

(Mr. BOND) and the Senator from Ohio (Mr. DEWINE) were added as cosponsors of S. 2429, a bill to authorize the President to waive the application of certain requirements under the Atomic Energy Act of 1954 with respect to India.

S. 2503

At the request of Mrs. LINCOLN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2503, a bill to amend the Internal Revenue Code of 1986 to provide for an extension of the period of limitation to file claims for refunds on account of disability determinations by the Department of Veterans Affairs.

S. 2548

At the request of Mr. STEVENS, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. 2548, a bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to ensure that State and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.

S. 2554

At the request of Mr. ENSIGN, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S. 2554, a bill to amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include premiums for nongroup high deductible health plan coverage.

S. 2563

At the request of Mr. COCHRAN, the names of the Senator from Alaska (Ms. MURKOWSKI) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors of S. 2563, a bill to amend title XVIII of the Social Security Act to require prompt payment to pharmacies under part D, to restrict pharmacy co-branding on prescription drug cards issued under such part, and to provide guidelines for Medication Therapy Management Services programs offered by prescription drug plans and MA-PD plans under such part.

S. 2642

At the request of Mrs. FEINSTEIN, the names of the Senator from North Dakota (Mr. DORGAN) and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of S. 2642, a bill to amend the Commodity Exchange Act to add a provision relating to reporting and recordkeeping for positions involving energy commodities.

S. 2652

At the request of Mr. ALLEN, his name was added as a cosponsor of S. 2652, a bill to amend chapter 27 of title 18, United States code, to prohibit the unauthorized construction, financing, or, with reckless disregard, permitting the construction or use on one's land, of a tunnel or subterranean passageway between the United States and another country.

S. 2695

At the request of Mr. CORNYN, the name of the Senator from Alabama

(Mr. SESSIONS) was added as a cosponsor of S. 2695, a bill to provide for Federal agencies to develop public access policies relating to research conducted by employees of that agency or from funds administered by that agency.

S. 2703

At the request of Mr. LEAHY, the names of the Senator from Washington (Ms. CANTWELL), the Senator from New Mexico (Mr. BINGAMAN) and the Senator from Michigan (Mr. LEVIN) were added as cosponsors of S. 2703, a bill to amend the Voting Rights Act of 1965.

S. 2720

At the request of Mr. BAUCUS, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 2720, a bill to amend the Internal Revenue Code of 1986 to provide incentives to improve America's research competitiveness, and for other purposes.

S. 2721

At the request of Mr. SCHUMER, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 2721, a bill to simplify the taxation of business activity, and for other purposes.

S. 2747

At the request of Mr. BINGAMAN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2747, a bill to enhance energy efficiency and conserve oil and natural gas, and for other purposes.

S. 2748

At the request of Mr. BINGAMAN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2748, a bill to amend the Internal Revenue Code of 1986 to provide tax incentives to promote energy production and conservation, and for other purposes.

S. CON. RES. 16

At the request of Mr. BINGAMAN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. Con. Res. 16, a concurrent resolution conveying the sympathy of Congress to the families of the young women murdered in the State of Chihuahua, Mexico, and encouraging increased United States involvement in bringing an end to these crimes.

S. RES. 320

At the request of Mr. ENSIGN, the names of the Senator from Washington (Ms. CANTWELL) and the Senator from Kansas (Mr. BROWNBACK) were added as cosponsors of S. Res. 320, a resolution calling the President to ensure that the foreign policy of the United States reflects appropriate understanding and sensitivity concerning issues related to human rights, ethnic cleansing, and genocide documented in the United States record relating to the Armenian Genocide.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SMITH (for himself and Mr. BINGAMAN):

S. 2759. A bill to provide for additional outreach and education related to the Medicare program and to amend title XVIII of the Social Security Act to provide a special enrollment period for individuals who qualify for an income-related subsidy under the Medicare prescription drug program; to the Committee on Finance.

Mr. SMITH. Mr. President, today I am proud to file the Medicare Part D Outreach and Enrollment Enhancement Act of 2006. This timely piece of legislation addresses two very targeted administrative issues that have come to light since Medicare's new prescription drug benefit became effective earlier this year. I am also pleased that Senator BINGAMAN is joining on this bill.

With more than 30 million beneficiaries now receiving coverage through Medicare Part D, the program is well on its way to helping deliver much needed access to lower cost prescription drugs. And with the close of the initial enrollment period on May 15 looming, the Centers for Medicare and Medicaid Services (CMS) and advocacy organizations across the country are working diligently to provide last minute assistance to those beneficiaries still wishing to enroll.

However, even after the May 15 deadline passes, beneficiaries will still need counsel on the program's benefits, including the availability of the low-income subsidy. For instance, dual eligible beneficiaries and those who previously received assistance through a Medicare Savings Program have the ability to change their prescription drug plan monthly. This particularly vulnerable group of beneficiaries likely will need extra assistance in choosing a plan that more appropriately meets their medical and financial needs.

There also are those beneficiaries who will age into Medicare throughout the year. They will be provided an initial enrollment period to choose a prescription drug plan once they turn age 65. And with the first regular enrollment cycle beginning in November, many beneficiaries will need advice as they evaluate new plan options or consider switching plans if their existing coverage has changed. We owe it to our seniors to provide them quality information so they can make the best possible prescription drug plan choice.

That is why I am asking for increased Part D outreach and education funding in the bill I am filing today. State Health Insurance Programs (SHIPs), which provide a range of valuable services, help beneficiaries select quality prescription drug plans, identify additional financial help with their drug costs, and resolve general enrollment difficulties.

This year, CMS supported the outreach work of SHIPs with a \$30 million allotment. Despite this funding, there still remains a great need to raise further awareness about the new Part D benefit among beneficiaries and provide them assistance with selecting an

appropriate prescription drug plan. The Outreach and Enrollment Enhancement Act would allocate SHIPs an additional \$13.5 million, bringing their total funding to \$43.5 million, or, one dollar per Medicare beneficiary. To assure that the work of SHIPs is sufficiently supported in future years, the bill also creates a new funding authorization that is set to increase as the number of Medicare beneficiaries grows.

The legislation I am filing today also provides funding to the Area Agencies on Aging (AAA) and Native American aging programs that have absorbed an increased workload since the passage of the Medicare Modernization Act. In Oregon, the Multnomah County AAA has incurred \$30,000 in expenses related to Medicare outreach since the beginning of this year, but they have received very little new funding in return. The bill recognizes the important role AAAs and Native American aging programs play in helping elderly Americans enroll in Medicare by providing new funding in the amount of \$6.3 million this fiscal year.

Apart from increased funding for outreach and education, the bill addresses a very targeted problem with the current enrollment process that has recently become apparent. Beneficiaries who believe their income and asset levels may qualify them for extra help with their prescription drug costs may apply for a low-income subsidy (LIS) at any point during the year. If they submit an application to the Social Security Administration (SSA) during an initial enrollment period but do not receive notification of their eligibility before the enrollment deadline, they have one of two options available to them. They could enroll into a prescription drug plan before the deadline not knowing whether they will have to pay all or part of the costs of the monthly premium. This could place a beneficiary in the awkward position if they choose a plan that they ultimately are unable to afford.

Under a recent CMS administrative action, beneficiaries who have applied for the LIS subsidy could choose to delay their enrollment in the program until they receive notification of their eligibility for a subsidy. However, they still would be required to pay a late enrollment penalty. While enrolling late may allow a beneficiary to make a more informed decision regarding their prescription drug plan, it would not be fair to assess them a fee simply because there was administrative delay in processing their LIS application. Both of these scenarios place beneficiaries in an untenable position. For the enrollment process to be successful, beneficiaries need to have as much information available to them as possible so they may choose the prescription drug plan that best meets their preferences.

The Outreach and Enrollment Enhancement Act provides a solution to this dilemma. The legislation creates a

special 30-day enrollment period that begins on the day a beneficiary receives a decision regarding their LIS eligibility. Most importantly, the late enrollment penalty that would be imposed upon them under current law would be waived during the special enrollment period, in addition to the time it takes SSA to process their application. This small, yet significant, change to the existing enrollment process will allow LIS beneficiaries sufficient time to effectively consider and evaluate prescription drug plan options with all necessary information. We cannot afford to undermine seniors' trust in Medicare's prescription drug program by penalizing a certain group of beneficiaries for a problem that is created by the federal government.

I understand that many of my colleagues prefer to address administrative issues with Medicare Part D at a later date, so that the initial implementation process can run its full course without undue interference from Congress. While I would agree with that argument in principle, there are a number of existing problems that only serve to tarnish Medicare's image if we allow them to linger much longer. I believe providing additional resources for outreach and educational services and correcting the LIS enrollment issue are two such problems that Congress should address immediately—before the May 15 deadline passes.

The SSA has estimated that 80,000 beneficiaries might not have been notified of their LIS eligibility by the close of the first regular enrollment period. It would be entirely unfair to assess even one of these beneficiaries a late enrollment penalty, when by their understanding, they were playing by the rules CMS and SSA set forth regarding the low-income subsidy.

I ask the Majority Leader and my colleagues to support my call for the Outreach and Enrollment Enhancement Act to be treated as an emergency measure and provide it quick passage in the Senate. By taking up this very targeted measure, Congress can demonstrate to America's seniors that we are committed to the continued success of the Medicare prescription drug program.

By Mrs. FEINSTEIN (for herself, Mr. KYL, and Mr. SUNUNU):

S. 2760. A bill to suspend the duty on imports of ethanol, and for other purposes; to the Committee on Finance.

Mrs. FEINSTEIN. Mr. President, I rise today with Senators KYL and SUNUNU to introduce a bill to strike the ethanol import tariff.

With record high gas prices and demand for ethanol growing faster than expected, I believe we need to act now to ease the ethanol supply crunch.

As many of my colleagues know, I have been strongly opposed to the ethanol mandate that was included in the energy bill enacted last August.

Today, more than ever, I believe that the time has come to end unwarranted subsidies to ethanol producers.

They include: \$4.5 billion in agricultural subsidies in 2004 alone that benefit corn farmers (Environmental Working Group); a 51 cent per gallon tax credit for ethanol producers; and a 7.5 billion gallon ethanol mandate that was included in the energy bill.

The current 51 cent per gallon subsidy is costing American taxpayers \$2 billion per year, and will cost even more after 2012—almost \$4 billion per year—when the use of ethanol is mandated to nearly double.

Now that the ethanol mandate is law, it is time for the subsidies to cease.

I believe we need to start by striking the 54 cent per gallon ethanol import tariff.

Ethanol imports are extremely limited, even though production costs for ethanol in foreign countries are significantly lower than in the United States.

For example, according to the Congressional Research Service, Brazilian production costs are 40 to 50 percent lower than in the United States. Yet the tariff raises the cost of ethanol enough to pose a significant barrier to imports.

It is egregious to put such a high tariff on ethanol importation. It makes it impossible for U.S. consumers to purchase the lowest-cost ethanol.

And with the refineries choosing to phase-out MTBE this year, the demand for ethanol is even greater than was expected.

It is not clear if the domestic supply will be able to meet that growing demand.

Any ethanol supply disruption will hurt drivers on the east and west coasts the most.

Right now, ethanol is produced in the Midwest and must be trucked or railed to the coasts. According to news reports, ethanol delivery from the Midwest is currently being hindered by strong demand for limited rail time and a shortage of trucks and drivers.

If we strike the tariff, refineries can have more economic and efficient access to ethanol.

So, it's time to eliminate this 54 cent tariff and give consumers a break at the pump.

And we are not alone in this effort. Just last week, the President asked that Congress consider eliminating the tariff.

If they are going to be forced to use ethanol, our refineries should have the ability to buy it from the cheapest seller. They should not be constrained by artificial protectionist tariffs.

I hope my colleagues will join with me to strike this tariff.

Mr. AKAKA:

S. 2762. A bill to amend title 38, United States Code, to ensure appropriate payment for the cost of long-term care provided to veterans in State homes, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, I introduce legislation today to protect the state home program and expand the

ability of states and the Department of Veterans Affairs (VA) to care for veterans. I truly believe that the state home program is an incredibly valuable asset as we grapple with how best to care for our aging veterans. The program has proven time and time again that it is cost effective.

VA involvement in the state home program dates back to 1888 when Congress first authorized Federal grants-in-aid for veterans in State homes. Today, there are 119 State-operated Veterans' Homes in 47 States and the Commonwealth of Puerto Rico. State homes provide nursing home care in 114 of these homes and domiciliary care in 52 of these locations.

As many of my colleagues know, the State home program is supported in two ways by VA—construction grants and per diem payments. Subject to available funding, VA provides construction matching-grant funding for up to 65 percent of the cost of constructing or rehabilitating homes, with at least 35 percent covered by State funding commitments.

The per diem portion of the program provides current reimbursement to State homes—currently \$63.40 for a day of nursing home care. This amount equates to less than 30 percent of the total cost to provide this care. Yet, VA is currently authorized to provide up to 50 percent of States' costs.

In January of this year, Chairman CRAIG and I held field hearings in my State of Hawaii. The hearing on the island of Kauai focused exclusively on long-term care in rural settings. We heard from two witnesses who spoke about the benefits of the State home program and ways to improve upon it, so as to specifically care for rural veterans.

Tom Driskill, the President and CEO of Hawaii Health Systems Corporation, testified about the soon-to-be-built State home in Hilo. He said, "The synergy of a combined Federal and State funding of the home has been the catalyst for making this dream a reality." The Hilo home will be Hawaii's first State home and will house 95 beds and will serve veterans throughout the State.

The Committee also heard testimony about an innovative approach to fill significant gaps in long-term care services to veterans due to the nature and geography of certain States. Bob Shaw, the National Legislative Chairman for the National Association of State Veterans' Homes, testified that large State homes are not appropriate for the more remote locations in Hawaii. Instead, he argued, we should look to how Alaska has managed the challenge.

Rather than building large new homes, the State of Alaska is using its own Pioneer Homes, which provide nursing care to older Alaskans, in order to care for veterans. Similarly, Hawaii could use existing beds in the community and deem such beds as part of the State home program. Doing so would trigger per diem payments from

VA to help defray the cost of nursing home care.

Accordingly, my legislation would authorize VA to provide construction grants and per diem payments for small long-term care units, approximately 10 to 30 beds, in pre-existing health care facilities. Such units would address gaps in long-term care services for veterans living in remote and rural regions including Alaska, Wyoming, Idaho, Montana, Kansas and other large, rural States.

I am quite proud of the changes we made to VA long-term care as part of the Millennium Act, which provides nursing home care to veterans who are 70 percent or more service-connected. I think we can expand the locations where such mandatory nursing home care is available. Currently, there is no mechanism in current law to permit VA to pay State homes for care provided to service-connected veterans. My legislation would authorize VA to place severely disabled service-connected veterans directly in State homes and would require VA to reimburse State homes for the cost of such care.

The legislation would also authorize severely disabled, service-connected veterans in State homes to receive VA's comprehensive medication benefit. Currently, such veterans are eligible to receive VA's full medication benefit if they are residing in community nursing homes but not if they reside in State homes. We need to ensure equitable coverage of medication needs.

Finally, this legislation mandates consultation and reporting requirements for VA prior to implementation of proposed changes to the current per diem system. Such requirements should include, at a minimum, consultations with Congress, State governments, and State homes. In addition, VA should be required to report to Congress how any such proposed changes would affect the long-term viability of the State home program before any such changes take effect. As part of the FY 06 budget, the Administration proposed dramatic restrictions to current per diem payments so as to only include a small portion of the veterans currently in State homes. Such a proposal, if enacted, would have devastated care in the homes.

Mr. President, we can give States and VA more tools to deal with burgeoning long-term care needs of veterans. I urge my colleagues in the Senate to join me in supporting this legislation.

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

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

S. 2762

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 "Veterans Long-Term Care Security Act of 2006".

SEC. 2. REQUIREMENT FOR REPORT TO CONGRESS BEFORE IMPLEMENTATION OF REDUCTION IN PER DIEM RATES FOR CARE PROVIDED TO VETERANS IN STATE HOMES.

(c) of section 1741 of title 38, United States Code, is amended—

(1) by inserting "(1)" after "(c)"; and
(2) by adding at the end the following new paragraph:

"(2)(A) If the Secretary proposes to implement a reduction in payments made under this section with respect to a fiscal year the Secretary shall, not later than January 1 of the preceding fiscal year, submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing a detailed justification of such proposed reduction.

"(B) For purposes of this paragraph, a reduction in payments is—

"(i) a lack of increase in the rates paid under subsection (a) pursuant to a determination of the Secretary under paragraph (1); or

"(ii) a modification of the eligibility for veterans to receive care in State homes that would, if enacted into law, result in fewer veterans eligible to receive such care in State homes.

"(C) In preparing a report under subparagraph (A), the Secretary shall consult with the heads and appropriate officials of the State and local agencies responsible for the supervision of State homes in each State in which State homes are operated, and representatives of such other organizations with expertise in State home matters as the Secretary determines appropriate.

"(D) A report under subparagraph (A) shall include the following information:

"(i) A specific description of the degree to which the proposed reduction in payments would effect the financial well-being of each State home.

"(ii) A detailed description of the consultation with heads, officials, and representatives required under subparagraph (C), and the results of that consultation.

"(iii) A description of the intent of the Secretary to recover grant amounts under section 8136(a) of this title where a State determines, as a result of the proposed reduction in payments, to close a State home within the period prescribed under that section.

"(iv) A description of the effect of the proposed reduction in payments on the long-term care needs of veterans who receive care in State homes, including a description of the options for long-term care in reasonably proximate facilities available to such veterans and an assessment of the cost of the provision of care for such veterans in such facilities."

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act, and apply with respect to per diem payments made under section 1741 of title 38, United States Code, on or after such date.

SEC. 3. NURSING HOME CARE AND PRESCRIPTION MEDICATIONS IN STATE HOMES FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES.

(a) NURSING HOME CARE.—Subchapter V of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 1744. Nursing home care and medications for veterans with service-connected disabilities

"(a)(1) The Secretary shall pay each State home for nursing home care at the applicable rate payable under section 1720 of this title

for nursing home care furnished in a non-Department nursing home (as that term is defined in subsection (e)(2) of such section), where such care is provided to any veteran as follows:

“(A) Any veteran in need of such care for a service-connected disability.

“(B) Any veteran who—

“(i) has a service-connected disability rated at 70 percent or more; and

“(ii) is in need of such care.

“(2) Payment by the Secretary under paragraph (1) to a State home for nursing home care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.”.

(b) PROVISION OF PRESCRIPTION MEDICINES.—Such section is further amended by adding at the end the following new subsection:

“(b) The Secretary shall furnish such drugs and medicines as may be ordered on prescription of a duly licensed physician as specific therapy in the treatment of illness or injury to any veteran as follows:

“(1) Any veteran in need of such drugs and medicines for a service-connected disability.

“(2) Any veteran who—

“(A) has a service-connected disability rated at 50 percent or more;

“(B) is provided nursing home care that is payable under subsection (a); and

“(C) is in need of such drugs and medicines.”.

(c) CONFORMING AMENDMENTS.—

(1) CRITERIA FOR PAYMENT.—Section 1741(a)(1) of such title is amended by striking “The” and inserting “Except as provided in section 1744 of this title, the”.

(2) ELIGIBILITY FOR NURSING HOME CARE.—Section 1710(a)(4) of such title is amended—

(A) by striking “and” before “the requirement in section 1710B of this title”; and

(B) by inserting “, and the requirement in section 1744 of this title to provide nursing home care and prescription medicines to veterans with service-connected disabilities in State homes” after “a program of extended care services”.

(d) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1743 the following new item:

“1744. Nursing home care and medications for veterans with service-connected disabilities.”.

(e) EFFECTIVE DATE.—The amendment made by this section shall take effect on October 1, 2006.

SEC. 4. AUTHORITY TO TREAT CERTAIN HEALTH FACILITIES AS STATE HOMES.

(a) AUTHORITY.—Subchapter III of chapter 81 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 8138. Treatment of certain health facilities as State homes

“(a) The Secretary may treat a health facility as a State home for purposes of subchapter V of chapter 17 of this title if the following requirements are met:

“(1) The facility meets the standards for the provision of nursing home care that is applicable to State homes, as prescribed by the Secretary under section 8134(b) of this title, and such other standards relating to the facility as the Secretary may require.

“(2) The facility is licensed or certified by the appropriate State and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting State home facilities.

“(3) The State demonstrates in an application to the Secretary that, but for the treat-

ment of a facility as a State home under this subsection, a substantial number of veterans residing in the geographic area in which the facility is located who require nursing home care will not have access to such care.

“(4) The Secretary determines that the treatment of the facility as a State home best meets the needs of veterans for nursing home care in the geographic area in which the facility is located.

“(5) The Secretary approves the application submitted by the State with respect to the facility.

“(b) The Secretary may not treat a health facility as a State home under subsection (a) if the Secretary determines that such treatment would increase the number of beds allocated to the State in excess of the limit on the number of beds provided for by regulations prescribed under section 8134(a) of this title.

“(c) The number of beds occupied by veterans in a health facility for which payment may be made under subchapter V of chapter 17 of this title by reason of subsection (a) shall not exceed the number of veterans in beds in State homes that otherwise would be permitted in the State under regulations prescribed under section 8134(a) of this title.

“(d) The number of beds in a health facility in a State that has been treated as a State home under subsection (a) shall be taken into account in determining the unmet need for beds for State homes for the State under section 8134(d)(1) of this title.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 of such title is amended by inserting after the item relating to section 8137 the following new item:

“8138. Treatment of certain health facilities as State homes.”.

By Mr. REID (for himself and Mr. ENSIGN):

S. 2764. A bill to amend Public Law 108-67 to correct a provision relating to the conveyance of the Lake Tahoe Basin Management Unit; to the Committee on Energy and Natural Resources.

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

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

S. 2764

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CORRECTION OF CONVEYANCE.

Section 2 of Public Law 108-67 (117 Stat. 880) is amended—

(1) by striking “Subject to” and inserting the following:

“(a) IN GENERAL.—Subject to”;

(2) in subsection (a) (as designated by paragraph (1)), by striking “the parcel” and all that follows and inserting the following: “and to a portion comprising approximately 23 acres of land of Lots 3 and 4, as depicted on the United States and Encumbrance Map, revised January 10, 1991, for the Toiyabe National Forest, Ranger District Carson-1, and more particularly described as S½NW¼SE¼ and N½SW¼SE¼ of sec. 27, T. 15 N., R. 18 E., Mt. Diablo Base and Meridian.”; and

(3) by adding at the end the following:

“(b) PUBLIC ACCESS AND USE.—Nothing in this Act prohibits any approved general public access (through existing easements or by

boat) to or use of land remaining within the Lake Tahoe Basin Management Unit after the conveyance to the Secretary of the Interior, in trust for the Tribe, under subsection (a), including access to and use of the beach and shoreline areas adjacent to the portion of land conveyed under that subsection.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 469—CONDEMNING THE APRIL 25, 2006, BEATING AND INTIMIDATION OF CUBAN DISSIDENT MARTHA BEATRIZ ROQUE

Mr. LIEBERMAN (for himself, Mr. MARTINEZ, Mr. NELSON of Florida, Mr. MENENDEZ, Mr. ENSIGN, Mr. MCCAIN, and Mr. BIDEN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 469

Whereas the 47-year communist dictatorship of Fidel Castro in Cuba received the lowest rating from Freedom House in its “Freedom in the World 2005” report for political rights and civil liberties, and is categorized by that organization as “repressive” and having “virtually no freedom”;

Whereas Human Rights Watch describes Cuba in its “World Report 2006” as “an undemocratic government that represses nearly all forms of political dissent”;

Whereas human rights observers have documented that the regime in Cuba attempts to intimidate human rights dissidents and their families through “acts of repudiation,” consisting of mobs of regime supporters screaming threats and insults;

Whereas, on April 25, 2006, an act of repudiation against Martha Beatriz Roque became violent when she was punched, knocked down, and dragged outside her home in Havana while she was leaving to attend a meeting with Michael E. Parmly, the Chief of Mission-Designate for the United States Interests Section in Havana, Cuba;

Whereas Martha Beatriz Roque is a citizen of Cuba and leader of the Assembly to Promote Civil Society in Cuba, a coalition of 365 independent civil society groups within Cuba;

Whereas, in March 2003, the regime of Fidel Castro imprisoned dozens of Cuban dissidents including Martha Beatriz Roque for their activities supporting freedom and democracy; and

Whereas Martha Beatriz Roque was released in 2005 for health reasons without a pardon or a commutation of her sentence: Now, therefore, be it

Resolved, That the Senate—

(1) condemns the brutality of the regime of Fidel Castro toward Martha Beatriz Roque, a 61-year-old woman in frail health;

(2) demands the regime of Cuba allow the people of Cuba to exercise their fundamental human rights, rather than responding to calls for freedom with imprisonment and intimidation;

(3) commends the courage and perseverance of Martha Beatriz Roque and all dissidents in Cuba;

(4) calls on the regime of Cuba to release the hundreds of political prisoners still held today and to stop the intimidation of dissidents and their families; and

(5) calls for continued international support and solidarity with pro-democracy leaders in Cuba.