

Whereas, It is unlikely that the Congress of the United States intended to require applicants for hunting and fishing licenses age 16 and under to be included in this requirement; therefore be it

Resolved, That the House of Representatives of the Commonwealth of Pennsylvania urge the President and the Congress of the United States to amend the provision of law requiring applicants for hunting and fishing licenses to provide Social Security numbers or other identifying numbers by exempting applicants age 16 and under; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States, to the presiding officers of each House of Congress and to each member of Congress from Pennsylvania.

POM-261. A resolution adopted by the Board of Commissioners of Ferry County, State of Washington, relative to supporting county custom, culture, and heritage in decision making on federal lands in Ferry County, State of Washington; to the Committee on Environment and Public Works.

POM-262. A resolution adopted by the City Commission of the City of Lauderdale Lakes of the State of Florida relative to encouraging Congress to pass the Debris Removal Act of 2005; to the Committee on Homeland Security and Governmental Affairs.

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. DORGAN (for himself, Mr. CONRAD, Mr. BINGAMAN, Ms. MURKOWSKI, Mr. MCCAIN, Mr. JOHNSON, and Mr. SMITH):

S. 2245. A bill to establish an Indian youth telemental health demonstration project; to the Committee on Indian Affairs.

By Mr. SCHUMER:

S. 2246. A bill to establish within the United States Marshals Service a short term State witness protection program to provide assistance to State and local district attorneys to protect their witnesses in homicide and major violent crime cases and to provide Federal grants for such protection; to the Committee on the Judiciary.

By Mr. REID (for Mr. OBAMA):

S. 2247. A bill to promote greater use of information technology in the Federal Employees Health Benefits Program under chapter 89 of title 5, United States Code, to increase efficiency and reduce costs; to the Committee on Homeland Security and Governmental Affairs.

ADDITIONAL COSPONSORS

S. 424

At the request of Mr. BOND, the names of the Senator from Pennsylvania (Mr. SANTORUM) and the Senator from Rhode Island (Mr. CHAFEE) were added as cosponsors of S. 424, a bill to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

S. 537

At the request of Mr. BINGAMAN, the name of the Senator from Vermont (Mr. JEFFORDS) was added as a cosponsor of S. 537, a bill to increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

S. 627

At the request of Mr. HATCH, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. 627, a bill to amend the Internal Revenue Code of 1986 to permanently extend the research credit, to increase the rates of the alternative incremental credit, and to provide an alternative simplified credit for qualified research expenses.

S. 840

At the request of Mr. HARKIN, the name of the Senator from Minnesota (Mr. DAYTON) was added as a cosponsor of S. 840, a bill to amend the Fair Labor Standards Act of 1938 to prohibit discrimination in the payment of wages on account of sex, race, or national origin, and for other purposes.

S. 841

At the request of Mrs. CLINTON, the name of the Senator from Minnesota (Mr. DAYTON) was added as a cosponsor of S. 841, a bill to amend the Fair Labor Standards Act of 1938 to provide more effective remedies to victims of discrimination in the payment of wages on the basis of sex, and for other purposes.

S. 852

At the request of Mr. SPECTER, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of S. 852, a bill to create a fair and efficient system to resolve claims of victims for bodily injury caused by asbestos exposure, and for other purposes.

S. 1172

At the request of Mr. SPECTER, the names of the Senator from Nebraska (Mr. HAGEL) and the Senator from Minnesota (Mr. DAYTON) were added as cosponsors of S. 1172, a bill to provide for programs to increase the awareness and knowledge of women and health care providers with respect to gynecologic cancers.

S. 1436

At the request of Mr. DEWINE, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 1436, a bill to award grants to eligible entities to enable the entities to reduce the rate of underage alcohol use and binge drinking among students at institutions of higher education.

S. 1723

At the request of Ms. COLLINS, the name of the Senator from Mississippi (Mr. LOTT) was added as a cosponsor of S. 1723, a bill to amend the Magnuson-Stevens Fishery Conservation and Management Act to establish a grant program to ensure waterfront access for commercial fisherman, and for other purposes.

S. 1841

At the request of Mr. NELSON of Florida, the names of the Senator from Arkansas (Mr. PRYOR), the Senator from New Jersey (Mr. LAUTENBERG) and the Senator from Maryland (Mr. SARBANES) were added as cosponsors of S. 1841, a bill to amend title XVIII of the Social

Security Act to provide extended and additional protection to Medicare beneficiaries who enroll for the Medicare prescription drug benefit during 2006.

S. 1923

At the request of Ms. SNOWE, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. 1923, a bill to address small business investment companies licensed to issue participating debentures, and for other purposes.

S. 2115

At the request of Ms. STABENOW, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 2115, a bill to amend the Public Health Service Act to improve provisions relating to Parkinson's disease research.

S. 2134

At the request of Mr. SMITH, the names of the Senator from South Dakota (Mr. JOHNSON), the Senator from Massachusetts (Mr. KERRY) and the Senator from Maine (Ms. SNOWE) were added as cosponsors of S. 2134, a bill to strengthen existing programs to assist manufacturing innovation and education, to expand outreach programs for small and medium-sized manufacturers, and for other purposes.

S. 2199

At the request of Mr. BINGAMAN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 2199, a bill to amend the Internal Revenue Code of 1986 to provide tax incentives to promote research and development, innovation, and continuing education.

S. 2231

At the request of Mr. BYRD, the names of the Senator from Pennsylvania (Mr. SPECTER), the Senator from Massachusetts (Mr. KERRY) and the Senator from New York (Mrs. CLINTON) were added as cosponsors of S. 2231, a bill to direct the Secretary of Labor to prescribe additional coal mine safety standards, to require additional penalties for habitual violators, and for other purposes.

S.J. RES. 25

At the request of Mr. TALENT, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S.J. Res. 25, a joint resolution proposing an amendment to the Constitution of the United States to authorize the President to reduce or disapprove any appropriation in any bill presented by Congress.

S. RES. 313

At the request of Ms. CANTWELL, the name of the Senator from Colorado (Mr. SALAZAR) was added as a cosponsor of S. Res. 313, a resolution expressing the sense of the Senate that a National Methamphetamine Prevention Week should be established to increase awareness of methamphetamine and to educate the public on ways to help prevent the use of that damaging narcotic.

At the request of Mr. HAGEL, his name was added as a cosponsor of S. Res. 313, *supra*.

S. RES. 365

At the request of Mrs. FEINSTEIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. Res. 365, a resolution to provide a 60 vote point of order against out-of-scope material in conference reports and open the process of earmarks in the Senate.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DORGAN (for himself, Mr. CONRAD, Mr. BINGAMAN, Ms. MURKOWSKI, Mr. MCCAIN, Mr. JOHNSON, and Mr. SMITH):

S. 2245. A bill to establish an Indian youth telemental health demonstration project; to the Committee on Indian Affairs.

Mr. DORGAN. Mr. President, I rise today to introduce legislation which would deal in a small but, I hope, meaningful way, with the crisis of youth suicide in Indian Country. On the reservations of the Northern Great Plains, the rate of Indian youth suicide is 10 times higher than it is anywhere else in the country. This needless loss of young boys and girls whose whole lives lay ahead of them is a very serious problem.

I am pleased that last year, the Senate Indian Affairs Committee held two hearings on the tragic issue of teen suicide and the urgent need for prevention, intervention and treatment services. We heard the testimony of youth and family members, representatives of the Indian Health Service and other agencies of the Department of Health and Human Services, and Indian professionals who work with young people. We continue to sift through their recommendations to find possible solutions that could be proposed in legislation.

I believe it is urgent that solutions be put forward now to deal with this troubling problem. Following the Committee's second hearing on Indian youth suicide last summer, several more Indian young people attempted suicide on the Standing Rock Reservation in North and South Dakota. Thankfully, their lives were spared and their attempts not completed. But time is running out for addressing this tragic issue.

When the Indian Affairs Committee marked up legislation to amend and reauthorize the Indian Health Care Improvement Act last October, I offered, with Senators CONRAD and SMITH, an amendment which had three components, all of which were presented as ideas at the Committee's hearing in Washington, DC, on June 15, 2005, on Indian youth suicide. I am very pleased that my amendment was unanimously adopted.

The legislation which I introduce today parallels one part of that amendment to the Indian health reauthorization bill, and would authorize the Indian Youth Telemental Health Demonstration Project. The Secretary of

Health and Human Services would award grants under this 4-year demonstration project to five Indian Tribes and Tribal Organizations that have telehealth capabilities. Grantees would provide services through telemental health for such purposes as counseling of Indian youth for suicide prevention, intervention and treatment; providing medical advice and other assistance to frontline tribal health providers; training for tribal community members, elected officials, tribal educators and health workers and others who work with Indian youth; developing culturally-sensitive materials on suicide prevention and intervention; and data collection and reporting.

My proposal has been revised since it was adopted as an amendment to the Indian health reauthorization bill in response to Administration concerns about expanding new health care programs or services to Native Americans living in urban areas. I will leave the Federal Government's obligation to provide health care to urban Indians—most of whom are in urban areas because they or their parents or relatives were relocated from their reservations or Alaska Native communities under federal policy—to be discussed another day.

Many Indian reservations and Native villages in Alaska are in remote locations and quite isolated, and experience much more limited access to mental health services than in our nation's cities. The testimony received by the Indian Affairs Committee showed that it is particularly in these communities that there is a crisis among the youth. Accordingly, the bill I propose today is intended to provide services for counseling, medical advice and training and educational materials under this new demonstration project to Indian youth living on reservations and in Native villages.

I thank my colleagues who have joined me in this initiative and who have added thoughtful insights for ways to address this crisis that deprives many tribal communities of one of the richest resources, our youth. I look forward to continuing our efforts and developing a more comprehensive legislative proposal on this sensitive and very important issue. I urge my colleagues to support this legislation.

I ask unanimous consent that the text of the bill as introduced be printed in the RECORD.

S. 2245

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 "Indian Youth Telemental Health Demonstration Project Act of 2006".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) suicide for Indians and Alaska Natives is 2 ½ times higher than the national average and the highest for all ethnic groups in the United States, at a rate of more than 16 per 100,000 males of all age groups, and 27.9 per 100,000 for males aged 15 through 24, according to data for 2002;

(2) according to national data for 2002, suicide was the second-leading cause of death for Indians and Alaska Natives aged 15 through 34 and the fourth-leading cause of death for Indians and Alaska Natives aged 10 through 14;

(3) the suicide rates of Indian and Alaska Native males aged 15 through 24 are nearly 4 times greater than suicide rates of Indian and Alaska Native females of that age group;

(4)(A) 90 percent of all teens who die by suicide suffer from a diagnosable mental illness at the time of death; and

(B) more than ½ of the people who commit suicide in Indian Country have never been seen by a mental health provider;

(5) death rates for Indians and Alaska Natives are statistically underestimated;

(6) suicide clustering in Indian Country affects entire tribal communities; and

(7) since 2003, the Indian Health Service has carried out a National Suicide Prevention Initiative to work with Service, tribal, and urban Indian health programs.

(b) PURPOSE.—The purpose of this Act is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention, and treatment of Indian youth, including through—

(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;

(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

(4) the development of culturally-relevant educational materials on suicide; and

(5) data collection and reporting.

SEC. 3. DEFINITIONS.

In this Act:

(1) DEMONSTRATION PROJECT.—The term "demonstration project" means the Indian youth telemental health demonstration project authorized under section 4(a).

(2) DEPARTMENT.—The term "Department" means the Department of Health and Human Services.

(3) INDIAN.—The term "Indian" means any individual who is a member of an Indian tribe or is eligible for health services under the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

(4) INDIAN TRIBE.—The term "Indian tribe" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(5) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(6) SERVICE.—The term "Service" means the Indian Health Service.

(7) TELEMENTAL HEALTH.—The term "telemental health" means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration.

(8) TRADITIONAL HEALTH CARE PRACTICES.—The term "traditional health care practices" means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to Western healing sciences) that—