

Mr. SCHUMER. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 759

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 "Make College Affordable Act of 2005".

SEC. 2. EXPANSION OF DEDUCTION FOR HIGHER EDUCATION EXPENSES.

(a) AMOUNT OF DEDUCTION.—Subsection (b) of section 222 of the Internal Revenue Code of 1986 (relating to deduction for qualified tuition and related expenses) is amended to read as follows:

“(b) LIMITATIONS.—

“(1) DOLLAR LIMITATIONS.—

“(A) IN GENERAL.—Except as provided in paragraph (2), the amount allowed as a deduction under subsection (a) with respect to the taxpayer for any taxable year shall not exceed the applicable dollar limit.

“(B) APPLICABLE DOLLAR LIMIT.—The applicable dollar limit for any taxable year shall be determined as follows:

“Taxable year:	Applicable dollar amount:
2005	\$8,000
2006 and thereafter	\$12,000.

“(2) LIMITATION BASED ON MODIFIED ADJUSTED GROSS INCOME.—

“(A) IN GENERAL.—The amount which would (but for this paragraph) be taken into account under subsection (a) shall be reduced (but not below zero) by the amount determined under subparagraph (B).

“(B) AMOUNT OF REDUCTION.—The amount determined under this subparagraph equals the amount which bears the same ratio to the amount which would be so taken into account as—

“(i) the excess of—

“(I) the taxpayer's modified adjusted gross income for such taxable year, over

“(II) \$65,000 (\$130,000 in the case of a joint return), bears to

“(ii) \$15,000 (\$30,000 in the case of a joint return).

“(C) MODIFIED ADJUSTED GROSS INCOME.—For purposes of this paragraph, the term ‘modified adjusted gross income’ means the adjusted gross income of the taxpayer for the taxable year determined—

“(i) without regard to this section and sections 199, 911, 931, and 933, and

“(ii) after the application of sections 86, 135, 137, 219, 221, and 469.

For purposes of the sections referred to in clause (ii), adjusted gross income shall be determined without regard to the deduction allowed under this section.

“(D) INFLATION ADJUSTMENTS.—

“(i) IN GENERAL.—In the case of any taxable year beginning in a calendar year after 2005, both of the dollar amounts in subparagraph (B)(i)(II) shall be increased by an amount equal to—

“(I) such dollar amount, multiplied by

“(II) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, by substituting ‘calendar year 2004’ for ‘calendar year 1992’ in subparagraph (B) thereof.

“(ii) ROUNDING.—If any amount as adjusted under clause (i) is not a multiple of \$50, such amount shall be rounded to the nearest multiple of \$50.”.

(b) QUALIFIED TUITION AND RELATED EXPENSES OF ELIGIBLE STUDENTS.—

(1) IN GENERAL.—Section 222(a) of the Internal Revenue Code of 1986 (relating to allow-

ance of deduction) is amended by inserting “of eligible students” after “expenses”.

(2) DEFINITION OF ELIGIBLE STUDENT.—Section 222(d) of such Code (relating to definitions and special rules) is amended by redesignating paragraphs (2) through (6) as paragraphs (3) through (7), respectively, and by inserting after paragraph (1) the following new paragraph:

“(2) ELIGIBLE STUDENT.—The term ‘eligible student’ has the meaning given such term by section 25A(b)(3).”.

(c) DEDUCTION MADE PERMANENT.—Title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 (relating to sunset of provisions of such Act) shall not apply to the amendments made by section 431 of such Act.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to payments made in taxable years beginning after December 31, 2004.

SEC. 3. CREDIT FOR INTEREST ON HIGHER EDUCATION LOANS.

(a) IN GENERAL.—Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to nonrefundable personal credits) is amended by inserting after section 25B the following new section:

“SEC. 25C. INTEREST ON HIGHER EDUCATION LOANS.

“(a) ALLOWANCE OF CREDIT.—In the case of an individual, there shall be allowed as a credit against the tax imposed by this chapter for the taxable year an amount equal to the interest paid by the taxpayer during the taxable year on any qualified education loan.

“(b) MAXIMUM CREDIT.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the credit allowed by subsection (a) for the taxable year shall not exceed \$1,500.

“(2) LIMITATION BASED ON MODIFIED ADJUSTED GROSS INCOME.—

“(A) IN GENERAL.—If the modified adjusted gross income of the taxpayer for the taxable year exceeds \$50,000 (\$100,000 in the case of a joint return), the amount which would (but for this paragraph) be allowable as a credit under this section shall be reduced (but not below zero) by the amount which bears the same ratio to the amount which would be so allowable as such excess bears to \$20,000 (\$40,000 in the case of a joint return).

“(B) MODIFIED ADJUSTED GROSS INCOME.—The term ‘modified adjusted gross income’ means adjusted gross income determined without regard to sections 199, 222, 911, 931, and 933.

“(C) INFLATION ADJUSTMENT.—In the case of any taxable year beginning after 2005, the \$50,000 and \$100,000 amounts referred to in subparagraph (A) shall be increased by an amount equal to—

“(i) such dollar amount, multiplied by

“(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, by substituting ‘2004’ for ‘1992’.

“(D) ROUNDING.—If any amount as adjusted under subparagraph (C) is not a multiple of \$50, such amount shall be rounded to the nearest multiple of \$50.

“(e) DEPENDENTS NOT ELIGIBLE FOR CREDIT.—No credit shall be allowed by this section to an individual for the taxable year if a deduction under section 151 with respect to such individual is allowed to another taxpayer for the taxable year beginning in the calendar year in which such individual's taxable year begins.

“(d) LIMIT ON PERIOD CREDIT ALLOWED.—A credit shall be allowed under this section only with respect to interest paid on any qualified education loan during the first 60 months (whether or not consecutive) in

which interest payments are required. For purposes of this paragraph, any loan and all refinancings of such loan shall be treated as 1 loan.

“(e) DEFINITIONS.—For purposes of this section—

“(1) QUALIFIED EDUCATION LOAN.—The term ‘qualified education loan’ has the meaning given such term by section 221(d)(1).

“(2) DEPENDENT.—The term ‘dependent’ has the meaning given such term by section 152.

“(f) SPECIAL RULES.—

“(1) DENIAL OF DOUBLE BENEFIT.—No credit shall be allowed under this section for any amount taken into account for any deduction under any other provision of this chapter.

“(2) MARRIED COUPLES MUST FILE JOINT RETURN.—If the taxpayer is married at the close of the taxable year, the credit shall be allowed under subsection (a) only if the taxpayer and the taxpayer's spouse file a joint return for the taxable year.

“(3) MARITAL STATUS.—Marital status shall be determined in accordance with section 7703.”.

(b) CONFORMING AMENDMENT.—The table of sections for subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 25B the following new item:

“Sec. 25C. Interest on higher education loans.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to any qualified education loan (as defined in section 25C(e)(1) of the Internal Revenue Code of 1986, as added by this section) incurred on, before, or after the date of the enactment of this Act, but only with respect to any loan interest payment due after December 31, 2004.

Mr. INOUE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. DODD, Mr. DEWINE, and Mr. CONRAD):

S. 760. A bill to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children; to the Committee on Health, Education, Labor, and Pensions.

Mr. INOUE. Mr. President, today I introduce “The Wakefield Act,” also known as the “Emergency Medical Services for Children Act of 2005” along with my colleagues Mr. HATCH, Mr. KENNEDY, Mr. DODD, Mr. DEWINE, and Mr. CONRAD. Since Senator HATCH and I worked toward authorization of EMSC in 1984, this program has been the driving force toward improving a wide range of children's emergency services. From specialized training for emergency care providers to ensuring ambulances and emergency departments have state-of-the-art pediatric-sized equipment, EMSC has provided the vehicle for improving survival of our smallest citizens when accidents or medical emergencies threatened their lives.

It remains no secret that children present unique anatomic, physiologic, emotional and developmental challenges to our primarily adult-oriented emergency medical system. As has been said many times before, children are not little adults. Evaluation and treatment must take into account their special needs, or we risk letting them fall through the gap between

adult and pediatric care. EMSC has bridged that gap while fostering collaborative relationships among emergency medical technicians, paramedics, nurses, emergency physicians, surgeons, and pediatricians.

Yet, with the increasing number of children with special healthcare needs, the looming prospect of bioterrorism and the increasing importance of disaster preparedness, gaps still remain in our emergency healthcare delivery system for children. Re-authorization of EMSC will ensure children's needs are given the attention and priority necessary to coordinate and expand services for victims of life-threatening illnesses and injuries.

I join the American Academy of Pediatrics, the American College of Emergency Physicians, the American College of Surgeons, and thirty other supporting healthcare organizations in celebrating the 20th anniversary of the EMSC program. EMSC remains the only Federal program dedicated to examining the best ways to deliver various forms of care to children in emergency settings. I look forward to re-authorization of this important legislation and the continued advances in our emergency healthcare delivery system.

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. 760

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 "Wakefield Act".

SEC. 2. FINDINGS AND PURPOSE.

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

(1) There are 31,000,000 child and adolescent visits to the nation's emergency departments every year, with children under the age of 3 years accounting for most of these visits.

(2) Ninety percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

(4) Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birthweight, and bronchopulmonary dysplasia.

(5) Significant gaps remain in emergency medical care delivered to children, with 43 percent of hospitals lacking cervical collars (used to stabilize spinal injuries) for infants, less than half (47 percent) of hospitals with no pediatric intensive care unit having a written transfer agreement with a hospital that does have such a unit, one-third of States lacking a physician available on-call 24 hours a day to provide medical direction

to emergency medical technicians or other non-physician emergency care providers, and even those States with such availability lacking full State coverage.

(6) Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

(7) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(8) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(9) The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

(10) States are better equipped to handle occurrences of critical or traumatic injury due to advances fostered by the EMSC program, with—

(A) forty-eight States identifying and requiring all EMSC-recommended pediatric equipment on Advanced Life Support ambulances;

(B) forty-four States employing pediatric protocols for medical direction;

(C) forty-one States utilizing pediatric guidelines for acute care facility identification, ensuring that children get to the right hospital in a timely manner; and

(D) thirty-six of the forty-two States having statewide computerized data collection systems now producing reports on pediatric emergency medical services using statewide data.

(11) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(12) Now celebrating its twentieth anniversary, the EMSC Program has proven effective over two decades in driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is amended—

(1) in subsection (a), by striking "3-year period (with an optional 4th year" and inserting "4-year period (with an optional 5th year";

(2) in subsection (d)—

(A) by striking "and such sums" and inserting "such sums"; and

(B) by inserting before the period the following: "\$23,000,000 for fiscal year 2006, and such sums as may be necessary for each of fiscal years 2007 through 2010";

(3) by redesignating subsections (b) through (d) as subsections (c) through (e), respectively; and

(4) by inserting after subsection (a) the following:

"(b)(1) The purpose of the program established under this section is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive, through the promotion of projects focused on the expansion and improvement of such services, including those in rural areas and those for children with special healthcare needs. In carrying out this purpose, the Secretary shall support emergency medical services for children by supporting projects that—

"(A) develop and present scientific evidence;

"(B) promote existing and innovative technologies appropriate for the care of children; or

"(C) provide information on health outcomes and effectiveness and cost-effectiveness.

"(2) The program established under this section shall—

"(A) strive to enhance the pediatric capability of emergency medical service systems originally designed primarily for adults; and

"(B) in order to avoid duplication and ensure that Federal resources are used efficiently and effectively, be coordinated with all research, evaluations, and awards related to emergency medical services for children undertaken and supported by the Federal Government."

Mr. HATCH. Mr. President, I am pleased to join Senator INOUE in introducing "The Wakefield Act", which reauthorizes the Emergency Medical Services for Children (EMSC) program. It has been 20 years since Senator INOUE and I first worked for passage of the original bill authorizing the EMSC program. We embarked upon this partnership after realizing that there was a critical gap in our Nation's ability to provide emergency medical services for the most precious segment of our population: our children.

Since the Emergency Medical Services for Children Act was first passed, its programs have spread across the nation, enhancing the care received in the more than 31 million visits made by children and adolescents to our nation's emergency departments every year. In part due to this program, the pediatric death rate from injuries has fallen 40 percent over the last 20 years. Imagine that—40 percent! In that light, it is extremely disappointing that President Bush would recommend eliminating funding for this very important program.

More than 30 groups have endorsed this legislation, including the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons, Brain Injury Association of America, Emergency Nurses Association, Family Violence Prevention Fund, National Association of Children's Hospitals, National Association of Emergency Medical Technicians, Rural Metro Corporation, Society for Pediatric Research, and the Society of Critical Care Medicine.

While much has been accomplished, more remains to be done. Children's physiology and response to illness and injury differ significantly from those of

adults, necessitating specialized training to recognize and treat these patients properly. Ninety percent of the children who require emergency care receive it in general hospitals, not in free-standing specialty children's hospitals. Of those hospitals that lack pediatric intensive care units, only 47 percent have appropriate written transfer agreements with hospitals that do have such specialized units. One-third of states do not have a physician available on-call 24 hours to provide medical direction to EMTs or other non-physician emergency care providers. Of those states that do, many do not have full state coverage.

It is clear that despite the progress made since the Emergency Medical Services for Children Act was first enacted, deficiencies in our pediatric emergency care system remain. What is more, the need for a strong and healthy population, as well as a robust, prepared, and responsive health care system, has never been greater. This cannot occur in the absence of an emergency medical structure that is fully trained and ready to care for our nation's youth.

The Wakefield Act fills this role by supporting states' efforts to improve the care of children within their emergency medical services systems. EMSC-supported projects include strengthening emergency care infrastructures, assessing local provider needs, and developing comprehensive education and training modules. The impact of this program is undeniable: in 2003, 78 percent of States reported that either all or some of their pediatric emergency training programs were dependent on EMSC grant funding.

The EMSC program also ensures timely distribution of best practices and lessons learned in the area of pediatric emergency care, as well as facilitating the sharing of innovations through its national resource center. Furthermore, EMSC-supported projects have a proven record of success at the State and local level. For example, in 1997, no State disaster plan had specific pediatric components, but by 2003, 13 EMSC projects were working actively with their State's disaster preparedness offices to address children's needs in the event of a disaster.

I am proud that my home State of Utah has played a vital role in advancing the level of emergency medical care for children and teenagers. Working with the Emergency Medical Services for Children program, Utah has participated in the Intermountain Regional Emergency Medical Services for Children Coordinating Council. The University of Utah is home to both the National Emergency Medical Services for Children Data Analysis Resource Center and the Central Data Management Coordinating Center for the Pediatric Emergency Care Applied Research Network. Utah-based projects also helped pioneer the development of training materials on caring for special needs pediatric patients.

Over the course of its 20 year history, the Emergency Medical Services for Children program has made great strides in improving the lives of our Nation's children. It has largely eliminated discrepancies in regulations among States, establishing a national norm and making children's issues in emergency medical care a priority. The national EMSC program is a dynamic and flexible program that has proved to be responsive to both the Nation's and the individual States' needs. The program has funded pediatric emergency care improvement initiatives in every State, territory and the District of Columbia, as well as national improvement programs.

I urge my colleagues to support this important and necessary legislation.

Mr. CONRAD. Mr. President, I rise today to support the introduction of the Wakefield Act, which will reauthorize the Emergency Medical Services for Children, EMSC, program. This program is the only Federal program that focuses specifically on improving the quality of children's emergency care. With more than 31 million child and adolescent visits to emergency rooms each year, the EMSC program is important to ensuring that our children receive the best trauma care available.

As research shows, first responders cannot treat children as small adults, a different approach is needed. The EMSC program provides vital funding to States to improve the quality of pediatric emergency care. EMSC funds can be used for a variety of initiatives, including for the purchase of child appropriate equipment and training programs for nurses, physicians and emergency responders. These funds fill an important need. For example, 43 percent of hospitals in this country lack cervical collars for infants. The EMSC program is helping to address inadequacies in our Nation's EMS system.

This bill is particularly important to me because it is named for the family of a dear friend of mine, Mary Wakefield, who suffered a horrible tragedy this past January. Mary lost her brother, Thomas Wakefield, and two of his children, Mikal and Nicole, in a car accident. This terrible tragedy highlights the importance of providing appropriate training and equipment for children involved in trauma cases, and I urge all of my colleagues to cosponsor this important legislation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 102—COM-MENDING THE VIRGINIA UNION UNIVERSITY PANTHERS MEN'S BASKETBALL TEAM FOR WINNING THE 2005 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION II NATIONAL BASKETBALL CHAMPIONSHIP

Mr. ALLEN (for himself and Mr. WARNER) submitted the following reso-

lution; which was considered and agreed to:

S. RES. 102

Whereas the students, alumni, faculty, and supporters of Virginia Union University are to be congratulated for their commitment to and pride in the Virginia Union University Panthers National Champion men's basketball team;

Whereas in the National Collegiate Athletic Association (NCAA) championship game against the Bryant Bulldogs, the Panthers led throughout the first half, on the strength of senior forward Antwan Walton's 19 points and 11 rebounds;

Whereas the Panthers won the 2005 NCAA Division II National Basketball Championship with an outstanding second-half performance, answering a 17 to 9 run by Bryant to regain the lead in the final moments of the game, winning the Championship game by a score of 63 to 58;

Whereas the Panthers added the NCAA Division II title to the Central Intercollegiate Athletic Association title to claim their second championship in 2005;

Whereas every player on the Panthers basketball team—Luqman Jaaber, Lantrice Green, Duan Crockett, Antwan Walton, Steve Miller, Remington Hart, Emerson Kidd, Trevor Bryant, Quincy Smith, B.J. Stevenson, Justin Wingfield, Arthur Kidd, Ralph Brown, Darius Hargrove, Phillip Moore and Chris Moore—contributed to the team's success in this impressive championship season;

Whereas the Panthers basketball team Head Coach Dave Robbins has become only the third man to win 3 Division II National Championships;

Whereas Coach Robbins is the first coach to win at least 1 Division II National Championship in 3 different decades; and

Whereas Assistant Coaches Willard Coker, Jerome Furtado, and Mike Walker deserve high recommendation for their strong leadership of, and superb coaching support to, the Virginia Union University Panthers men's basketball team: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the Virginia Union University Panthers men's basketball team for winning the 2005 National Collegiate Athletic Association Division II National Championship;

(2) recognizes the achievements of all of the team's players, Head Coach Dave Robbins, assistant coaches, and support staff; and

(3) directs the Secretary of the Senate to transmit an enrolled copy of this resolution to the Head Coach of the National Champion Virginia Union University Panthers basketball team.

SENATE RESOLUTION 103—COM-MENDING THE LADY BEARS OF BAYLOR UNIVERSITY FOR WINNING THE 2005 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I WOMEN'S BASKETBALL CHAMPIONSHIP

Mrs. HUTCHISON (for herself and Mr. CORNYN) submitted the following resolution; which was considered and agreed to:

S. RES. 103

Whereas the Baylor University women's basketball team won its first national championship by defeating Michigan State, 84 to 62, the second largest margin of victory in the history of women's basketball championship games;

Whereas the Lady Bears finished the 2004–2005 season with a record of 33 wins and 3 losses, including winning their final 20 consecutive games;

Whereas Coach Kim Mulkey-Robertson brought the Lady Bears to their first national championship and became the first woman to have been both a head coach and a player on a national championship team;

Whereas Coach Kim Mulkey-Robertson took the Lady Bears from the bottom of the Big 12 standings in 2000 to a national championship in 5 years;

Whereas All-American Sophia Young, who averaged 22 points in the tournament, reached double figures in all 36 games in the 2004–2005 season, with 17 double-doubles, and had 26 points in the final game to be the high scorer in the championship game;

Whereas All-American Steffanie Blackmon scored 22 points and had 7 rebounds to lead the Lady Bears to the championship;

Whereas Emily Niemann made key 3-point shots to boost the Lady Bears to victory in an exciting final game;

Whereas the entire team should be commended for their work together;

Whereas Baylor University has demonstrated its excellence in both athletics and academics, and has significantly advanced the sport of women’s basketball by demonstrating hard work and sportsmanship; and

Whereas the Baylor University Lady Bears are the pride of Waco and the rest of the great State of Texas: Now, therefore, be it

Resolved, That the Senate commends the Lady Bears of Baylor University for—

(1) winning the 2005 National Collegiate Athletic Association Division I Women’s Basketball Championship; and

(2) completing the 2004–2005 women’s basketball season with a record of 33 wins and 3 losses.

AMENDMENTS SUBMITTED AND PROPOSED

SA 333. Mr. KERRY submitted an amendment intended to be proposed by him to the bill H.R. 1268, Making emergency supplemental appropriations for the fiscal year ending September 30, 2005, to establish and rapidly implement regulations for State driver’s license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, to ensure expeditious construction of the San Diego border fence, and for other purposes; which was ordered to lie on the table.

SA 334. Mr. KERRY (for himself and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill H.R. 1268, supra; which was ordered to lie on the table.

SA 335. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 1268, supra; which was ordered to lie on the table.

SA 336. Mr. HAGEL submitted an amendment intended to be proposed by him to the bill H.R. 1268, supra; which was ordered to lie on the table.

SA 337. Mr. HAGEL submitted an amendment intended to be proposed by him to the bill H.R. 1268, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 333. Mr. KERRY submitted an amendment intended to be proposed by him to the bill H.R. 1268, Making emergency supplemental appropriations for the fiscal year ending September 30,

2005, to establish and rapidly implement regulations for State driver’s license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, to ensure expeditious construction of the San Diego border fence, and for other purposes; which was ordered to lie on the table; as follows:

On page 169, between lines 8 and 9, insert the following:

EXTENSION OF PERIOD OF TEMPORARY CONTINUATION OF BASIC ALLOWANCE FOR HOUSING FOR DEPENDENTS OF MEMBERS OF THE ARMED FORCES WHO DIE ON ACTIVE DUTY

SEC. 1122. Section 403(1) of title 37, United States Code, is amended by striking “180 days” each place it appears and inserting “365 days”.

SA 334. Mr. KERRY (for himself and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill H.R. 1268, Making emergency supplemental appropriations for the fiscal year ending September 30, 2005, to establish and rapidly implement regulations for State driver’s license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, to ensure expeditious construction of the San Diego border fence, and for other purposes; which was ordered to lie on the table; as follows:

On page 159, strike line 6 and all that follows through page 160, line 22, and insert the following:

SEC. 1112. (a) INCREASE IN DEATH GRATUITY.—

(1) AMOUNT.—Section 1478(a) of title 10, United States Code, is amended by striking “\$12,000” and inserting “\$100,000”.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on October 7, 2001, and shall apply with respect to deaths occurring on or after that date.

(3) NO ADJUSTMENT FOR INCREASES IN BASIC PAY BEFORE DATE OF ENACTMENT.—No adjustment shall be made under subsection (c) of section 1478 of title 10, United States Code, with respect to the amount in force under subsection (a) of that section, as amended by paragraph (1), for any period before the date of the enactment of this Act.

(4) PAYMENT FOR DEATHS BEFORE DATE OF ENACTMENT.—Any additional amount payable as a death gratuity under this subsection for the death of a member of the Armed Forces before the date of the enactment of this Act shall be paid to the eligible survivor of the member previously paid a death gratuity under section 1478 of title 10, United States Code, for the death of the member. If payment cannot be made to such survivor, payment of such amount shall be made to living survivor of the member otherwise highest on the list under 1477(a) of title 10, United States Code.

On page 161, line 23, strike “\$238,000” and insert “\$150,000”.

SA 335. Mr. BAYH submitted an amendment intended to be proposed by him to the bill H.R. 1268, Making emergency supplemental appropriations for the fiscal year ending September 30, 2005, to establish and rapidly imple-

ment regulations for State driver’s license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, to ensure expeditious construction of the San Diego border fence, and for other purposes; which was ordered to lie on the table; as follows:

On page 170 between lines 15 and 15, insert the following:

CHAPTER 3

SEC. 1201. SHORT TITLE.

This chapter may be cited as the “Patriot Penalty Elimination Act of 2005”.

SEC. 1202. INCOME PRESERVATION PAY FOR RESERVES SERVING ON ACTIVE DUTY IN SUPPORT OF A CONTINGENCY OPERATION.

(a) AUTHORITY.—Chapter 1209 of title 10, United States Code, is amended by inserting after section 12316 the following new section: “§ 12316a. Reserves: income preservation pay

“(a) REQUIREMENT TO PAY.—The Secretary of the military department concerned shall pay income preservation pay under this section to an eligible member of a reserve component of the armed forces in connection with the member’s active-duty service as described in subsection (b).

“(b) ELIGIBLE MEMBER.—A member is eligible for income preservation pay if—

“(1) in the case of a member who is an employee of the Federal Government—

“(A) the member is called or ordered to active duty (other than voluntarily) under a provision of law referred to in section 101(a)(13)(B) of this title;

“(B) pursuant to such call or order, the member serves on active duty outside the United States during at least 6 out of 12 consecutive months; and

“(C) with respect to such active-duty service, the amount of the member’s preservice earned income determined under subparagraph (A) of subsection (c)(1) exceeds the amount of the member’s military service income determined under subparagraph (B) of such subsection; or

“(2) in the case of any other member, the member—

“(A) meets the requirements of paragraph (1); and

“(B) is not receiving employment income preservation payments from the qualifying employer of the member as described in section 12316b of this title.

“(c) AMOUNT.—(1) Subject to paragraph (2), the amount payable under this section to a member in connection with active-duty service is the amount equal to the excess (if any) of—

“(A) the amount computed by multiplying—

“(i) the preservice average monthly earned income of the member, by

“(ii) the total number of the member’s service months for such active-duty service, over

“(B) the amount computed by multiplying—

“(i) the military service average monthly income of the member, by

“(ii) the total number of months determined under subparagraph (A)(ii).

“(2) The total amount of income preservation pay that is paid to a member under this section may not exceed \$10,000.

“(d) PRESERVICE AVERAGE MONTHLY EARNED INCOME.—For the purposes of this section, the preservice average monthly earned income of a member who serves on active duty as described in subsection (b)