduced in Japan in the last 10 years received new product pricing;

Whereas the Government of Japan has adopted artificial price caps that are targeted toward technologies predominately marketed by companies from the United

States and is considering further cuts to these products; and

Whereas these discriminatory pricing policies will allow the Japanese Government to take advantage of research and development from the United States: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

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(A) reducing regulatory barriers to the approval and adoption of new medical technologies; and

(B) meeting or exceeding agency performance goals for premarket approvals and adopting an appropriate, risk-based postmarket system consistent with globally accepted practices;

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(3) urges Japan to honor its commitments under the MOSS Agreement by—

(A) implementing fair and open processes and rules that do not disproportionately harm medical technology products from the United States; and

(B) providing opportunities for consultation with trading partners.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2672. Mr. HARKIN (for himself, Mr. JEFFORDS, Mr. KENNEDY, Mr. BINGAMAN, Ms. STABENOW, Ms. MIKULSKI, Mr. LAUTENBERG, Mr. ROCKEFELLER, Mr. AKAKA, Mr. KERRY, Mr. PRYOR, Mr. CARPER, Mr. KOHL, Mr. LEAHY, and Mr. LEVIN) proposed an amendment to the joint resolution H.J. Res. 72, Official Title Not Available.

SA 2673. Mrs. HUTCHISON (for Mr. SHELBY) proposed an amendment to the bill H.R. 4133, to temporarily increase the borrowing authority of the Federal Emergency Management Agency for carrying out the national flood insurance program.

SA 2674. Mr. MCCONNELL (for Mr. BROWNBACKE) proposed an amendment to the bill S. 1462, to promote peace and accountability in Sudan, and for other purposes.

SA 2675. Mr. MCCONNELL (for Mr. PRYOR) proposed an amendment to the bill H.R. 358, to require the Secretary of the Treasury to mint coins in commemoration of the 50th anniversary of the desegregation of the Little Rock Central High School in Little Rock, Arkansas, and for other purposes.

SA 2676. Mr. MCCONNELL (for Mr. SUNUNU) proposed an amendment to the bill S. 1047, to require the Secretary of the Treasury to mint coins in commemoration of each of the Nation's past Presidents and their spouses, respectively to improve circulation of the \$1 coin, to create a new bullion coin, and for other purposes.

TEXT OF AMENDMENTS

SA 2672. Mr. HARKIN (for himself, Mr. JEFFORDS, Mr. KENNEDY, Mr. BINGAMAN, Ms. STABENOW, Ms. MIKULSKI, Mr. LAUTENBERG, Mr. ROCKEFELLER, Mr. AKAKA, Mr. KERRY, Mr. PRYOR, Mr. CARPER, Mr. KOHL, Mr.

LEAHY, and Mr. LEVIN) proposed an amendment to the joint resolution H.J. Res. 72, Official Title Not Available; as follows:

At the end of the resolution, insert the following:

SEC. 2. COMMUNITY SERVICES BLOCK GRANT ACT.

Notwithstanding section 101 of Public Law 109-77, for the period beginning on October 1, 2005 and ending on December 17, 2005, the amount appropriated under that Public Law to carry out the Community Services Block Grant Act shall be based on a rate for operations that is not less than the rate for operations for activities carried out under such Act for fiscal year 2005.

SA 2673. Mrs. HUTCHISON (for Mr. SHELBY) proposed an amendment to the bill H.R. 4133, to temporarily increase the borrowing authority of the Federal Emergency Management Agency for carrying out the national flood insurance program; as follows:

On page 2 line 12, strike "\$8,500,000,000" and insert "\$18,500,000,000".

At the end insert the following:

"SEC. 3 EMERGENCY SPENDING.

"The Amendment made under section 2 is designated as emergency spending, as provided under section 402 of H. Con. Res. 95 (109th Congress)."

SA 2674. Mr. MCCONNELL (for Mr. BROWNBACKE) proposed an amendment to the bill S. 1462, to promote peace and accountability in Sudan, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Darfur Peace and Accountability Act of 2005".

SEC. 2. DEFINITIONS.

In this Act:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term "appropriate congressional committees" means the Committee on International Relations of the House of Representatives and the Committee on Foreign Relations of the Senate.

(2) GOVERNMENT OF SUDAN.—

(A) IN GENERAL.—The term "Government of Sudan" means the National Congress Party, formerly known as the National Islamic Front, government in Khartoum, Sudan, or any successor government formed on or after the date of the enactment of this Act (including the coalition National Unity Government agreed upon in the Comprehensive Peace Agreement for Sudan), except that such term does not include the regional Government of Southern Sudan.

(B) OFFICIALS OF THE GOVERNMENT OF SUDAN.—The term "Government of Sudan", when used with respect to an official of the Government of Sudan, does not include an individual—

(i) who was not a member of such government prior to July 1, 2005; or

(ii) who is a member of the regional Government of Southern Sudan.

(3) COMPREHENSIVE PEACE AGREEMENT FOR SUDAN.—The term "Comprehensive Peace Agreement for Sudan" means the peace agreement signed by the Government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A) in Nairobi, Kenya, on January 9, 2005.

SEC. 3. FINDINGS.

Congress makes the following findings:

(1) On July 22, 2004, the House of Representatives and the Senate declared that