

work of the citizens of Pueblo, along with a strong bipartisan effort here in DC, has resulted in forward progress, money needs to be designated specifically for MilCon so the Department of Defense can spend money for ACWA construction projects. Without money being designated for MilCon, the progress at Pueblo Chemical Depot could be halted once again.

The amendment adopted today was cosponsored by the Senators from Colorado and Kentucky. It ensures that money will be available to be spent in fiscal year 2006 for construction, planning, and design work at both the Pueblo Chemical Depot in Colorado and at the Bluegrass, KY, site.

This amendment is an essential step forward for the destruction of the tons of chemical weapons still stored at the Pueblo Chemical Depot. I hope this is another indication that the Pentagon recognizes the urgency this situation demands—an urgency the people of Pueblo and all of Colorado are right to expect.

I am proud to be part of such a strong coalition of concerned citizens and Senators from the communities impacted by these terrible weapons. But even though I am cautiously optimistic that today's amendment signals positive action in the future, there is still much work to do. I hope that this upcoming work will go forward in a similar manner: with good communications, with utmost concern for the safety of the citizens of Pueblo and Bluegrass, and with our eye always fixed on the goal of the safe destruction of these chemical weapons by 2012.

Mr. WARNER. Mr. President, I urge the Senate to adopt this amendment.

The PRESIDING OFFICER. Is there further debate?

If not, the amendment is agreed to.

The amendment (No. 1324) was agreed to.

Mr. WARNER. Mr. President, I move to reconsider the vote.

Mr. LEVIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

#### AMENDMENT NO. 1325

Mr. LEVIN. Mr. President, on behalf of myself and Senator COLLINS, I offer an amendment that would require the Department of Defense to develop a strategic plan for the civilian workforce of the Department of Defense, and I believe the amendment has been cleared.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Michigan [Mr. LEVIN], for himself, and Ms. COLLINS, proposes an amendment numbered 1325.

The amendment is as follows:

(Purpose: To require a strategic human capital plan for civilian employees of the Department of Defense)

At the end of title XI, add the following:

#### SEC. 1106. STRATEGIC HUMAN CAPITAL PLAN FOR CIVILIAN EMPLOYEES OF THE DEPARTMENT OF DEFENSE.

(a) PLAN REQUIRED.—(1) Not later than six months after the date of the enactment of this Act, the Secretary of Defense shall develop and submit to the appropriate committees of Congress a strategic plan to shape and improve the civilian employee workforce of the Department of Defense.

(2) The plan shall be known as the “strategic human capital plan”.

(b) CONTENTS.—The strategic human capital plan required by subsection (a) shall include—

(1) a workforce gap analysis, including an assessment of—

(A) the critical skills and competencies that will be needed in the future civilian employee workforce of the Department of Defense to support national security requirements and effectively manage the Department over the next decade;

(B) the skills and competencies of the existing civilian employee workforce of the Department and projected trends in that workforce based on expected losses due to retirement and other attrition; and

(C) gaps in the existing or projected civilian employee workforce of the Department that should be addressed to ensure that the Department has continued access to the critical skills and competencies described in subparagraph (A); and

(2) a plan of action for developing and reshaping the civilian employee workforce of the Department to address the gaps in critical skills and competencies identified under paragraph (1)(C), including—

(A) specific recruiting and retention goals, including the program objectives of the Department to be achieved through such goals; and

(B) specific strategies for development, training, deploying, compensating, and motivating the civilian employee workforce of the Department, including the program objectives of the Department to be achieved through such strategies.

(c) INAPPLICABILITY OF CERTAIN LIMITATIONS.—The recruitment and retention of civilian employees to meet the goals established under subsection (b)(2)(A) shall not be subject to any limitation or constraint under statute or regulations on the end strength of the civilian workforce of the Department of Defense or any part of the workforce of the Department.

(d) ANNUAL UPDATES.—Not later than March 1 of each year from 2007 through 2012, the Secretary shall update the strategic human capital plan required by subsection (a), as previously updated under this subsection.

(e) ANNUAL REPORTS.—Not later than March 1 of each year from 2007 through 2012, the Secretary shall submit to the appropriate committees of Congress—

(1) the update of the strategic human capital plan prepared in such year under subsection (d); and

(2) the assessment of the Secretary, using results-oriented performance measures, of the progress of the Department of Defense in implementing the strategic human capital plan.

(f) COMPTROLLER GENERAL REVIEW.—(1) Not later than 90 days after the Secretary submits under subsection (a) the strategic human capital plan required by that subsection, the Comptroller General shall submit to the appropriate committees of Congress a report on the plan.

(2) Not later than 90 days after the Secretary submits under subsection (e) an update of the strategic human capital plan under subsection (d), the Comptroller General shall submit to the appropriate committees of Congress a report on the update.

(3) A report on the strategic human capital plan under paragraph (1), or on an update of the plan under paragraph (2), shall include the assessment of the Comptroller General of the extent to which the plan or update, as the case may be—

(A) complies with the requirements of this section; and

(B) complies with applicable best management practices (as determined by the Comptroller General).

(g) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” means—

(1) the Committees on Armed Services and Homeland Security and Governmental Affairs of the Senate; and

(2) the Committees on Armed Services and Government Reform of the House of Representatives.

Mr. WARNER. Mr. President, the amendment is acceptable to this side.

The PRESIDING OFFICER. Is there further debate? Without objection, the amendment is agreed to.

The amendment (No. 1325) was agreed to.

Mr. LEVIN. Mr. President, I move to reconsider the vote.

Mr. WARNER. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. WARNER. Mr. President, I believe, unless my distinguished colleague has a need to further address the Senate, we have concluded the opening round of our bill. My understanding is that the pending business will be amendment No. 1314 to S. 1042, am I correct?

The PRESIDING OFFICER. That is correct, that is the pending question.

#### MORNING BUSINESS

Mr. WARNER. Mr. President, I ask unanimous consent that there now be a period of morning business with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### VERLIE DOING

Mr. REID. Mr. President, today I rise to honor one of the pillars of my hometown, Searchlight, NV—Mrs. Verlie Doing. Saturday, July 23, 2005 will be designated Verlie Doing Day, and it could not go to a more deserving or influential person.

Searchlight has never been the same since Verlie came to town in 1968 to help her late husband run Sandy's Casino. They built the Searchlight Nugget, which Verlie still owns. Verlie is a proud Texan, but she quickly adopted the citizens of Searchlight and put down lasting roots in the community that will benefit many generations to come.

For years, Searchlight did not have a senior center; so Verlie donated a building for the Searchlight Senior Citizen's Center. Searchlight did not have a church, so Verlie helped found the Searchlight Community Church, where she plays the organ every Sunday. Searchlight did not have a modern

park so Verlie established Searchlight Park, equipped with a new playground, grills, and picnic areas for the town.

These are a few of many visible contributions that Verlie made to the community, but Verlie's most important contributions exist outside of the public eye. She never asks for recognition and she does not draw attention to her actions, but her charity touches every person in need.

"She's always doing something for someone," said long time friend Marion Young. "Verlie has a kindness for everyone and she'll never let someone go down the road hungry."

Much of Verlie's philanthropy occurs behind the scenes, but her impact is felt throughout Searchlight. Each year, Verlie furnishes ice cream for ice cream socials. She has always supported the local police department, allowing the Searchlight Police to have Police Officer's Night Out. Verlie also provides a steak dinner annually for our firefighters and medical workers. Local children at the elementary school are treated to hamburgers at the Nugget for good grades. Anyone in need always comes to Verlie first, and she never turns them away.

Verlie means a lot to me personally. After my father's passing, Verlie was a close friend to my mother. She would take her to Las Vegas to shop, and looked after her because my mother lived in Searchlight alone. Her thoughtfulness and compassion helped my mother make it through tough and trying times. I will never be able to repay her kindness to my mother.

Verlie understands the importance of community. Her philanthropy—both visible and invisible—has made Searchlight the town it is today. Verlie Doing has touched every life in Searchlight, including my own, and I know that she has changed each life for the better.

Congratulations, Verlie. I am proud to honor an authentic Searchlight hero.

#### PUBLIC HEALTH SERVICE ACT

Mr. GRASSLEY. Mr. President, I want to take a few minutes to explain my recent action related to S. 1418, the Wired for Health Care Quality Act. Today, with great reluctance, I asked Leader FRIST to consult with us prior to any action related to consideration of this bill, which the Health, Education, Labor, and Pensions Committee reported by voice vote this morning.

The Wired for Health Care Quality Act would promote the use of electronic health records by adopting standards for the electronic exchange of information, offer incentives for health care providers to create networks for secure exchange of electronic health information, and ensure quality measurement and reporting of provider performance under the Public Health Service Act.

I fully support linking the adoption of health information technology to quality improvements in our health

care system. They go hand in hand. Which is why Senator BAUCUS and I decided to introduce our Medicare Value Purchasing Act, S. 1356, jointly with Senators ENZI and KENNEDY's Better Healthcare Through Information Technology Act, S. 1355. The thought behind a dual introduction was to enforce the message that Medicare can drive quality improvement through payment incentives, and that the adoption of information technology is also a necessary step not only to facilitate the reporting of quality measures but also to increase efficiency and quality in our health care delivery system.

Our bill creates quality payments under Medicare for all provider groups. A considerable amount of time was devoted towards ensuring that the development of quality measures and the implementation of value-based purchasing programs under Medicare were properly vetted with provider groups, beneficiary groups, and the administration. We did not want to reinvent the wheel; we wanted to build on the initiatives that already exist to develop and adopt quality measures. And because Medicare is the single largest purchaser of health care in the Nation, adopting quality payments in Medicare influences the level of quality in all of health care. We have seen time and time again how when Medicare leads, the other public and private purchasers follow.

Which is why I am troubled, that as currently drafted, S. 1418 would require the development of quality measures under the Public Health Service Act. It is hard to comprehend how the quality measurement system in this bill intersects with the quality measurement system developed in the Medicare Value Purchasing Act. The last thing we want to do is end up with two different quality measurement systems. This has the potential to derail both proposals, effectively terminating or at least postponing the common goal of improving the quality of patient care.

The Wired for Health Care Quality Act would also direct the Secretary of Health and Human Services, along with the Secretary of Defense, the Secretary of Veterans Affairs, and other heads of relevant Federal agencies to jointly develop a quality measurement system. The coordination among all these Federal agencies alone is a massive project that could indefinitely stall the development and implementation of appropriate quality measures or result in one that falls to the lowest common denominator. That could actually set back quality efforts.

I welcome the opportunity to work with the sponsors of S. 1418, Senators ENZI, KENNEDY, FRIST, and CLINTON along with members of the Health, Education, Labor, and Pensions Committee on this matter. I had hoped to accomplish that before the bill was introduced on the floor. Unfortunately, that did not happen. I do not take actions such as these lightly. But I am deeply troubled that, as currently

drafted, the Wired for Health Care Quality Act could end up unintentionally delaying our common goal of improving the quality of health care for all Americans.

Mr. BAUCUS. Mr. President, I rise to address possible floor consideration of S. 1418, a bill to amend the Public Health Service Act to enhance the adoption of a nationwide interoperable health information technology system and to improve the quality and reduce the costs of health care in the United States.

Senator GRASSLEY and I have been working since January with Senators ENZI and KENNEDY on issues of quality and health information technology. Together, we introduced two bills on June 30—one that deals with Medicare quality, and another to enhance quality through the widespread adoption of health IT. The latter is S. 1356, the Medicare Value Purchasing Act of 2005, which develops a system of quality measurement and implements pay-for-performance in Medicare.

In drafting these two bills, we worked hard to craft language that was complementary rather than contradictory. Ultimately, we viewed these two pieces of policy as working together to build a comprehensive and workable health care quality system.

S. 1418 potentially disrupts the work we have done thus far, by including language that will force the duplication of quality measurement systems. It also raises questions about the jurisdictional reach of the Committee on Health, Education, Labor, and Pensions.

Medicare is the dominant payer in health care, with annual spending exceeding \$300 billion. Furthermore, it is Medicare's payment systems that are often adopted by private insurance groups. Private payers use the Medicare physician fee schedule for their own book of business, and we would expect these same insurers to follow Medicare's lead on pay-for-quality.

I appreciate the process that Senators ENZI and KENNEDY have undertaken with us over the last several months. And I appreciate the majority leader's desire to move important health IT legislation. Congressional action on this issue is long overdue. But until common ground can be reached on a feasible system of measuring quality, I must reluctantly object to moving forward with S. 1418. I believe that the process outlined in this bill for the development of quality measures may well be unworkable and that it will raise deep concerns for hospitals, physicians, and other providers.

I also believe that the language on the development of quality measures in this bill ought to be designed for Public Health Service Act programs and explicitly applicable to these programs, not to Medicare or Medicaid.

I hope that our colleague, Senators ENZI, KENNEDY, FRIST, and CLINTON, will work with us to craft a bill that is appropriate for programs under the