

(3) **SELECTION CRITERIA.**—To ensure that 1 of the facilities selected as a port of entry demonstration site for the demonstration program has the most up-to-date design, contains sufficient space to conduct the demonstration program, has a traffic volume low enough to easily incorporate new technologies without interrupting normal processing activity, and can efficiently carry out demonstration and port of entry operations, 1 port of entry selected as a demonstration site may—

(A) have been established not more than 15 years before the date of the enactment of this Act;

(B) consist of not less than 65 acres, with the possibility of expansion onto not less than 25 adjacent acres; and

(C) have serviced an average of not more than 50,000 vehicles per month during the 12 months preceding the date of the enactment of this Act.

(d) **RELATIONSHIP WITH OTHER AGENCIES.**—The Secretary, acting through the Commissioner, shall permit personnel from appropriate Federal agencies to utilize a demonstration site described in subsection (c) to test technologies that enhance port of entry operations, including those related to inspections, communications, port tracking, identification of persons and cargo, sensory devices, personal detection, decision support, and the detection and identification of weapons of mass destruction.

(e) **REPORT.**—

(1) **REQUIREMENT.**—Not later than 1 year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to Congress a report on the activities carried out at each demonstration site under the technology demonstration program established under this section.

(2) **CONTENT.**—The report shall include an assessment by the Commissioner of the feasibility of incorporating any demonstrated technology for use throughout United States Customs and Border Protection.

SEC. 708. AUTHORIZATION OF APPROPRIATIONS.
(a) **IN GENERAL.**—In addition to any funds otherwise available, there are authorized to be appropriated such sums as may be necessary to carry out sections 703, 704, 705, 706, and 707 for fiscal years 2009 through 2013.

(b) **INTERNATIONAL AGREEMENTS.**—Funds authorized to be appropriated under this title may be used for the implementation of projects described in the Declaration on Embracing Technology and Cooperation to Promote the Secure and Efficient Flow of People and Commerce across our Shared Border between the United States and Mexico, agreed to March 22, 2002, Monterrey, Mexico (commonly known as the Border Partnership Action Plan) or the Smart Border Declaration between the United States and Canada, agreed to December 12, 2001, Ottawa, Canada that are consistent with the provisions of this title.

DIVISION B—BORDER SECURITY TITLE X—BORDER SECURITY REQUIREMENTS

SEC. 1001. SHORT TITLE.

This division may be cited as the “Border Security First Act of 2007”.

SEC. 1002. BORDER SECURITY REQUIREMENTS.

(a) **REQUIREMENTS.**—Not later than 2 years after the date of the enactment of this Act, the President shall ensure that the following are carried out:

(1) **OPERATIONAL CONTROL OF THE INTERNATIONAL BORDER WITH MEXICO.**—The Secretary of Homeland Security shall establish and demonstrate operational control of 100 percent of the international land border between the United States and Mexico, including the ability to monitor such border through available methods and technology.

(2) **STAFF ENHANCEMENTS FOR BORDER PATROL.**—The United States Customs and Border Protection Border Patrol shall hire, train, and report for duty 23,000 full-time agents.

(3) **STRONG BORDER BARRIERS.**—The United States Customs and Border Protection Border Patrol shall—

(A) install along the international land border between the United States and Mexico at least—

(i) 300 miles of vehicle barriers;

(ii) 700 linear miles of fencing as required by the Secure Fence Act of 2006 (Public Law 109–367), as amended by this Act; and

(iii) 105 ground-based radar and camera towers; and

(B) deploy for use along the international land border between the United States and Mexico 4 unmanned aerial vehicles, and the supporting systems for such vehicles.

(4) **CATCH AND RETURN.**—The Secretary of Homeland Security shall detain all removable aliens apprehended crossing the international land border between the United States and Mexico in violation of Federal or State law, except as specifically mandated by Federal or State law or humanitarian circumstances, and United States Immigration and Customs Enforcement shall have the resources to maintain this practice, including the resources necessary to detain up to 45,000 aliens per day on an annual basis.

(b) **PRESIDENTIAL PROGRESS REPORT.**—

(1) **IN GENERAL.**—Not later than 90 days after the date of enactment of this Act, and every 90 days thereafter until the requirements under subsection (a) are met, the President shall submit a report to Congress detailing the progress made in funding, meeting, or otherwise satisfying each of the requirements described under paragraphs (1) through (4) of subsection (a), including detailing any contractual agreements reached to carry out such measures.

(2) **PROGRESS NOT SUFFICIENT.**—If the President determines that sufficient progress is not being made, the President shall include in the report required under paragraph (1) specific funding recommendations, authorization needed, or other actions that are or should be undertaken by the Secretary of Homeland Security.

SEC. 1003. APPROPRIATIONS FOR BORDER SECURITY.

There is hereby appropriated \$3,000,000,000 to satisfy the requirements set out in section 1002(a) and, if any amount remains after satisfying such requirements, to achieve and maintain operational control over the international land and maritime borders of the United States, for employment eligibility verification improvements, for increased removal and detention of visa overstays, criminal aliens, aliens who have illegally reentered the United States, and for reimbursement of State and local section 287(g) expenses. These amounts are designated as an emergency requirement pursuant to section 204 of S. Con. Res. 21 (110th Congress).

This Act may be cited as the “Department of Homeland Security Appropriations Act, 2008”.

APPOINTMENTS

The **PRESIDING OFFICER.** The Chair, on behalf of the Vice President, pursuant to Title 46 App., Section 1295 b(h), of the U.S. Code, appoints the following Senators to the Board of Visitors of the U.S. Merchant Marine Academy: the Senator from Hawaii, Mr. INOUE, ex officio as Chairman of the Committee on Commerce, Science, and Transportation; the Senator from New Jersey, Mr. LAUTENBERG, from the Committee on Commerce, Science and Transportation; the Senator from Alaska, Mr. STEVENS, from the Committee on Commerce, Science and Transportation; and the Senator from South Carolina, Mr. GRAHAM, At Large.

The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 6968(a), appoints the following Senators to the

Board of Visitors of the U.S. Naval Academy: the Senator from Mississippi, Mr. COCHRAN, from the Committee on Appropriations; the Senator from Maryland, Ms. MIKULSKI, from the Committee on Appropriations; the Senator from Arizona, Mr. MCCAIN, designated by the Chairman of the Committee on Armed Services; and the Senator from Maryland, Mr. CARDIN, At Large.

The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 4355(a), appoints the following Senators to the Board of Visitors of the U.S. Military Academy: the Senator from Texas, Mrs. HUTCHISON, from the Committee on Appropriations; the Senator from Louisiana, Ms. LANDRIEU, from the Committee on Appropriations; the Senator from Rhode Island, Mr. REED, designated by the Chairman of the Committee on Armed Services; and the Senator from Maine, Ms. COLLINS, At Large.

The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 9355(a), appoints the following Senators to the Board of Visitors of the U.S. Air Force Academy: the Senator from Utah, Mr. BENNETT, from the Committee on Appropriations; the Senator from Nebraska, Mr. NELSON, from the Committee on Appropriations; and the Senator from Colorado, Mr. ALLARD, At Large.

SAFETY OF SENIORS ACT OF 2007

Mr. CASEY. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 99, S. 845.

The **PRESIDING OFFICER.** The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A bill (S. 845) to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

S. 845

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 “Safety of Seniors Act of 2007”.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating section 393B (as added by section 1401 of Public Law 106–386) as section 393C and transferring such section so that it appears after section 393B (as added by section 1301 of Public Law 106–310); and

(2) by inserting after section 393C (as redesignated by paragraph (1)) the following:

“SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.

“(a) PUBLIC EDUCATION.—The Secretary may—

“(1) oversee and support a national education campaign to be carried out by a nonprofit organization with experience in designing and implementing national injury prevention programs, that is directed principally to older adults, their families, and health care providers, and that focuses on reducing falls among older adults and preventing repeat falls; and

“(2) award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety, health, senior citizen, and other organizations to design and carry out local education campaigns, focusing on reducing falls among older adults and preventing repeat falls.

“(b) RESEARCH.—

“(1) IN GENERAL.—The Secretary may—

“(A) conduct and support research to—

“(i) improve the identification of older adults who have a high risk of falling;

“(ii) improve data collection and analysis to identify fall risk and protective factors;

“(iii) design, implement, and evaluate the most effective fall prevention interventions;

“(iv) improve strategies that are proven to be effective in reducing falls by tailoring these strategies to specific populations of older adults;

“(v) conduct research in order to maximize the dissemination of proven, effective fall prevention interventions;

“(vi) intensify proven interventions to prevent falls among older adults;

“(vii) improve the diagnosis, treatment, and rehabilitation of elderly fall victims and older adults at high risk for falls; and

“(viii) assess the risk of falls occurring in various settings;

“(B) conduct research concerning barriers to the adoption of proven interventions with respect to the prevention of falls among older adults;

“(C) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among high-risk older adults living in communities and long-term care and assisted living facilities; and

“(D) evaluate the effectiveness of community programs designed to prevent falls among older adults.

“(2) EDUCATIONAL SUPPORT.—The Secretary, either directly or through awarding grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, may provide professional education for physicians and allied health professionals, and aging service providers in fall prevention, evaluation, and management.

“(c) DEMONSTRATION PROJECTS.—The Secretary may carry out the following:

“(1) Oversee and support demonstration and research projects to be carried out by qualified organizations, institutions, or consortia of qualified organizations and institutions, in the following areas:

“(A) A multistate demonstration project assessing the utility of targeted fall risk screening and referral programs.

“(B) Programs designed for community-dwelling older adults that utilize multicomponent fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.

“(C) Programs that are targeted to new fall victims who are at a high risk for second falls and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.

“(D) Private sector and public-private partnerships to develop technologies to prevent falls among older adults and prevent or reduce injuries if falls occur.

“(2)(A) Award grants, contracts, or cooperative agreements to qualified organizations, insti-

tutions, or consortia of qualified organizations and institutions, to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

“(B) Award 1 or more grants, contracts, or cooperative agreements to 1 or more qualified organizations, institutions, or consortia of qualified organizations and institutions, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for single and multifamily residential settings with high concentrations of older adults, including—

“(i) identifying high-risk populations;

“(ii) evaluating residential facilities;

“(iii) conducting screening to identify high-risk individuals;

“(iv) providing fall assessment and risk reduction interventions and counseling;

“(v) coordinating services with health care and social service providers; and

“(vi) coordinating post-fall treatment and rehabilitation.

“(3) Award 1 or more grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.

“(d) STUDY OF EFFECTS OF FALLS ON HEALTH CARE COSTS.—

“(1) IN GENERAL.—The Secretary may conduct a review of the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.

“(2) REPORT.—If the Secretary conducts the review under paragraph (1), the Secretary shall, not later than 36 months after the date of enactment of the Safety of Seniors Act of 2007, submit to Congress a report describing the findings of the Secretary in conducting such review.”

SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

Section 394A of the Public Health Service Act (42 U.S.C. 280b-3) is amended by striking “\$50,000,000” and all that follows through the period and inserting “\$58,361,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 and 2010.”

Mr. CASEY. Mr. President, I ask unanimous consent that the amendment at the desk be considered and agreed to, the committee-reported substitute, as amended, be agreed to, the bill, as amended, be read three times, passed, and the motion to reconsider be laid upon the table; that any statements be printed in the RECORD, without intervening action or debate.

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

The amendment (No. 2622) was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Safety of Seniors Act of 2007”.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating section 393B (as added by section 1401 of Public Law 106-386) as section 393C and transferring such section so that it appears after section 393B (as added by section 1301 of Public Law 106-310); and

(2) by inserting after section 393C (as redesignated by paragraph (1)) the following:

“SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.

“(a) PUBLIC EDUCATION.—The Secretary may—

“(1) oversee and support a national education campaign to be carried out by a nonprofit organization with experience in designing and implementing national injury prevention programs, that is directed principally to older adults, their families, and health care providers, and that focuses on reducing falls among older adults and preventing repeat falls; and

“(2) award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety, health, senior citizen, and other organizations to design and carry out local education campaigns, focusing on reducing falls among older adults and preventing repeat falls.

“(b) RESEARCH.—

“(1) IN GENERAL.—The Secretary may—

“(A) conduct and support research to—

“(i) improve the identification of older adults who have a high risk of falling;

“(ii) improve data collection and analysis to identify fall risk and protective factors;

“(iii) design, implement, and evaluate the most effective fall prevention interventions;

“(iv) improve strategies that are proven to be effective in reducing falls by tailoring these strategies to specific populations of older adults;

“(v) conduct research in order to maximize the dissemination of proven, effective fall prevention interventions;

“(vi) intensify proven interventions to prevent falls among older adults;

“(vii) improve the diagnosis, treatment, and rehabilitation of elderly fall victims and older adults at high risk for falls; and

“(viii) assess the risk of falls occurring in various settings;

“(B) conduct research concerning barriers to the adoption of proven interventions with respect to the prevention of falls among older adults;

“(C) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among high-risk older adults living in communities and long-term care and assisted living facilities; and

“(D) evaluate the effectiveness of community programs designed to prevent falls among older adults.

“(2) EDUCATIONAL SUPPORT.—The Secretary, either directly or through awarding grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, may provide professional education for physicians and allied health professionals, and aging service providers in fall prevention, evaluation, and management.

“(c) DEMONSTRATION PROJECTS.—The Secretary may carry out the following:

“(1) Oversee and support demonstration and research projects to be carried out by qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in the following areas:

“(A) A multistate demonstration project assessing the utility of targeted fall risk screening and referral programs.

“(B) Programs designed for community-dwelling older adults that utilize multicomponent fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.

“(C) Programs that are targeted to new fall victims who are at a high risk for second

falls and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.

“(D) Private sector and public-private partnerships to develop technologies to prevent falls among older adults and prevent or reduce injuries if falls occur.

“(2)(A) Award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

“(B) Award 1 or more grants, contracts, or cooperative agreements to 1 or more qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for single and multifamily residential settings with high concentrations of older adults, including—

“(i) identifying high-risk populations;
 “(ii) evaluating residential facilities;
 “(iii) conducting screening to identify high-risk individuals;
 “(iv) providing fall assessment and risk reduction interventions and counseling;
 “(v) coordinating services with health care and social service providers; and
 “(vi) coordinating post-fall treatment and rehabilitation.

“(3) Award 1 or more grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.

“(d) PRIORITY.—In awarding grants, contracts, or cooperative agreements under this section, the Secretary may give priority to entities that explore the use of cost-sharing with respect to activities funded under the grant, contract, or agreement to ensure the institutional commitment of the recipients of such assistance to the projects funded under the grant, contract, or agreement. Such non-Federal cost sharing contributions may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“(e) STUDY OF EFFECTS OF FALLS ON HEALTH CARE COSTS.—

“(1) IN GENERAL.—The Secretary may conduct a review of the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.

“(2) REPORT.—If the Secretary conducts the review under paragraph (1), the Secretary shall, not later than 36 months after the date of enactment of the Safety of Seniors Act of 2007, submit to Congress a report describing the findings of the Secretary in conducting such review.”.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 845), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

NATIONAL PERIPHERAL ARTERIAL DISEASE AWARENESS MONTH

Mr. CASEY. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. Res. 221, and that then the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 221) supporting National Peripheral Arterial Disease Awareness Month and efforts to educate people about peripheral arterial disease.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table en bloc; that any statements be printed in the RECORD, with no intervening action or debate.

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

The resolution (S. Res. 221) was agreed to.

The preamble was agreed to.
 The resolution, with its preamble, reads as follows:

S. RES. 221

Whereas peripheral arterial disease is a vascular disease that occurs when narrowed arteries reduce blood flow to the limbs;

Whereas peripheral arterial disease is a significant vascular disease that can be as serious as a heart attack or stroke;

Whereas peripheral arterial disease affects approximately 8,000,000 to 12,000,000 Americans;

Whereas 1 in 5 patients with peripheral arterial disease will experience cardiovascular death, heart attack, stroke, or hospitalization within 1 year;

Whereas the survival rate for individuals with peripheral arterial disease is worse than the outcome for many common cancers;

Whereas peripheral arterial disease is a leading cause of lower limb amputation in the United States;

Whereas many patients with peripheral arterial disease have walking impairment that leads to a diminished quality of life and functional capacity;

Whereas a majority of patients with peripheral arterial disease are asymptomatic and less than half of individuals with peripheral arterial disease are aware of their diagnoses;

Whereas African-American ethnicity is a strong and independent risk factor for peripheral arterial disease, and yet this fact is not well known to those at risk;

Whereas effective treatments are available for people with peripheral arterial disease to reduce heart attacks, strokes, and amputations and to improve quality of life;

Whereas many patients with peripheral arterial disease are still untreated with proven therapies;

Whereas there is a need for comprehensive educational efforts designed to increase awareness of peripheral arterial disease among medical professionals and the greater public in order to promote early detection and proper treatment of this disease to improve quality of life, prevent heart attacks and strokes, and save lives and limbs; and

Whereas September 2007 is an appropriate month to observe National Peripheral Arterial Disease Awareness Month: Now, therefore, be it

Resolved, That the Senate—

(1) supports National Peripheral Arterial Disease Awareness Month and efforts to educate people about peripheral arterial disease;

(2) acknowledges the critical importance of peripheral arterial disease awareness to improve national cardiovascular health;

(3) supports raising awareness of the consequences of undiagnosed and untreated peripheral arterial disease and the need to seek appropriate care as a serious public health issue; and

(4) calls upon the people of the United States to observe the month with appropriate programs and activities.

HONORING THE LIFE OF BILL WALSH

Mr. CASEY. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 290, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

Honoring the life and career of former San Francisco 49ers Head Coach Bill Walsh.

There being no objection, the Senate proceeded to consider the resolution.

Mrs. FEINSTEIN. Mr. President, yesterday we lost a man who was the heart and soul of the great San Francisco 49er teams of the 1980s. Bill Walsh was a great coach and a fine friend.

I rise today with Senator BOXER to introduce a resolution to honor the life and career of a pioneer in the field of football, a true leader and teacher, and a dedicated husband, father and friend.

He touched so many in the bay area. He led the 49ers to three Super Bowls. And he gave this city a shot in the arm in some of its darkest hours.

I became mayor in 1978. Bill Walsh became head coach in 1979, after honing his skills at Stanford.

Many forget that the 49ers before Bill Walsh were an unremarkable team. They hadn't made the playoffs in years. The team was filled with journeymen.

San Francisco was a baseball town, and football played second fiddle.

But just 2 years later in the 1981 season Bill Walsh led the 49ers on an improbable run to a Super Bowl victory.

Led by a quarterback named Montana, these 49ers played an exciting new brand of football.

Only later would we discover that Bill Walsh had revolutionized the game—he transformed smash-mouth football into the elegant “West Coast Offense.”

And this team became the stuff of legends. The players became household names. Montana. Rice. Lott. Clark. Young.

Even the plays became mythical. Who can forget “The Catch”?

And Cinderella became a powerhouse and a powerhouse became a dynasty.

I look back on that time with great fondness.

One of the photos that I treasure most is in my home in Washington.