achieving $10 billion in savings would be a grave mistake. It would be a huge step backward for Medicaid beneficiaries in New Jersey or across the country. It simply is not possible to cut $10 billion from the Medicaid program without chipping away at the foundation on which the program is based. Make no mistake about it, in a federal-state partnership such as this, cutting $10 billion from Medicaid means taking $10 billion away from the States ability to cover their uninsured. It means that States will be left with the tough choices of decreasing reimbursements to providers, eliminating services like prescription drugs and specialized services for the mentally ill, or raising taxes to preserve these services.

The most egregious aspect of the proposed Medicaid cuts is that these cuts come in a budget that includes the $204 billion cost of making permanent the President's tax cuts for millionaires. How do we, as legislators, look hard-working Americans in the eye and tell them honestly that we can't afford $10 billion for health coverage for low-income Americans, but we can afford $204 billion in tax breaks for the most well-off? Is this the same legislative body that recognized the social value of offering a helping hand to those who could otherwise not help themselves? Instead of tax cuts for those Americans least in need of tax cuts, we should be preserving and expanding access to health care for our Nation's most vulnerable by maintaining our Federal obligation to the States to pay our fair share for these services.

As we celebrate the 40th anniversary of Medicare and Medicaid, we must recognize that some of those who have urged the dismantling of these programs are the same people who argue that these programs are the epitome of big government run amuck. On the contrary, Medicare and Medicaid are government at its finest. For 40 years, these programs have been examples of government up to the plate to provide a lifeline for citizens who would otherwise fall through the cracks of society. On July 30, 1965, Medicare and Medicaid were the vision of a stronger, healthier, more prosperous America. We must continue to share this vision today, as we have for the past 40 years.

SENATE CONCURRENT RESOLUTION 50—EXPRESSING THE SENSE OF CONGRESS CONCERNING THE VITAL ROLE OF MEDICARE IN THE HEALTH CARE SYSTEM OF OUR NATION OVER THE LAST 40 YEARS

Ms. STABENOW (for herself, Mr. REID, Mr. BAUCUS, Mr. ROCKEFELLER, Mr. KENNEDY, Mr. BINGAMAN, Mr. DURBIN, Mrs. MURRAY, Mr. CORZINE, Mr. SCHUMER, Mr. JEFFORDS, Mr. OBAMA, Ms. LANDRIEU, Mr. HARKIN, Mr. REED, Mr. SARBANES, Mr. KOHL, Mr. DORGAN, Ms. CANTWELL, Mrs. CLINTON, Mr. WYDEN, Mr. FEINGOLD, Mr. NELSON of Florida, Mrs. FEINSTEIN, Mr. BIDEN, Mr. DAYTON, Mr. LEVIN, Mr. KERRY, Mr. JOHNSON, Mrs. LINCOLN, Mr. LAUTENBERG, Ms. MIKULSKI, Mr. SALAZAR, Mrs. BOXER, Mr. PRYOR, Mr. DODD, Mr. BAYH, Mr. LIEBERMAN, Mr. CONRAD, Mr. INOUYE, Mr. AKAKA, Mr. LEAHY, Mr. BYRD, and Mr. CARPER) submitted the following concurrent resolution; which was referred to the Committee on Finance:

S. CON. RES. 50

Whereas Medicare was signed into law by President Lyndon B. Johnson in Independence, Missouri, on July 30, 1965, as title XVIII of the Social Security Act;

Whereas Medicare was created to provide health insurance to the elderly in part because only about half of the elderly population had health insurance;

Whereas Medicare continues to achieve its purpose of improving health and financial security for Medicare beneficiaries by assuring access to affordable health care and contributing to the significant decrease in the poverty rate among the elderly, which has fallen from nearly 30 percent in 1966 to approximately 10 percent in 2002;

Whereas Medicare played a fundamental role, together with the Civil Rights Act of 1964, in desegregating the American health care system by assuring access to care, regardless of race or age;

Whereas Medicare has contributed to improvements in life expectancy for persons over 65 years of age;

Whereas Medicare began with 19 million beneficiaries, and since then has provided health care services for approximately 105 million beneficiaries over the last 40 years;

Whereas Medicare today provides comprehensive health insurance for nearly 42 million Americans, which includes more than 35 million senior citizens and 6 million people under 65 years of age who are permanently disabled or living with end stage renal disease, and by 2030 the number of Americans who will rely on Medicare for their health care is expected to reach 78 million, which is nearly double the number today;

Whereas Medicare ensures coverage along a continuum of health care settings such as inpatient hospital care, physician and outpatient hospital care, and other post-hospitalization benefits such as home health care, skilled nursing facility services, and hospice care;

Whereas Medicare has evolved over time to help beneficiaries maintain their health, prevent disease and injury, and to provide better benefits, including more preventive care, such that Medicare, which covered about 42 percent of expenditures for the elderly in 1968, covered approximately 55 percent of expenditures by 1997;

Whereas Medicare serves a diverse population of beneficiaries with complex health care needs—71 percent of beneficiaries have two or more chronic health conditions, 29 percent are in fair to poor health, and 23 percent have cognitive impairments;

Whereas many who depend upon Medicare have modest incomes and assets—a majority of Medicare beneficiaries have incomes below 200 percent of the Federal poverty level ($19,140 for individuals and $25,660 for married couples in 2005) and 48 percent of non-institutionalized Medicare beneficiaries have assets below $10,000;

Whereas Medicare provides health insurance for nearly 6 million individuals under the age of 65 who live with disabilities or illnesses such as multiple sclerosis, spinal cord injuries, depression, and HIV/AIDS, and who are more likely than those who are elderly to be in poor health and be unable to live independently and perform basic activities of daily living;

Whereas Medicare provides health insurance coverage for nearly one-in-five adult women in the United States and plays an especially important role in assuring access to health care for older women who have lower average annual incomes than men of the same age (average difference in income being $14,000) and fewer resources to pay for health care services;

Whereas Medicare covers important preventive and health maintenance services, including vaccinations, prostate and mammography screening, bone mass measurement, and glaucoma screening;

Whereas Medicare has achieved its major purpose of providing access for the elderly and individuals with disabilities to needed health care such that nearly 98 percent of elderly adults report that they have access to needed health care;

Whereas elderly Medicare beneficiaries are more satisfied with their coverage than privately insured nonelderly adults and Medicare beneficiaries are more likely to rate their health insurance coverage as ''very good'' or ''excellent'' and to report they were very satisfied with the care they received; and

Whereas Medicare is a remarkably efficient program, with administrative costs that average less than 2 percent of expenditures compared to about 12 percent in private plans and average per capita cost increases below those of the private sector, further highlighting its efficiency: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of Congress that—

(1) for the past 40 years, Medicare has made significant medical, social, and economic contributions to our Nation;

(2) the access to care provided by Medicare has changed the course of health outcomes for the elderly and those with disabilities, preventing physical deterioration and preventing more individuals from slipping into poverty; and

(3) Congress must continue to support, strengthen, and enhance the quality of care in this vital Federal health insurance program that guarantees all Medicare beneficiaries affordable health care that meets their needs.

Ms. STABENOW. Mr. President, I am very pleased to submit this Concurrent Resolution on behalf of myself and my Democratic colleagues.

I rise to commend two programs that have served as a safety net for millions of Americans, Medicare and Medicaid. This Saturday, Medicare and its sister program Medicaid turn forty, and for millions of Americans, these vital health care programs have literally meant the difference between life and death.

I am proud to be sponsoring a resolution to commemorate Medicare's birthday on behalf of the Democratic caucus and to be co-sponsoring a similar resolution for Medicaid. Medicare is a great American success story, and one of the most successful federal programs of all time. It has lifted countless seniors out of poverty, allowing them to live with dignity and independence, and it has ensured access to necessary, affordable,

quality medical care for our most vulnerable citizens. Prior to the introduction of Medicare, half of America's seniors couldn't find or afford health insurance. Today, Medicare is the closest thing our Nation has to universal coverage, providing health care to nearly 42 million Americans, including over 1 million in Michigan.

Moreover, Medicare has been remarkably efficient, especially considering the population it covers. Its administrative costs average less than 2 percent of its expenditures; in comparison, the administrative costs for private insurance can run 12 to 13 percent, sometimes as high as 25 percent. Administrative costs this low are particularly striking when we consider the overwhelming majority of seniors and people with disabilities 87 percent—are enrolled in traditional Medicare, giving them full access to specialized care and their choice of physicians.

Medicaid, too, is celebrating its birthday this weekend. I began my political career in State government so I know the challenges facing our governors and State legislatures. One in seven Michiganians, or more than 1.4 million in my State, are enrolled in Medicaid. Michigan does a great job at trying to control its Medicaid costs. In fact, private insurance has been rising almost twice as fast as Michigan's Medicaid costs. That's remarkable when you realize that the program enrolls some of the sickest and most vulnerable Americans, people that could never afford private insurance.

I recognize that there are challenges facing both programs, but I do not believe that making arbitrary cuts—putting our patients and providers in jeopardy—is the way to improve either program. We certainly must ensure the efficiency of the programs' use of taxpayer dollars. While doing so we must not lose sight of the fact that, according to the Congressional Budget Office, the Medicare and Medicaid average spending growth on a per capita basis from 2000–2004 was lower than that of private insurance. We need to find ways to lower health care costs system-wide; addressing only Medicare and Medicaid means we often simply shift unaffordable costs to the states, our businesses, workers and patients. Let's work together on a bipartisan basis to make health care more affordable and accessible for all Americans.

Mr. KENNEDY. Mr. President, Medicare has changed the lives of millions of senior citizens over the past four decades. Before Medicare, vast numbers of elderly Americans were unable to afford the health care they needed. Since then, Medicare has made a real difference in their lives. Medicare has also made a real difference in the lives of millions of disabled persons, who became eligible for Medicare in 1972.

Today, Medicare means good health care for more than 42 million Americans across the country. It is one of the most popular government programs ever enacted. The number of senior citizens living in poverty has declined dramatically as seniors because of Medicare. Our seniors are able to get the health care they so desperately need.

Many important changes have been made over the years to improve the program. One of the most important changes was extending coverage to disabled persons. Another important change is moving Medicare's focus from caring for beneficiaries when they became sick to one that not only treats illnesses but also emphasizes preventive care and the management of chronic illnesses that affect so many senior citizens and disabled persons.

While Medicare has accomplished so much over the past four decades, there are still improvements to be made. The lack of coverage of prescription drugs is the most obvious problem, and many of us are deeply concerned that the new prescription drug benefit enacted by the last Congress will not in fact benefit many seniors who need and deserve the coverage. We had a real opportunity to provide all seniors with a good drug benefit, but politics won out.

Another significant failure has been ''privatization,'' which has forced many of the elderly into HMOs that cost more than traditional Medicare.

The lack of long-term care in Medicare is another shortcoming. Too many Medicare beneficiaries must impoverish themselves in order to obtain the long-term care they need through Medicaid.

A further serious problem affects the disabled, who often have no coverage during the two-year waiting period before Medicare is available.

We can do better. Bills pending this year will modernize health information technology, and improve the quality of care. We need to provide stronger incentives to reward quality and encourage the availability of the best possible care. We can improve treatment and achieve better coordination of care for those with multiple chronic conditions. And we can use the purchasing power of Medicare to make sure that prescription drugs are priced reasonably.

Medicare was a landmark achievement in its day, and we in Congress who revere it now have a responsibility to see that it continues to meet the needs of both current and future beneficiaries in our own day and generation. Putting beneficiaries first is what has made Medicare so popular and successful over the past four decades, and if the same fundamental priority is respected by Congress today and in the years ahead, Medicare will have forty more years of brilliant accomplishment in meeting the needs of our seniors and our fellow citizens with disabilities.

Mr. REID. Mr. President, this Saturday marks the 40th anniversary of the creation of the Medicare and Medicaid programs. On July 30, 1965, President Lyndon B. Johnson signed Medicare and Medicaid into law in Independence, MO. There are currently 87 million people enrolled in Medicare, Medicaid, or both, yet we often talk about these two programs with inhuman terms and confusing acronyms. It is easy to forget that Medicare and Medicaid have human faces too.

Pauline Goldmann in Las Vegas is one of those faces. Two months ago, Pauline suffered a collapse related to diabetes. She is back at home now, thanks to Medicare's coverage of services she needed in a rehabilitation hospital. Without coverage for those services, she would have had to go to a nursing home. Eventually, she would have become eligible for Medicaid, and the Government would have picked up the tab for that costly institutionalization. More importantly, Pauline would have lost her independence and the ability to live in her home and community.

She is just one of the 42 million people currently served by Medicare. Before Medicare, about one-half of seniors could afford private health insurance. Now it is a program that they know and trust. Without it, many seniors and people with disabilities would have no health coverage at all. That this is practically inconceivable now is a testament to Medicare's success.

Over the years, Medicaid has helped ensure that children in poverty have access to the health care services they need. It has made sure that pregnant women get the prenatal care we know is so important for healthy babies. It has helped our senior citizens to pay for the costs Medicare doesn't cover. And it has assisted people with disabilities as they struggle to afford the services they need.

In the past 40 years, we have made changes to these programs. For example, we have expanded Medicare to cover people with disabilities and end-stage renal disease in 1972. In 1997, we created the successful Children's Health Insurance Program. And a new Medicare drug program will begin in 2006.

For years, we worked to add drug coverage to Medicare, but I am afraid Republican leaders fell short in 2003 when they created this new benefit. I am very concerned as we enter this time of uncertainty in the drug benefit's implementation. I hope we will have the opportunity to revisit some of the problematic aspects of that legislation so we can make it less confusing and give seniors and people with disabilities the drug benefit they deserve.

These are also uncertain times for Medicaid. Republican leaders have demanded cuts to that vital program. To be sure, the cost of Medicaid is growing, and our states struggle with their budgets as a result. But Medicaid's problems are the same 5 problems that exist in our health care system as a whole. Medicaid's rolls grow as more people become uninsured, and Medicaid faces the same unchecked health care cost increases we all do. Moreover, Medicaid fills in Medicare's gaps, covering long-term care and prescription

drugs for people eligible for both programs. Rather than alleviating those drug costs, the new drug benefit continues this cost-shift to the States.

As our Republican counterparts look at ways to derive savings from Medicaid, we call on them to eliminate waste or other problems in the program, but also to redirect those savings to Medicaid. We also implore them to reject increases in cost-sharing for beneficiaries or allowances for changes to Medicaid's benefit package. Most of all, we ask them to keep in mind the faces of people covered by Medicaid.

Neither Medicare nor Medicaid could perform their missions without the providers who participate in the programs. I thank these individuals and institutions for the services they provide every day. Their commitment to the health of our citizens is tremendous, and in exchange, we must ensure that they are fairly treated by our public programs.

Today, I join my colleagues in submitting resolutions commemorating this important anniversary. Democrats created these two great programs in 1965. They are two of our proudest achievements. I look forward to many future birthday celebrations as these programs continue to address the basic health care needs of America's seniors, children, pregnant women, and people with disabilities.

Mr. ROCKEFELLER. Mr. President, on July 30, 1965, with one stroke of the pen, President Lyndon Baines Johnson created two Federal programs that gave America's poor and elderly access to high-quality comprehensive health care. Having grown up in the Hill Country of Texas, President Johnson knew first hand of the lack of health care for the poor, the elderly, and the disabled. He had witnessed the bitter consequences of men, women, and children denied access to meaningful and affordable health care.

While President Johnson's signing of the Medicare and Medicaid programs into law was historic, it would be inaccurate to bestow the sole credit for the creation of these vital programs on one person alone. The Social Security Amendments of 1965 represented the decades long work of both Democrats and Republicans who shared a commitment to improving the health of our nation. The amendments were a compromise between those who wanted a social insurance program solely for the elderly and those who believed we needed a similar program for the poor.

The addition of Medicaid to the Social Security Amendments of 1965 was of particular significance. Far from being the afterthought that it is typically described as, the creation of Medicaid was actually a reflection of a tradition of community and mutual obligation that, if not uniquely, is at least characteristically American. It was an extension of a guiding principle of our Nation's founding—a shared responsibility for the greater good of all, despite the broader spectrum of political beliefs. President Theodore Roosevelt, a Republican who embodied our Nation's commitment to the public good, was among the first to propose comprehensive health insurance for working families. Our language still bears witness to the type of Good Samaritan ideal that preceded the creation of Medicaid in local situations such as ''barn raising'' and ''quilting bees.'' And on a national level, we have always rallied in times of crisis, channeling personal and individual efforts into a pursuit of the greater good.

This type of social contract with our fellow Americans was the basis for the creation of Medicaid. The economic disasters of the Depression left many families unable to pay for health care and, therefore, at the mercy of preventable and treatable diseases. Because of the poor health outcomes that occurred during the Great Depression, the Federal Government began to give serious consideration to a health care safety net. Democrats and Republicans alike in Congress recognized our country's moral obligation to its most vulnerable citizens, and they pushed for action. And, in various ways, virtually every President from Harry Truman to Dwight Eisenhower to John F. Kennedy helped lay the framework for the comprehensive health insurance legislation that Johnson ultimately finished.

Just as significant as the bipartisan support for the creation of Medicaid is the fact that subsequent administrations—Democratic and Republican—have reaffirmed a commitment to Medicaid because it is the fulfillment of a social contract between American citizens and their representative government.

Unfortunately, during the last decade, we have seen a misguided, darker view of Medicaid emerge, one that loses sight of the nobler efforts underlying that social contract. Medicaid had become a scapegoat for the larger ills facing our entire health care system. But, Medicaid isn't the problem. Instead, this vital program has inherited the problems of our entire health care system, and over the years has been asked to take on more and more responsibility for the health of our Nation with fewer and fewer resources. Because Medicare has never provided significant long-term care benefits, Medicaid has been left to foot the bill for individuals eligible for both Medicare and Medicaid. And, each year, more and more employers are dropping their employer-sponsored health insurance coverage, which drives more working families to Medicaid. With cost shifts of this magnitude, State governments are finding themselves having to dedicate more and more of their budgets to Medicaid. As a former governor, I understand concerns about balancing budgets. However, the solution proposed by this administration—cutting billions of dollars out of Medicaid—does not fit the problem, which is our health care system as a whole.

We can and should reform our entire health care system to make it more responsive to the needs of our Nation's citizens, and there are relatively easy ways to do this. We can start by creating a Federal long-term care system to provide all Americans greater retirement security. At the same time, we can provide employers with more incentives to retain health care coverage for their employees. And, finally, the Federal Government can lower the cost of prescription drugs for all Americans by allowing reimportation and improving access to generic drugs. If we do these things, then Medicaid can continue to be a vital, stable, and efficient health care program.

I believe taking care of our most vulnerable people is a moral obligation.

And it is an obligation that we, as Americans, have fulfilled time and again because it reaffirms our fundamental belief in democracy and community. As Alexis de Tocqueville wrote in Democracy in America, a record of his 19th century travels through the United States, America's ''equality of conditions'' not only characterized the new country's democratic political structure, but it reflected the community and mutual obligation that he saw as part and parcel of America's revolutionary form of government.

The social contract with America that was forged 40 years ago this week is no less valid or necessary today. According to the most recent Census data, nearly 24 million people with incomes below 200 percent of the poverty line were uninsured in 2003, including approximately 18 million adults under age 65 as well as 6 million children. Those numbers are expected to rise in the years ahead. Our representative democracy has a responsibility to do for the future what we have repeatedly done in the past: protect, preserve, and strengthen Medicaid.

Mr. WYDEN. Mr. President, on July 30, 1965, legislation was signed into law that created two fundamental programs: Medicare and Medicaid. The creation of those programs was a landmark for this country. When signing the Medicare legislation 40 years ago, President Johnson remarked, ''We marvel not simply at the passage of this bill, what we marvel at is that it took so many years to pass it.''

At that time, senior citizens were identified as the group most likely to be living in poverty in the U.S. Many had no type of health insurance. Since 1965, and largely thanks to Medicare and the access it has afforded seniors, the poverty rate has dropped significantly and older Americans are enjoying longer and healthier lives.

As John Gardner, Health, Education, and Welfare Secretary during President Johnson's administration, once stated, ''Medicare was a great turning point, but it has to be continually revised.'' And Medicare has changed. Since 1972, Medicare has also included Americans with disabilities and those with end stage renal disease bringing access and coverage to millions of

Americans in need of it. In 2003, Congress passed the Medicare Modernization Act to add a prescription drug benefit. Medicare began with about 19 million seniors, but faces an estimated 77 million Americans, almost double the number of Americans enrolled in the program now in 2030. These Medicare beneficiaries will live longer, and face very different needs than the first 19 million.

With the creation of Medicaid, our Nation affirmed that we wanted those who were poor to be able to have health care. Like Medicare, Medicaid has faced changes. Other categories of people in need have been added; States like my home State of Oregon have been able to experiment in creative ways to provide care to more people; and as more seniors need long-term care and do not have the funds to pay for it, Medicaid plays an important role in providing long-term care. Medicaid has uniquely borne the brunt of the failings of the health care system. For many, this program is a lifesaver and it must be maintained.

Both Medicare and Medicaid are facing financial crises. Those who fought hard for the creation of these fundamental programs could not have foreseen the technology and scientific breakthroughs that would change health care delivery. Nor could they have foreseen the costs. We need to continually revise these programs to find better ways to provide affordable care and to assure that these programs are up to date with the best science and medicine but—that they keep their original purpose—to provide care to those who are aged, disabled, or poor.

AMENDMENTS SUBMITTED & PROPOSED

SA 1644. Mr. CRAIG proposed an amendment to the bill S. 397, to prohibit civil liability actions from being brought or continued against manufacturers, distributors, dealers, or importers of firearms or ammunition for damages, injunctive or other relief resulting from the misuse of their products by others.

SA 1645. Mr. CRAIG proposed an amendment to the bill S. 397, supra.

SA 1646. Mr. FRIST (for Ms. COLLINS) proposed an amendment to the bill S. 501, to provide a site for the National Women's History Museum in the District of Columbia.

SA 1647. Mr. FRIST (for Mr. DEWINE) proposed an amendment to the bill S. 172, to amend the Federal Food, Drug, and Cosmetic Act to provide for the regulation of all contact lenses as medical devices, and for other purposes.

TEXT OF AMENDMENTS

SA 1644. Mr. CRAIG proposed an amendment to the bill S. 397, to prohibit civil liability actions from being brought or continued against manufacturers, distributors, dealers, or importers of firearms or ammunition for damages, injunctive or other relief resulting from the misuse of their products by others; as follows:

On page 11, between lines 6 and 7, insert the following:

(D) MINOR CHILD EXCEPTION.—Nothing in this Act shall be construed to limit the right of a person under 17 years of age to recover damages authorized under Federal or State law in a civil action that meets 1 of the requirements under clauses (i) through (v) of subparagraph (A).

SA 1645. Mr. CRAIG proposed an amendment to the bill S. 397, to prohibit civil liability actions from being brought or continued against manufacturers, distributors, dealers, or importers of firearms or ammunition for damages, injunctive or other relief resulting from the misuse of their products by others; as follows:

On page 13, after line 4, insert the following:

SEC. 5. ARMOR PIERCING AMMUNITION.

(a) UNLAWFUL ACTS.—Section 922(a) of title 18, United States Code, is amended by striking paragraphs (7) and (8) and inserting the following:

''(7) for any person to manufacture or import armor piercing ammunition, unless—

''(A) the manufacture of such ammunition is for the use of the United States, any department or agency of the United States, any State, or any department, agency, or political subdivision of a State;

''(B) the manufacture of such ammunition is for the purpose of exportation; or

''(C) the manufacture or importation of such ammunition is for the purpose of testing or experimentation and has been authorized by the Attorney General;

''(8) for any manufacturer or importer to sell or deliver armor piercing ammunition, unless such sale or delivery—

''(A) is for the use of the United States, any department or agency of the United States, any State, or any department, agency, or political subdivision of a State;

''(B) is for the purpose of exportation; or

''(C) is for the purpose of testing or experimentation and has been authorized by the Attorney General;''.

(b) PENALTIES.—Section 924(c) of title 18, United States Code, is amended by adding at the end the following:

''(5) Except to the extent that a greater minimum sentence is otherwise provided under this subsection, or by any other provision of law, any person who, during and in relation to any crime of violence or drug trafficking crime (including a crime of violence or drug trafficking crime that provides for an enhanced punishment if committed by the use of a deadly or dangerous weapon or device) for which the person may be prosecuted in a court of the United States, uses or carries armor piercing ammunition, or who, in furtherance of any such crime, possesses armor piercing ammunition, shall, in addition to the punishment provided for such crime of violence or drug trafficking crime or conviction under this section—

''(A) be sentenced to a term of imprisonment of not less than 15 years; and

''(B) if death results from the use of such ammunition—

''(i) if the killing is murder (as defined in section 1111), be punished by death or sentenced to a term of imprisonment for any term of years or for life; and

''(ii) if the killing is manslaughter (as defined in section 1112), be punished as provided in section 1112.''.

(c) STUDY AND REPORT.—

(1) STUDY.—The Attorney General shall conduct a study to determine whether a uniform standard for the testing of projectiles against Body Armor is feasible.

(2) ISSUES TO BE STUDIED.—The study conducted under paragraph (1) shall include—

(A) variations in performance that are related to the length of the barrel of the handgun or center-fire rifle from which the projectile is fired; and

(B) the amount of powder used to propel the projectile.

(3) REPORT.—Not later than 2 years after the date of enactment of this Act, the Attorney General shall submit a report containing the results of the study conducted under this subsection to—

(A) the chairman and ranking member of the Committee on the Judiciary of the Senate; and

(B) the chairman and ranking member of the Committee on the Judiciary of the House of Representatives.

SA 1646. Mr. FRIST (for Ms. COLLINS) proposed an amendment to the bill S. 501, to provide a site for the National Women's History Museum in the District of Columbia; as follows:

At the end, add the following:

SEC. 6. FEDERAL PARTICIPATION.

The United States shall pay no expense incurred in the establishment, construction, or operation of the National Women's History Museum, which shall be operated and maintained by the Museum Sponsor after completion of construction.

SA 1647. Mr. FRIST (for Mr. DEWINE) proposed an amendment to the bill S. 172, to amend the Federal Food, Drug, and Cosmetic Act to provide for the regulation of all contact lenses as medical devices, and for other purposes; as follows:

In lieu of the matter to be inserted, insert the following:

SECTION 1. REGULATION OF CERTAIN ARTICLES AS MEDICAL DEVICES.

Section 520 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360j) is amended by adding at the end the following subsection:

''Regulation of Contact Lens as Devices

''(n)(1) All contact lenses shall be deemed to be devices under section 201(h).

''(2) Paragraph (1) shall not be construed as bearing on or being relevant to the question of whether any product other than a contact lens is a device as defined by section 201(h) or a drug as defined by section 201(g).''.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FINANCE

Mr. FRIST. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet in open Executive Session during the session on Friday, July 29, 2005, in the Mansfield Room, S–207 of the Capitol, to consider favorably reporting the nominations of Robert M. Kimmitt, to be Deputy Secretary of the Treasury; Randal Quarles, to be Under Secretary of the Treasury; Timothy D. Adams, Under Secretary of Treasury; Sandra L. Pack, to be Assistant Secretary of the Treasury; Kevin I. Fromer, to be Deputy Under Secretary, Legislative Affairs, of the Treasury; and Shara L. Aranoff, to be Member of the United States International Trade Commission.

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