provide health care benefits for Reserves and their families, and for other purposes.

S. 362

At the request of Mrs. MURRAY, her name was added as a cosponsor of S. 362, a bill to establish a program within the National Oceanic and Atmospheric Administration and the United States Coast Guard to help identify, determine sources of, assess, reduce, and prevent marine debris and its adverse impacts on the marine environment and navigation safety, in coordination with non-Federal entities, and for other purposes.

S. 495

At the request of Mr. CORZINE, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 495, a bill to impose sanctions against perpetrators of crimes against humanity in Darfur, Sudan, and for other purposes.

S. 537

At the request of Mr. BINGAMAN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 537, a bill to increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

S. 619

At the request of Mrs. FEINSTEIN, the names of the Senator from Illinois (Mr. DURBIN), the Senator from South Dakota (Mr. JOHNSON) and the Senator from Massachusetts (Mr. KENNEDY) were added as cosponsors of S. 619, a bill to amend title II of the Social Security Act to repeal the Government pension offset and windfall elimination provisions.

S. 633

At the request of Mr. JOHNSON, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. 633, a bill to require the Secretary of the Treasury to mint coins in commemoration of veterans who became disabled for life while serving in the Armed Forces of the United States.

S. 737

At the request of Mr. CRAIG, the names of the Senator from Illinois (Mr. OBAMA), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Washington (Ms. CANTWELL), the Senator from New Jersey (Mr. CORZINE) and the Senator from Massachusetts (Mr. KERRY) were added as cosponsors of S. 737, a bill to amend the USA PATRIOT ACT to place reasonable limitations on the use of surveillance and the issuance of search warrants, and for other purposes.

S. CON. RES. 17

At the request of Mr. BIDEN, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. Con. Res. 17, a concurrent resolution calling on the North Atlantic Treaty Organization to assess the potential effectiveness of and requirements for a NATO-enforced no-fly zone in the Darfur region of Sudan.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KOHL (for himself and Mr. HATCH):

S. 739. A bill to require imported explosives to be marked in the same manner as domestically manufactured explosives; to the Committee on the Judiciary.

Mr. KOHL. Mr. President, I rise today with Senator HATCH to introduce the Imported Explosives Identification Act of 2005. This legislation would require imported explosives include unique identifying markings, just like explosives made here at home.

Domestic manufacturers are required to place identification markings on all explosive materials they produce, enabling law enforcement officers to determine the source of explosives found at a crime scene—an important crime solving tool. Yet, these same identifying markings are not required of those explosives manufactured overseas and imported into our country. Our legislation would simply treat imported explosives just like those manufactured in the United States by requiring all imported explosives to carry the same identifying markings currently placed on domestic explosives.

This is not a radical idea. We already have similar requirements for firearms. For years, importers and manufacturers have been required to place a unique serial number and other identifying information on each firearm. This is a common sense security measure that we have imposed on manufacturers and importers of firearms. There is no reason not to do the same with respect to dangerous explosives.

These markings can be a tremendously useful tool for law enforcement officials, enabling investigators to quickly follow the trail of the explosives after they entered the country. According to the Bureau of Alcohol, Tobacco, Firearms and Explosives, ATF, marked explosives can be tracked through records kept by those who manufacture and sell them, often leading them to the criminal who has stolen or misused them. At a Senate hearing last year, even FBI Director Mueller recognized the usefulness of markings, saying they ''are helpful to the investigator . . . who is trying to identify the sourc[e] of that explosive.'' Failing to close this loophole unnecessarily impedes law enforcement efforts and poses a significant security risk, and closing it is simple. This bill fixes this problem by requiring the name of the manufacturer, along with the time and date of manufacture, to be placed on all explosives materials, imported and domestic.

ATF first sought to fill this gap in the regulation of explosives when it published a notice of a proposed rulemaking in November 2000. Now, more than 4 years later, this rulemaking still has not been completed. Just last week, ATF again missed its self-imposed deadline for finalizing the rule.

Each year, thousands of pounds of stolen, lost, or abandoned explosives are recovered by law enforcement. When explosives are not marked, they cannot be quickly and effectively traced for criminal enforcement purposes. Each day we delay closing this loophole, we let more untraceable explosive materials cross our borders, jeopardizing our security. Failure to address this very straightforward issue unnecessarily hinders law enforcement's efforts to keep us safe. Because ATF and the Department of Justice have not closed this loophole in a timely manner, it is now incumbent upon us to act.

By Mr. BINGAMAN (for himself, Mr. LUGAR, Mrs. LINCOLN, Mrs. MURRAY, Mr. KERRY, Ms. CANTWELL, Mr. KOHL, Mr. LAUTENBERG, Mrs. BOXER, and Mr. CORZINE):

S. 740. A bill to amend title XIX and XXI of the Social Security Act to expand or add coverage of pregnant women under the medicaid and State children's health insurance program, and for other purposes; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today to introduce bipartisan legislation with Senators LUGAR, LINCOLN, MURRAY, KERRY, CANTWELL, KOHL, LAUTENBERG, BOXER and CORZINE. This legislation, entitled the ''Start Healthy, Stay Healthy Act of 2005,'' would significantly reduce the number of uninsured pregnant women and newborns by expanding coverage to pregnant women through Medicaid and the Children's Health Insurance Program, or CHIP, and to newborns through the first full year of life.

Today is World Health Day 2005 and the message this year is ''Make Every Mother and Child Count''. I can think of no better way to honor our Nation's mothers and children than to increase their access to health care services and improve their overall health.

According to a recent report by Save the Children entitled ''The State of the World's Mothers,'' the United States fares no better than 11th in the world. Why is this? According to the report, ''The United States earned its 11th place rank this year based on several factors: One of the key indicators used to calculate the well-being for mothers is lifetime risk of maternal mortality. . . . Canada, Australia, and all the Western and Northern European countries in the study performed better than the United States in this indicator.''

The study adds, ''Similarly, the United States did not do as well as the top 10 countries with regard to infant mortality rates.''

In fact, the United States ranks 21st in maternal mortality and 28th in infant mortality, the worst among developed nations. We should and must do

better by our Nation's mothers and infants.

There has been long-standing policy in this country linking programs for pregnant women to programs for infants, including Medicaid, WIC, and the Maternal and Child Health Block Grant. Yet the CHIP program, unfortunately, fails to provide coverage to pregnant women beyond the age of 18. As a result, it is more likely that newborns eligible for CHIP are not covered from the moment of birth, and therefore, often miss having comprehensive prenatal care and care during those first critical months of life until their CHIP application is processed.

By expanding coverage to pregnant women through CHIP, the ''Start Healthy, Stay Healthy Act'' recognizes the importance of prenatal care to the health and development of a child. As Dr. Alan Waxman of the University of New Mexico School of Medicine has written, ''Prenatal care is an important factor in the prevention of birth defects and the prevention of prematurity, the most common causes of infant death and disability. Babies born to women with no prenatal care or late prenatal care are nearly twice as likely to [be] low birthweight or very low birthweight as infants born to women who received early prenatal care.''

Unfortunately, according to the Centers for Disease Control and Prevention, New Mexico ranked worst in the nation in the percentage of mothers receiving late or no prenatal care in 2003. The result is often quite costly—both in terms of the health of the mother and newborn but also in terms of the long-term expenses for society since the result can be chronic, lifelong health problems.

In fact, according to the Agency for Healthcare Research and Quality, ''four of the top 10 most expensive conditions in the hospital are related to care of infants with complications (respiratory distress, prematurity, heart defects, and lack of oxygen).'' In addition to reduced infant mortality and morbidity, the provision to expand coverage to pregnant women is cost effective.

The ''Start Healthy, Stay Healthy Act'' also eliminates the unintended federal policy through CHIP that covers pregnant women only through the age of 18 and cuts off that coverage once the women turn 19 years of age. Certainly, everybody can agree that the government should not be telling women that they are more likely to receive prenatal care coverage only if they become pregnant as a teenager.

This bipartisan legislation has been supported in the past by: the March of Dimes, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the What to Expect Foundation, the American Academy of Family Physicians, the American Academy of Pediatric Dentistry, the American Academy of Child and Adolescent Psychiatry, the National Association of Community Health Centers, the American Hospital Association, the National Association of Children's Hospitals, the Federation of American Health Systems, the National Association of Public Hospitals and Health Systems, Premier, Catholic Health Association, Catholic Charities USA, Family Voices, the Association of Maternal and Child Health Programs, the National Health Law Program, the National Association of Social Workers, Every Child By Two, the United Cerebral Palsy Associations, the Society for Maternal-Fetal Medicine, and Families USA.

This legislation is a reintroduction of a bill that was introduced in 2001 and 2003. Throughout 2001, the Administration made numerous statements in support of the passage of this type of legislation, but unfortunately, reversed course in October 2002 after publishing a regulation allowing states to redefine a ''child'' as an ''unborn child'' only and to provide prenatal care, but not postnatal care through CHIP in that manner. In a letter to Senator Nickles dated October 8, 2002, Secretary Thompson argued, ''I believe the regulation is a more effective and comprehensive solution to this issue.''

While a number of senators strongly disagreed with Secretary Thompson's assertion and sent him letters to that effect on October 10, 2002, and on October 23, 2002, we felt it was important to get the testimony of our nation's medical experts on the health and well-being of both pregnant women and newborns. We called for a hearing in the Senate Health, Education, Labor and Pensions Committee on October 24, 2002. Witnesses included representatives from the March of Dimes, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the What to Expect Foundation. They were asked to compare the regulation to the legislation and I will let their testimony speak for itself.

Dr. Nancy Green testified on behalf of the March of Dimes Birth Defects Foundation. She said:

We support giving states the flexibility they need to cover income-eligible pregnant women age 19 and older, and to automatically enroll infants born to SCHIP-eligible mothers. By establishing a uniform eligibility threshold for coverage for pregnant women and infants, states will be able to improve maternal health, eliminate waiting periods for infants and streamline administration of publicly supported health programs. Currently, according to the Department of Health and Human Services' Centers for Medicare and Medicaid Services and the National Governors' Association, 36 states and the District of Columbia have income eligibility thresholds that are more restrictive for women than for their newborns. Encouraging states to eliminate this disparity by allowing them to establish a uniform eligibility threshold for pregnant women and their infants should be a national policy priority.

Dr. Green adds:

Specifically, we are deeply concerned that final regulation fails to provide to the mother the standard scope of maternity care services recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). Of particular concern, the regulation explicitly states that postpartum care is not covered and, therefore, federal reimbursement will not be available for these services. In addition, because of the contentious collateral issues raised by this regulation groups like the March of Dimes will find it even more difficult to work in the states to generate support for legislation to extend coverage to uninsured pregnant women.

Dr. Laura Riley testified on behalf of ACOG. In her testimony, she stated:

ACOG is very concerned that mothers will not have access to postpartum services under the regulation. The rule clearly states that ''. . . care after delivery, such as postpartum services could not be covered as part of the Title XXI State Plan . . . because they are not services for an eligible child.

On the importance of postpartum care, Dr. Riley adds:

When new mothers develop postpartum complications, quick access to their physicians is absolutely critical. Postpartum care is especially important for women who have preexisting medical conditions, and for those whose medical conditions were induced by their pregnancies, such as gestational diabetes or hypertension, and for whom it is necessary to ensure that their conditions are stabilized and treated.

As a result, Dr. Riley concludes:

Limiting coverage to the fetus instead of the mother omits a critical component of postpartum care that physicians regard as essential for the health of the mother and the child. Covering the fetus as opposed to the mother also raises questions of whether certain services will be available during pregnancy and labor if the condition is one that directly affects the woman. The best way to address this coverage issue is to pass S. 724, supported by Senators BOND, BINGAMAN and LINCOLN and many others, and which provides a full range of medical services during and after pregnancy directly to the pregnant woman.

Dr. Richard Bucciarelli testified on behalf of the American Academy of Pediatrics. He said:

Recently, the Administration published a final rule expanding SCHIP to cover unborn children. The Academy is concerned that, as written, this regulation falls dangerously short of the clinical standards of care outlined in our guidelines, which describe the importance of covering all stages of a birth—pregnancy, delivery, and postpartum care.

It is important to note that the regulation subtracts the time that an ''unborn child'' is covered from the period of continuously eligibility after birth. Consequently, children would be denied insurance coverage at very critical points during the first full year of life. As such, Dr. Bucciarelli expressed support for the legislation over the regulation because it, in his words:

. . . takes an important step to decrease the number of uninsured children by providing 12 months of continuous eligibility for those children born . . . This legislation ensures that children born to women enrolled in Medicaid or SCHIP are immediately enrolled in the program for which they are eligible. Additionally, this provision prevents newborns eligible for SCHIP from being subject to enrollment waiting periods, ensuring that infants receive appropriate health care in their first year of life.

And finally, Lisa Bernstein testified as Executive Director of The What to Expect Foundation, which takes its name from the bestselling What to Expect pregnancy and parenting series that has helped over 20 million families from pregnancy through their child's toddler years. Ms. Bernstein also supported the legislation as a far superior option over the regulation and make this simple but eloquent point:

. . . only a healthy parent can provide a healthy future for a healthy child.

The testimony of these experts speaks for itself and I urge my colleagues to pass this legislation as soon as possible.

I ask unanimous consent that the text of this bill be printed in the RECORD.

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

S. 740

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 ''Start Healthy, Stay Healthy Act of 2005''.

SEC. 2. STATE OPTION TO EXPAND OR ADD COVERAGE OF CERTAIN PREGNANT WOMEN UNDER MEDICAID AND SCHIP.

(a) MEDICAID.—

(1) AUTHORITY TO EXPAND COVERAGE.—Section 1902(l)(2)(A)(i) of the Social Security Act (42 U.S.C. 1396a(l)(2)(A)(i)) is amended by inserting ''(or such higher percent as the State may elect for purposes of expenditures for medical assistance for pregnant women described in section 1905(u)(4)(A))'' after ''185 percent''.

(2) ENHANCED MATCHING FUNDS AVAILABLE IF CERTAIN CONDITIONS MET.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(A) in the fourth sentence of subsection (b), by striking ''or subsection (u)(3)'' and inserting '', (u)(3), or (u)(4)''; and

(B) in subsection (u)—

(i) by redesignating paragraph (4) as paragraph (5); and

(ii) by inserting after paragraph (3) the following:

''(4) For purposes of the fourth sentence of subsection (b) and section 2105(a), the expenditures described in this paragraph are the following:

''(A) CERTAIN PREGNANT WOMEN.—If the conditions described in subparagraph (B) are met, expenditures for medical assistance for pregnant women described in subsection (n) or under section 1902(l)(1)(A) in a family the income of which exceeds the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) that has been specified under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, as of January 1, 2005, but does not exceed the income eligibility level established under title XXI for a targeted low-income child.

''(B) CONDITIONS.—The conditions described in this subparagraph are the following:

''(i) The State plans under this title and title XXI do not provide coverage for pregnant women described in subparagraph (A) with higher family income without covering such pregnant women with a lower family income.

''(ii) The State does not apply an effective income level for pregnant women that is lower than the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) that has been specified under the State plan under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, as of January 1, 2005, to be eligible for medical assistance as a pregnant woman.

''(C) DEFINITION OF POVERTY LINE.—In this subsection, the term 'poverty line' has the meaning given such term in section 2110(c)(5).''.

(3) PAYMENT FROM TITLE XXI ALLOTMENT FOR MEDICAID EXPANSION COSTS; ELIMINATION OF COUNTING MEDICAID CHILD PRESUMPTIVE ELIGIBILITY COSTS AGAINST TITLE XXI ALLOTMENT.—Section 2105(a)(1) of the Social Security Act (42 U.S.C. 1397ee(a)(1)) is amended—

(A) in the matter preceding subparagraph (A), by striking ''(or, in the case of expenditures described in subparagraph (B), the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)))''; and

(B) by striking subparagraph (B) and inserting the following:

''(B) for the provision of medical assistance that is attributable to expenditures described in section 1905(u)(4)(A);''.

(4) ADDITIONAL AMENDMENTS TO MEDICAID.—

(A) ELIGIBILITY OF A NEWBORN.—Section 1902(e)(4) of the Social Security Act (42 U.S.C. 1396a(e)(4)) is amended in the first sentence by striking ''so long as the child is a member of the woman's household and the woman remains (or would remain if pregnant) eligible for such assistance''.

(B) APPLICATION OF QUALIFIED ENTITIES TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1920(b) of the Social Security Act (42 U.S.C. 1396r–1(b)) is amended by adding at the end after and below paragraph (2) the following flush sentence:

''The term 'qualified provider' includes a qualified entity as defined in section 1920A(b)(3).''.

(b) SCHIP.—

(1) COVERAGE.—Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following:

''SEC. 2111. OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN.

''(a) OPTIONAL COVERAGE.—Notwithstanding any other provision of this title, a State may provide for coverage, through an amendment to its State child health plan under section 2102, of pregnancy-related assistance for targeted low-income pregnant women in accordance with this section, but only if the State meets the conditions described in section 1905(u)(4)(B).

''(b) DEFINITIONS.—For purposes of this title:

''(1) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term child health assistance in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income pregnant women, except that the assistance shall be limited to services related to pregnancy (which include prenatal, delivery, and postpartum services and services described in section 1905(a)(4)(C)) and to other conditions that may complicate pregnancy.

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' means a woman—

''(A) during pregnancy and through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends;

''(B) whose family income exceeds the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) that has been specified under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, as of January 1, 2005, to be eligible for medical assistance as a pregnant woman under title XIX but does not exceed the income eligibility level established under the State child health plan under this title for a targeted low-income child; and

''(C) who satisfies the requirements of paragraphs (1)(A), (1)(C), (2), and (3) of section 2110(b).

''(c) REFERENCES TO TERMS AND SPECIAL RULES.—In the case of, and with respect to, a State providing for coverage of pregnancy-related assistance to targeted low-income pregnant women under subsection (a), the following special rules apply:

''(1) Any reference in this title (other than in subsection (b)) to a targeted low-income child is deemed to include a reference to a targeted low-income pregnant woman.

''(2) Any such reference to child health assistance with respect to such women is deemed a reference to pregnancy-related assistance.

''(3) Any such reference to a child is deemed a reference to a woman during pregnancy and the period described in subsection (b)(2)(A).

''(4) In applying section 2102(b)(3)(B), any reference to children found through screening to be eligible for medical assistance under the State medicaid plan under title XIX is deemed a reference to pregnant women.

''(5) There shall be no exclusion of benefits for services described in subsection (b)(1) based on any preexisting condition and no waiting period (including any waiting period imposed to carry out section 2102(b)(3)(C)) shall apply.

''(6) Subsection (a) of section 2103 (relating to required scope of health insurance coverage) shall not apply insofar as a State limits coverage to services described in subsection (b)(1) and the reference to such section in section 2105(a)(1)(C) is deemed not to require, in such case, compliance with the requirements of section 2103(a).

''(7) In applying section 2103(e)(3)(B) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost-sharing shall be applied to the entire family of such pregnant woman.

''(d) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.—If a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child's birth, the child shall be deemed to have applied for child health assistance under the State child health plan and to have been found eligible for such assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age. During the period in which a child is deemed under the preceding sentence to be eligible for child health or medical assistance, the child health or medical assistance eligibility identification number of the mother shall also serve as the identification number of the child, and all claims shall be submitted and paid under such number (unless the State issues a separate identification number for the child before such period expires).''.

(2) ADDITIONAL ALLOTMENTS FOR PROVIDING COVERAGE OF PREGNANT WOMEN.—

(A) IN GENERAL.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended by inserting after subsection (c) the following:

''(d) ADDITIONAL ALLOTMENTS FOR PROVIDING COVERAGE OF PREGNANT WOMEN.—

''(1) APPROPRIATION; TOTAL ALLOTMENT.—For the purpose of providing additional allotments to States under this title, there is

appropriated, out of any money in the Treasury not otherwise appropriated, for each of fiscal years 2006 and 2007, $200,000,000.

''(2) STATE AND TERRITORIAL ALLOTMENTS.—In addition to the allotments provided under subsections (b) and (c), subject to paragraphs (3) and (4), of the amount available for the additional allotments under paragraph (1) for a fiscal year, the Secretary shall allot to each State with a State child health plan approved under this title—

''(A) in the case of such a State other than a commonwealth or territory described in subparagraph (B), the same proportion as the proportion of the State's allotment under subsection (b) (determined without regard to subsection (f)) to the total amount of the allotments under subsection (b) for such States eligible for an allotment under this paragraph for such fiscal year; and

''(B) in the case of a commonwealth or territory described in subsection (c)(3), the same proportion as the proportion of the commonwealth's or territory's allotment under subsection (c) (determined without regard to subsection (f)) to the total amount of the allotments under subsection (c) for commonwealths and territories eligible for an allotment under this paragraph for such fiscal year.

''(3) USE OF ADDITIONAL ALLOTMENT.—Additional allotments provided under this subsection are not available for amounts expended before October 1, 2005. Such amounts are available for amounts expended on or after such date for child health assistance for targeted low-income children, as well as for pregnancy-related assistance for targeted low-income pregnant women.

''(4) NO PAYMENTS UNLESS ELECTION TO EXPAND COVERAGE OF PREGNANT WOMEN.—No payments may be made to a State under this title from an allotment provided under this subsection unless the State provides pregnancy-related assistance for targeted low-income pregnant women under this title, or provides medical assistance for pregnant women under title XIX, whose family income exceeds the effective income level applicable under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902 to a family of the size involved as of January 1, 2005.''.

(B) CONFORMING AMENDMENTS.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended—

(i) in subsection (a), in the matter preceding paragraph (1), by inserting ''subject to subsection (d),'' after ''under this section,'';

(ii) in subsection (b)(1), by inserting ''and subsection (d)'' after ''Subject to paragraph (4)''; and

(iii) in subsection (c)(1), by inserting ''subject to subsection (d),'' after ''for a fiscal year,''.

(3) PRESUMPTIVE ELIGIBILITY UNDER TITLE XXI.—

(A) APPLICATION TO PREGNANT WOMEN.—Section 2107(e)(1)(D) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended to read as follows:

''(D) Sections 1920 and 1920A (relating to presumptive eligibility).''.

(B) EXCEPTION FROM LIMITATION ON ADMINISTRATIVE EXPENSES.—Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

''(C) EXCEPTION FOR PRESUMPTIVE ELIGIBILITY EXPENDITURES.—The limitation under subparagraph (A) on expenditures shall not apply to expenditures attributable to the application of section 1920 or 1920A (pursuant to section 2107(e)(1)(D)), regardless of whether the child or pregnant woman is determined to be ineligible for the program under this title or title XIX.''.

(4) ADDITIONAL AMENDMENTS TO TITLE XXI.—

(A) NO COST-SHARING FOR PREGNANCY-RELATED SERVICES.—Section 2103(e)(2) of the Social Security Act (42 U.S.C. 1397cc(e)(2)) is amended—

(i) in the heading, by inserting ''OR PREGNANCY-RELATED SERVICES'' after ''PREVENTIVE SERVICES''; and

(ii) by inserting before the period at the end the following: ''or for pregnancy-related services''.

(B) NO WAITING PERIOD.—Section 2102(b)(1)(B) of the Social Security Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(i) by striking '', and'' at the end of clause (i) and inserting a semicolon;

(ii) by striking the period at the end of clause (ii) and inserting ''; and''; and

(iii) by adding at the end the following:

''(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income pregnant woman.''.

(c) EFFECTIVE DATE.—The amendments made by this section apply to items and services furnished on or after October 1, 2005, without regard to whether regulations implementing such amendments have been promulgated.

SEC. 3. COORDINATION WITH THE MATERNAL AND CHILD HEALTH PROGRAM.

(a) IN GENERAL.—Section 2102(b)(3) of the Social Security Act (42 U.S.C. 1397bb(b)(3)) is amended—

(1) in subparagraph (D), by striking ''and'' at the end;

(2) in subparagraph (E), by striking the period and inserting ''; and''; and

(3) by adding at the end the following new subparagraph:

''(F) that operations and activities under this title are developed and implemented in consultation and coordination with the program operated by the State under title V in areas including outreach and enrollment, benefits and services, service delivery standards, public health and social service agency relationships, and quality assurance and data reporting.''.

(b) CONFORMING MEDICAID AMENDMENT.—Section 1902(a)(11) of such Act (42 U.S.C. 1396a(a)(11)) is amended—

(1) by striking ''and'' before ''(C)''; and

(2) by inserting before the semicolon at the end the following: '', and (D) provide that operations and activities under this title are developed and implemented in consultation and coordination with the program operated by the State under title V in areas including outreach and enrollment, benefits and services, service delivery standards, public health and social service agency relationships, and quality assurance and data reporting''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on January 1, 2006.

SEC. 4. INCREASE IN SCHIP INCOME ELIGIBILITY.

(a) DEFINITION OF LOW-INCOME CHILD.—Section 2110(c)(4) of the Social Security Act (42 U.S.C. 42 U.S.C. 1397jj(c)(4)) is amended by striking ''200'' and inserting ''250''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) applies to child health assistance provided, and allotments determined under section 2104 of the Social Security Act (42 U.S.C. 1397dd) for fiscal years beginning with fiscal year 2006.

SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 25—EXPRESSING THE SENSE OF CONGRESS REGARDING THE APPLICATION OF AIRBUS FOR LAUNCH AID

Mr. FRIST (for himself, Mr. REID, Mr. GRASSLEY, Mr. BAUCUS, Mr. TALENT, Mrs. MURRAY, Ms. CANTWELL, Mr. DURBIN, and Mr. OBAMA) submitted the following concurrent resolution; which was ordered held at the desk:

S. CON. RES. 25

Whereas Airbus is currently the leading manufacturer of large civil aircraft, with a full fleet of aircraft and more than 50 percent global market share;

Whereas Airbus has received approximately $30,000,000,000 in market distorting subsidies from European governments, including launch aid, infrastructure support, debt forgiveness, equity infusions, and research and development funding;

Whereas these subsidies, in particular launch aid, have lowered Airbus' development costs and shifted the risk of aircraft development to European governments, and thereby enabled Airbus to develop aircraft at an accelerated pace and sell these aircraft at prices and on terms that would otherwise be unsustainable;

Whereas the benefit of these subsidies to Airbus is enormous, including, at a minimum, the avoidance of $35,000,000,000 in debt as a result of launch aid's noncommercial interest rate;

Whereas over the past 5 years, Airbus has gained 20 points of world market share and 45 points of market share in the United States, all at the expense of Boeing, its only competitor;

Whereas this dramatic shift in market share has had a tremendous impact, resulting in the loss of over 60,000 high-paying United States aerospace jobs;

Whereas on October 6, 2004, the United States Trade Representative filed a complaint at the World Trade Organization on the basis that all of the subsidies that the European Union and its Member States have provided to Airbus violate World Trade Organization rules;

Whereas on January 11, 2005, the European Union agreed to freeze the provision of launch aid and other government support and negotiate with a view to reaching a comprehensive, bilateral agreement covering all government supports in the large civil aircraft sector;

Whereas the Bush administration has shown strong leadership and dedication to bring about a fair resolution during the negotiations;

Whereas Airbus received $6,200,000,000 in government subsidies to build the A380;

Whereas Airbus has now committed to develop and produce yet another new model, the A350, even before the A380 is out of the development phase;

Whereas Airbus has stated that it does not need launch aid to build the A350, but has nevertheless applied for and European governments are prepared to provide $1,700,000,000 in new launch aid; and

Whereas European governments are apparently determined to target the United States aerospace sector and Boeing's position in the large civil aircraft market by providing Airbus with continuing support to lower its costs and reduce its risk: Now, therefore, be it

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