

The center has led the way in helping individuals with their pension problems and in helping develop and coordinate the country's first nationwide pension information and assistance services for older Americans. The center provides backup legal training and technical assistance for the U.S. Administration on Aging's Pensions Counseling and Information Program. There are now currently six regional counseling projects that provide free assistance to thousands of individuals in 17 States.

The center also has spearheaded the Conversation on Coverage, an innovative public policy initiative that has brought together a wide range of experts—including businesses, unions, financial institutions, and national retiree, women's, and consumer organizations—to find common ground approaches to increasing pension coverage. The Conversation on Coverage's three working groups are in the process of finalizing recommendations to expand pensions and savings for millions of Americans.

The center's work is needed now more than ever. As baby boomers get closer to retirement, it is becoming clearer and clearer that they likely will not enjoy the retirement security that their parents have enjoyed. Younger workers are even more at risk. Many employers are backing away from their longstanding commitment to providing for their workers' retirement security.

Thousands of pension plans have been terminated or frozen and thousands more are considering additional pension cutbacks. The center has always been at the forefront of protecting workers' pensions and in proposing innovative and workable solutions, and their efforts will be all the more critical in the days and years ahead.

I wish the Pension Rights Center, its founder, Karen Ferguson, and the dedicated staff a very healthy 30th anniversary. ●

#### MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

#### EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

#### MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S. 2320. A bill to make available funds included in the Deficit Reduction Act of 2005 for the Low-Income Home Energy Assistance Program for fiscal year 2006, and for other purposes.

#### ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, February 17, 2006, she had presented to the President of the United States the following enrolled bill:

S. 1989. An act to designate the facility of the United States Postal Service located at 57 Rolfe Square in Cranston, Rhode Island, shall be known and designated as the "Holly A. Charette Post Office".

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. SANTORUM (for himself, Mr. DODD, Mr. BENNETT, Ms. LANDRIEU, Mr. DEWINE, Mr. LOTT, Mr. BUNNING, Mr. HATCH, Mr. BURNS, Mr. INHOFE, Mr. MENENDEZ, Mr. LAUTENBERG, Mr. LIEBERMAN, Mrs. CLINTON, Mr. SCHUMER, Ms. STABENOW, Mr. DAYTON, Mr. GRASSLEY, Mr. CRAIG, Mr. BURR, Mr. CRAPO, Mrs. LINCOLN, and Mr. HARKIN):

S. 2321. A bill to require the Secretary of the Treasury to mint coins in commemoration of Louis Braille; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. ENZI (for himself and Mr. KENNEDY):

S. 2322. A bill to amend the Public Health Service Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly; to the Committee on Health, Education, Labor, and Pensions.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2323. A bill to extend the temporary suspension of duty on certain high-performance loudspeakers; to the Committee on Finance.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2324. A bill to suspend temporarily the duty on certain audio headphones; to the Committee on Finance.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2325. A bill to reduce temporarily the duty on certain audio headphones achieving full-spectrum noise reduction; to the Committee on Finance.

By Mr. DOMENICI:

S. 2326. A bill to provide for immigration reform, and for other purposes; to the Committee on the Judiciary.

By Mr. ALLEN (for himself, Mr. KERRY, Mr. SUNUNU, and Mrs. BOXER):

S. 2327. A bill to require the FCC to issue a final order regarding white spaces; to the Committee on Commerce, Science, and Transportation.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2328. A bill to extend the temporary suspension of duty on certain synthetic filament yarns; to the Committee on Finance.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2329. A bill to extend the temporary suspension of duty on certain filament yarns; to the Committee on Finance.

By Mr. KERRY (for himself and Mr. KENNEDY):

S. 2330. A bill to extend the temporary suspension of duty on certain R-core transformers; to the Committee on Finance.

By Ms. SNOWE (for herself and Ms. COLLINS):

S. 2331. A bill to amend the Internal Revenue Code of 1986 to extend the period for which the designation of an area as an empowerment zone is in effect; to the Committee on Finance.

By Mr. STEVENS:

S. 2332. A bill to amend the Communications Act of 1934 to promote and expedite wireless broadband deployment in rural and other areas, and for other purposes; to the Committee on Commerce, Science, and Transportation.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. STEVENS (for himself, Mr. INOUE, Mr. BURNS, Mr. MCCAIN, Mr. ROCKEFELLER, Mr. LOTT, Mr. LAUTENBERG, Mr. SUNUNU, Mr. PRYOR, and Mr. NELSON of Florida):

S. Res. 382. A resolution recognizing Kenneth M. Mead's service as the Inspector General of the Department of Transportation; considered and agreed to.

By Mr. BIDEN (for himself, Mr. BROWNBACK, Mr. OBAMA, Mr. LUGAR, Mr. FEINGOLD, and Mr. DODD):

S. Res. 383. A resolution calling on the President to take immediate steps to help improve the security situation in Darfur, Sudan, with an emphasis on civilian protection; to the Committee on Foreign Relations.

#### ADDITIONAL COSPONSORS

S. 333

At the request of Mr. SANTORUM, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 333, a bill to hold the current regime in Iran accountable for its threatening behavior and to support a transition to democracy in Iran.

S. 370

At the request of Mr. LOTT, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from Florida (Mr. MARTINEZ) were added as cosponsors of S. 370, a bill to preserve and protect the free choice of individual employees to form, join, or assist labor organizations, or to refrain from such activities.

S. 779

At the request of Mr. DORGAN, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 779, a bill to amend the Internal Revenue Code of 1986 to treat controlled foreign corporations established in tax havens as domestic corporations.

S. 910

At the request of Ms. SNOWE, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 910, a bill to require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and

lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.

S. 1479

At the request of Mr. DODD, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. 1479, a bill to provide for the expansion of Federal efforts concerning the prevention, education, treatment, and research activities related to Lyme and other tick-borne diseases, including the establishment of a Tick-Borne Diseases Advisory Committee.

S. 2266

At the request of Mr. SANTORUM, the name of the Senator from North Carolina (Mrs. DOLE) was added as a cosponsor of S. 2266, a bill to establish a fellowship program for the congressional hiring of disabled veterans.

S. 2278

At the request of Ms. STABENOW, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 2278, a bill to amend the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women.

S. 2284

At the request of Ms. MIKULSKI, the name of the Senator from Rhode Island (Mr. CHAFEE) was added as a cosponsor of S. 2284, a bill to extend the termination date for the exemption of returning workers from the numerical limitations for temporary workers.

S. 2312

At the request of Mr. DURBIN, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 2312, a bill to require the Secretary of Health and Human Services to change the numerical identifier used to identify Medicare beneficiaries under the Medicare program.

S. 2314

At the request of Mrs. FEINSTEIN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 2314, a bill to suspend the application of any provision of Federal law under which persons are relieved from the requirement to pay royalties for production of oil or natural gas from Federal lands in periods of high oil and natural gas prices, to require the Secretary to seek to renegotiate existing oil and natural gas leases to similarly limit suspension of royalty obligations under such leases, and for other purposes.

S. RES. 379

At the request of Mr. SANTORUM, the name of the Senator from Mississippi (Mr. LOTT) was added as a cosponsor of S. Res. 379, a resolution recognizing the creation of the NASCAR-Historically Black Colleges and Universities Consortium.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ENZI (for himself and Mr. KENNEDY):

S. 2322. A bill to amend the Public Health Service Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly; to the Committee on Health, Education, Labor, and Pensions.

Mr. ENZI. Mr. President, I rise to introduce the Consumer Assurance of Radiologic Excellence Act of 2006. This bill would improve the quality and value of diagnostic medicine. If the RadCARE Act is enacted, patients and providers alike will benefit from more efficient and accurate diagnoses and safer, more appropriate therapies, all afforded at a substantially decreased cost to the taxpayer.

Most of us feel anxious when we see the doctor, regardless of whether the evaluation reveals a problem. That is particularly true when we are concerned about cancer. How reassuring it is for us to believe that our physicians have available to them the full range of diagnostic tests and therapeutic procedures necessary to manage our care in the best way possible. We expect, too, that everyone who participates in our care is highly qualified to perform the services they provide. It is an expectation that each of us deserves to have but, all too often, is unrealistic.

Effective treatments are predicated on accurate diagnoses, and every treatment has the potential to cause harm. Missed, inaccurate, or delayed diagnoses can lead to unnecessary or dangerous therapies, with avoidable medical costs the least of the consequences. Physicians and patients should be able to trust that the technical providers such as the radiologic technologists, ultrasonography technologists, and medical radiation technologists who actually perform these tests are well qualified to do their jobs and have the appropriate credentials help to provide this assurance.

Cancer of many different types has become much more common; indeed, cancer is the second leading cause of death in America, behind only heart disease. Medical imaging tests play an increasingly important role in diagnosing a wide variety of malignant diseases and in determining the results of treatment. Radiation therapy is a common form of cancer therapy and used in more than half of all cancer cases. As our population ages, we should anticipate that such procedures and therapies will be performed with greater frequency on older Americans, with the cost borne more and more often by federally financed health care programs. For example, in 2004, Medicare paid over \$1 billion for radiation therapy.

Improvements in health care often occur through technological innovations. For example, today's providers depend much more on diagnostic medical imaging than they did in the past, which has led to a rapid increase in the number of procedures performed, procedures that are not limited just to pa-

tients with cancer. Over 300 million radiologic procedures are performed annually in the United States, with 70 percent of Americans undergoing some type of medical imaging exam or radiation therapy treatment annually.

These innovations, while of undeniable potential benefit, come with substantial costs. Radiology costs are reaching over \$100 billion annually; diagnostic imaging is one of the fastest growing cost areas in American health care. These costs are not limited to charges alone. Sedation, administered to facilitate a diagnostic imaging study, may compromise breathing or heart function. Therapeutic interventions based, in part, on these studies are fraught with potential complications, and the risk increases if the diagnostic information is incomplete or inaccurate. Similarly, a decision not to intervene carries its own risks, especially if the facts on which the decision is made are in error.

Congress has already taken some steps to assure the public that those who provide these services meet sufficient standards of technical proficiency. The Mammography Quality Standards Act of 1992 established standards for technologists performing one crucial diagnostic test; substantial quality improvement has been the result. The Consumer-Patient Radiation Health and Safety Act of 1981 encouraged the States to set standards for the technical competence of those who provide diagnostic imaging or radiation therapy services to patients but left compliance with those standards optional. Unfortunately, to date, nine States and the District of Columbia have enacted no regulatory statutes at all while, in a further six States, those regulations remain incomplete. Some provider disciplines have no specified standards of education, training, and experience at all. In fact, a provider with only a few hours of course work or a couple of weeks of on-the-job training may be responsible for obtaining the image a physician uses to diagnose your cancer or to deliver the radiation that is crucial to the treatment of your tumor. One doesn't have to be a doctor to recognize that this is not good medicine to rely solely on the good intentions of those who employ these providers.

In its report to Congress this March, MedPAC—the Medicare Payment and Advisory Commission—recognized that, while the issue is complex, technical excellence in diagnostic imaging and radiation therapy plays a central role in improving the public health and lowering costs of care. The RadCARE Act seeks to implement those recommendations that speak to credentialing of technical providers and brings to completion work begun with the Consumer-Patient Radiation Health and Safety Act.