(Mr. SANDERS) was added as a cosponsor of amendment No. 2919 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2982

At the request of Mr. COLEMAN, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of amendment No. 2982 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2997

At the request of Mr. BIDEN, the names of the Senator from California (Mrs. FEINSTEIN), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Ohio (Mr. BROWN), the Senator from Delaware (Mr. CARPER) and the Senator from Colorado (Mr. SALAZAR) were added as cosponsors of amendment No. 2997 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2999

At the request of Mr. WEBB, the names of the Senator from New Jersey (Mr. LAUTENBERG) and the Senator from Rhode Island (Mr. REED) were added as cosponsors of amendment No. 2999 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3017

At the request of Mr. KYL, the names of the Senator from Tennessee (Mr. CORKER), the Senator from South Dakota (Mr. THUNE) and the Senator from Arizona (Mr. MCCAIN) were added as cosponsors of amendment No. 3017 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3024

At the request of Mrs. DOLE, her name was added as a cosponsor of amendment No. 3024 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3034

At the request of Mr. GREGG, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of amendment No. 3034 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3035

At the request of Mr. KENNEDY, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Pennsylvania (Mr. SPECTER), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Connecticut (Mr. DODD), the Senator from Maine (Ms. COLLINS), the Senator from Indiana (Mr. BAYH), the Senator from Colorado (Mr. SALAZAR), the Senator from Massachusetts (Mr. KERRY), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Illinois (Mr. OBAMA), the Senator from New York (Mrs. CLINTON), the Senator from Maine (Ms. SNOWE), the Senator from Washington (Mrs. MURRAY), the Senator from Rhode Island (Mr. REED), the Senator from California (Mrs. FEINSTEIN), the Senator from Hawaii (Mr. INOUYE), the Senator from Ohio (Mr. BROWN), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Illinois (Mr. DURBIN), the Senator from New York (Mr. SCHUMER), the Senator from California (Mrs. BOXER), the Senator from Maryland (Mr. CARDIN), the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from Maryland (Ms. MIKULSKI), the Senator from Vermont (Mr. SANDERS), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Pennsylvania (Mr. CASEY), the Senator from Oregon (Mr. WYDEN), the Senator from South Dakota (Mr. JOHNSON), the Senator from Iowa (Mr. HARKIN), the Senator from Delaware (Mr. BIDEN), the Senator from Washington (Ms. CANTWELL) and the Senator from Virginia (Mr. WEBB) were added as cosponsors of amendment No. 3035 proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3045

At the request of Mr. COBURN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of amendment No. 3045 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SANDERS:

S. 2094. A bill to increase the wages and benefits of blue collar workers by strengthening labor provisions in the H–2B program, to provide for labor recruiter accountability, and for other purposes; to the Committee on the Judiciary.

Mr. SANDERS. Mr. President, today I am introducing the Increasing American Wages and Benefits Act of 2007.

Since 2000, key economic indicators confirm that the economic security of Americans is moving in the wrong direction: nearly 5 million more Americans are living in poverty; nonelderly household income has declined by nearly $2,500; over 3 million manufacturing jobs have been lost; and 8.6 million more Americans are without health insurance. While the rich have gotten richer, every other income group over the past 7 years has lost ground economically, with the middle class and working families losing the most.

The Increasing American Wages and Benefits Act would begin to reverse this downward economic trend for workers employed in construction, forestry, ski resorts, stone quarries, asphalt paving, hotels, restaurants, landscaping, housekeeping and many other industries by reforming the H–2B guest-worker program.

Under current law and existing Federal regulations, employers applying for H–2B visas must first certify that capable U.S. workers are not available, efforts were made to recruit U.S. workers for these positions first, and the employment of guest workers will not adversely affect the wages and working conditions of similarly employed U.S. workers.

As documented by the AFL–CIO, Change to Win, the Southern Poverty Law Center and other groups, the H–2B program is frequently used by employers to drive down the wages and benefits of U.S. workers, while cheating H–2B workers out of earned benefits. These abuses have clearly undermined the legislative and regulatory intent of this temporary guest-worker program.

The Increasing American Wages and Benefits Act would reform the H–2B program to ensure that workers receive the wages and benefits they deserve and prevent employers from abusing the system.

Specifically, this legislation: requires employers to do a much better job at recruiting American workers first at higher wages before being able to hire H–2B guest-workers; provides the Department of Labor with the explicit authority to enforce labor law violations pertaining to the H–2B program; allows workers who have been directly and adversely affected by the H–2B program

to have their day in court against unscrupulous employers; prohibits companies that have announced mass layoffs within the past year from hiring H–2B guest-workers. Allows the Legal Services Corporation to provide the same legal services to H–2B workers as it provides to H–2A workers; requires employers to pay for the transportation expenses for H–2B guest workers both to the United States and back to their country of origin once the employment period ends; and provides other important protections for H–2B guest-workers.

This legislation improves and strengthens the H–2B program so that it can be used by employers during emergency labor shortages, while increasing the wages and benefits for both American workers and guestworkers.

I am proud that the Increasing American Wages and Benefits Act has the strong support of the AFL–CIO; the Service Employees International Union, SEIU; the International Brotherhood of Teamsters; the Southern Poverty Law Center; the Building and Construction Trades Department; the Laborers' International Union of North America; the United Food and Commercial Workers; the International Brotherhood of Electrical Workers; the Alliance of Forest Workers and Harvesters; the United Farmworkers of America; and the Farmworkers Support Committee.

I ask unanimous consent to have printed in the RECORD letters of support.

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

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS,
Washington, DC, September 19, 2007.

Hon. BERNARD SANDERS,
Dirksen Senate Office Building,
Washington, DC.

DEAR SENATOR SANDERS: The AFL–CIO strongly supports the ''Increasing American Wages and Benefits Act of 2007,'' which would strengthen necessary labor protections within the H–2B seasonal non-agricultural guest worker program.

As demonstrated by a recent report issued by the Southern Poverty Law Center, ''Close to Slavery,'' employers and recruiters who seek to import seasonal workers through this program have all too often engaged in questionable tactics and subjected workers to exploitation. This exploitation often goes undetected because the investigative and enforcement mechanisms of the H–2B program are largely non-existent.

Adequate enforcement of labor standards within the H–2B seasonal guest worker program would not only help deter the abuse of an imported foreign workforce, but would also protect the wages and benefits offered to American workers, who are unfairly forced to compete for jobs by employers who appreciate the benefits of filling vacancies with a more vulnerable workforce.

The suffering of one segment of our workforce has an inevitable and damaging impact on every worker. We must stop unscrupulous employers from padding their profit margins by endangering workers and driving down wages and workplace standards. We applaud your efforts to protect the living standards of all who labor within our borders.

Sincerely,

WILLIAM SAMUEL,
Director, Department of Legislation.

IMMIGRANT JUSTICE PROJECT,
SOUTHERN POVERTY LAW CENTER,
Montgomery, AL, September 17, 2007.

Hon. BERNIE SANDERS,
U.S. Senate,
Washington, DC.

DEAR SENATOR SANDERS: I write on behalf of the Southern Poverty Law Center in support of the legislation you recently introduced to reform the H–2B guestworker program. The bill, ''The Increasing American Wages and Benefits Act,'' would substantially improve the legal protections available to H–2B workers and to American workers laboring in industries that rely heavily on guestworkers.

Founded in 1971, the Southern Poverty Law Center is a civil rights organization dedicated to advancing and protecting the rights of minorities, the poor and victims of injustice in significant civil rights and social justice matters. Our Immigrant Justice Project represents low-income immigrant workers in litigation across the Southeast.

During my legal career, I have represented and spoken with literally thousands of H–2 guestworkers in many states. Currently, the Southern Poverty Law Center is representing workers in seven class action lawsuits on behalf of guestworkers. We have also recently published a report about the H–2 guestworker program in the United States entitled ''Close to Slavery,'' which can be accessed at http://www.splcenter.org/pdf/static/SPLCguestworker.pdf.

Our report, which discusses in detail the abuses suffered by guestworkers, is based upon thousands of interviews with workers as well as a review of the research on guestworker programs, scores of legal cases and the experience of legal experts from around the country. As the report reflects, guestworkers are systematically exploited because the very structure of the program places them at the mercy of a single employer and provides no realistic means for workers to exercise the few rights they have.

The H–2B guestworker program permits U.S. employers to import human beings on a temporary basis from other nations to perform work when the employer certifies that ''qualified persons in the United States are not available and . . . the terms of employment will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.'' Those workers generally cannot bring with them their immediate family members, and their status provides them no route to permanent residency in the United States.

The program is rife with abuses. The abuses typically start long before the worker has arrived in the United States, with the recruitment process, and they continue through and even after his or her employment here. Unlike U.S. citizens, guest workers do not enjoy the most fundamental protection of a competitive labor market—the ability to change jobs if they are mistreated. If guestworkers complain about abuses, they face deportation, blacklisting or other retaliation.

Our report documents rampant wage violations, recruitment abuses, seizure of identity documents and squalid living conditions, among other things. H–2B workers simply have very few legal protections under our current law.

In addition, H–2B workers cannot reasonably enforce the few rights they have under our current system. Providing workers a way to enforce promises made to them by employers and giving them access to legal services attorneys are important steps in helping workers combat abuse and protect their rights.

In conclusion, current guestworker programs for low-skilled workers in the United States lack adequate worker protections and lack any real means to enforce the protections that do exist under federal law. Vulnerable workers desperately need Congress to take the lead in demanding reform of this system. Passage of this bill would go a long way toward remedying the abuses that vulnerable workers experience in U.S. guestworker programs.

Sincerely,

MARY BAUER,
Director.

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION, CLC,
Washington, DC, September 21, 2007.

Hon. BERNARD SANDERS,
U.S. Senate,
Washington, DC.

DEAR SENATOR SANDERS: On behalf of the 1.3 million members of the United Food and Commercial Workers International Union (UFCW), I am writing to thank you for introducing the ''Increasing American Wages and Benefits Act of 2007.'' UFCW supports this legislation that will improve the legal protections to H–2B seasonal non-agricultural workers.

It is clear that the current temporary nonimmigrant programs have not worked as intended and it is long past the time for reform. UFCW has long advocated for reform of existing guestworker programs. Many employers and recruiters who recruit and hire workers through this program have engaged in questionable tactics, and many of the workers have been subjected to exploitation.

In addition, we believe that many of these jobs could and would be filled by American workers, especially if the employers offer appropriate wages and working conditions to attract domestic workers. The ''Increasing American Wages and Benefits Act'' will increase the enforcement for the program, deter abuse of guestworkers, and would improve the wages, benefits, and working conditions offered to these workers and all American workers, who are unfairly forced to compete for these jobs.

UFCW has been a long-time proponent of reforming guestworker programs because, in spite of the theory, the real world impact is that they have created an underclass of workers, have held down wages, discouraged reporting of workplace complaints, and reduced workers' ability to organize and collectively bargain. In addition, the result of the existing programs is that they have engendered discriminatory attitudes toward individuals who are afforded neither full rights nor benefits on the job, nor participation in our society. Our experience is that no matter how many worker protections have been written into temporary worker programs, the approach inherently provides employers with the opportunity to exploit workers and turn permanent jobs into low-wage, no-benefit, and no-future jobs.

UFCW supports your reform efforts and we look forward to working with you to enact this important legislation.

Sincerely,

MICHAEL J. WILSON,
International Vice President, Director, Legislative and Political Action Department.

FARMWORKER JUSTICE,
Washington, DC, September 19, 2007.

Re reform of the H–2B Temporary Foreign Worker Program.

Senator BERNARD SANDERS,
U.S. Senate,
Washington, DC.

DEAR SENATOR SANDERS: Thank you for introducing the Increasing American Wages and Benefits Act to reform the H–2B guestworker program for seasonal employment Farmworker Justice, a national advocacy and litigation organization for agricultural workers, has had substantial experience helping U.S. and foreign workers affected by the H–2B program as well as the H–2A agricultural guestworker program. Our research and direct experience cause us to conclude that substantial reforms of the program are needed. We support the legislation and hope that Congress enacts it immediately.

Currently, the H–2B law instructs the Department of Labor to prevent employers that hire H–2B guestworkers based on claimed labor shortages from displacing United States workers and from adversely affecting their wages and working conditions. The law's provisions fail to achieve these objectives. The law also fails to prevent exploitation of foreign citizens who, due to their poverty and the temporary, nonimmigrant status of the H–2B visa, are vulnerable to accepting substandard and often illegal employment conditions. Further, the Department of Labor's policies and actions fail to meet the statutory goals. The H–2B law must be improved and your legislation would do so.

The need for strong protections in guestworker programs has been demonstrated time and time again, in the hiring of Chinese workers in the 1860's to 1870's, in the employment of Mexican workers in the Bracero guestworker program in the 1940's to 1960's, and in the H–2A and H–2B guestworker programs. Many employers find guestworkers advantageous because they usually come from poor countries, where wages are a small fraction of those in the U.S., and often will work at very high productivity rates for significantly lower wages than will U.S. workers. Guestworker programs have displaced U.S. workers and depressed wage rates.

Your legislation is also important because it would begin a process of regulating the international recruitment of guestworkers by labor contracting firms that are hired by employers in the United States. The guestworker recruitment system often enables the ultimate employers to escape responsibility for the mistreatment of the foreign citizens.

While we support reform of the H–2B program, we remain skeptical that any guestworker program is consistent with America's economic and democratic freedoms. We are a nation of immigrants, not a nation of guestworkers. In America, workers should have the freedom to switch employers, demand better wages and working conditions, join unions and become citizens with the right to vote. Although reform is one critical step to protect U.S. workers from displacement and wage depression and guestworkers from exploitation, ultimately Congress should consider abolishing the program and replacing it with a system based on a true immigration status for workers who are needed in this country.

Thank you very much for introducing the Increasing American Wages and Benefits Act.

Sincerely,

BRUCE GOLDSTEIN,
Excecutive Director.

COMITE DE APOYO A LOS TRANSBAJADORES AGRICOLAS—FARMWORKERS SUPPORT COMMITTEE,
Glassboro, NJ, September 19, 2007.

Re endorsement for the increasing American Wages and Benefits Act.

Senator SANDERS,
U.S. Senate,
Washington DC.

DEAR SENATOR SANDERS: CATA—El Comite de Apoyo a los Trabajadores Agricolas, The Farmworker Support Committee, is a grassroots migrant and immigrant worker organization whose mission is to educate and empower workers so they are able to defend their rights.

We at CATA acknowledge that the H–2B reform bill you have prepared would provide greater protection to workers. Thank you for your support in combating the abuse of current H–2B workers.

We believe that maintaining equivalent wages between American workers and guestworkers is critical for sustaining appropriate working conditions and preventing the creation of an underclass. We at CATA remain adamant that enforcement of any legislation is key to its effectiveness at protecting workers' rights.

We at CATA recommend further legislation to address the portability of jobs to eliminate worker vulnerability under the current law. We also insist on developing a mechanism for H–2B workers to achieve permanent residence. Despite not addressing these critical concerns that CATA has, the Increasing American Wages and Benefits Act is a decisive step forward for human rights.

Sincerely,

NELSON CARRASQUILLO,
Executive Director.

By Mr. DORGAN (for himself, Mr. STEVENS, Mr. SCHUMER, Mr. ENSIGN, Mr. KERRY, Mr. KOHL, Mr. FEINGOLD, Mrs. CLINTON, Mrs. FEINSTEIN, and Mr. NELSON of Florida):

S. 2096. A bill to amend the Do-Not-Call Implementation Act to eliminate the automatic removal of telephone numbers registered on the Federal ''do-not-call'' registry; to the Committee on Commerce, Science, and Transportation.

Mr. DORGAN. Mr. President, today I am introducing, along with Senators STEVENS, SCHUMER, ENSIGN, KERRY, KOHL, FEINGOLD, CLINTON, FEINSTEIN, and NELSON of Florida, the Do-Not-Call Improvement Act of 2007. We seek with this bill to ensure that millions of Americans who signed up for the ''Do-Not-Call'' registry do not face a resumption of unwanted calls from telemarketers next year when registrations on the registry begin to expire.

Most Americans are unaware that their registration on the list is set to expire after 5 years. The expiration is unnecessary, most people who initially wanted to be rid of telemarketing calls likely still want to block these calls. The system automatically removes numbers that are disconnected and reassigned.

The automatic expiration will only create a hassle for Americans as they start receiving calls again and have to go through the process of re-registering. The U.S. Government would have to spend money to let people know they need to sign up again.

This bill would prevent the automatic expiration and removal of numbers from the registry.

Congress established the ''Do Not Call'' registry in 2003. It quickly became one of the most popular consumer protection programs in history. Congress did not provide for automatic expiration of ''Do Not Call'' list registrations, but the FTC and FCC included an automatic five year expiration for registrations when they wrote the rules for implementing the program.

That was not what Congress intended. As things stand today, 52 million Americans will either have to re-register on October 1, 2008, or get ready to hear their telephones ringing during supper time again with unwanted, commercial solicitation calls.

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 placed in the RECORD, as follows:

S. 2096

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 ''Do-Not-Call Improvement Act of 2007''.

SEC. 2. PROHIBITION OF EXPIRATION DATE FOR REGISTERED TELEPHONE NUMBERS.

The Do-Not-Call Implementation Act (15 U.S.C. 6101 note) is amended—

(1) by inserting ''Such rule shall not provide any date of expiration for telephone numbers registered on the 'do-not-call' registry, nor for any predetermined time limitation for telephone numbers to remain on the registry.'' after the first sentence in section 3; and

(2) by adding at the end the following:

''SEC. 5. PROHIBITION OF EXPIRATION DATE.

''In issuing regulations regarding the 'do-not-call' registry of the Telemarketing Sales Rule (16 C. F. R. 310.4(b)(1)(iii)), the Federal Trade Commission shall not provide for any date of expiration for telephone numbers registered on the 'do-not-call' registry, nor for any predetermined time limitation for telephone numbers to remain on the registry.''.

By Mr. FEINGOLD:

S. 2097. A bill to modify the optional method of computing net earnings from self-employment; to the Committee on Finance.

Mr. FEINGOLD. Mr. President, today I am introducing legislation to address an injustice in the Tax Code that is threatening family farmers and other self-employed individuals. Some of my constituents, primarily Wisconsin farmers, have requested Congress's assistance to correct the Tax Code so they can protect their families. The legislation I introduce today, the Farmer Tax Fairness Act of 2007, is similar to legislation I introduced in the last two Congresses and will solve the problem for today and into the future.

Farming is vital to Wisconsin. Wisconsin's agricultural industry plays a large and important role in the growth

and prosperity of the entire State. Wisconsin's status as ''America's Dairyland'' is central to our State's agriculture industry. Wisconsin's dairy farmers produce approximately 23 billion pounds of milk and lead the Nation in cheese production with over 25 percent or 2.5 billion pounds of cheese a year. But Wisconsin's farmers produce much more than milk; they also are national leaders in the production of butter, potatoes, ginseng, cranberries, various processing vegetables, and many organic foods. So when the hardworking farmers of Wisconsin need help, I will do all I can to assist.

One concern that I have heard from Wisconsin farmers is that the Tax Code can limit their eligibility for social safety net programs, including old age, survivors, and disability insurance, OASDI, under Social Security and the hospital insurance HI part of Medicare. These programs are paid for through payroll taxes on workers and through the self-employment tax on the income of self-employed individuals. To be eligible for OSADI and HI benefits an individual must be fully insured and must have earned a minimum amount of income in the years immediately preceding the need for coverage. Every year, the Social Security Administration, SSA, sets the amount of earned income that individuals must pay taxes on to earn quarters of coverage, QCs, and maintain their benefits. An individual's eligibility requirements depend upon the age at which death or disability occurs, but for workers over 31 years of age, they must have earned at least 20 QCs within the past 10 years.

Self-employed individuals can have highly variable income, and, particularly for farmers who are at the whim of Mother Nature, not every year is a good year. During lean years, individuals may not earn enough income to maintain adequate coverage under OASDI and HI. Therefore, the Tax Code provides options to allow self-employed individuals to maintain eligibility for benefits. These options allow individuals to choose to pay taxes based on $1,600 of earned income, thus allowing self-employed entrepreneurs to maintain the same Federal protections even when their income varies.

Unfortunately, both the options for farmers and nonfarmers, Social Security Act §211(a) and I.R.C. §1402(a), have not kept pace with inflation, and they no longer provide security to families across the country. Decades ago, self-employment income of $1,600 earned an individual four QCs under SSA's calculations. In 2001, the amount needed to earn a QC rose to $830 of earned income, so individuals electing the optional methods were only able to earn one QC per year; making it much harder for them to remain eligible for benefits because they must average 2 QCs per year to be eligible. With inflation, there is no chance of the amount needed to earn a QC dropping on its own and it has steadily risen since 2001, so legislation is needed to fix this unanticipated erosion in this option for farmers and the self-employed.

Congress's failure to address this problem threatens the ability of self-employed individuals to maintain eligibility for OASDI and HI. I have heard from several of my constituent who want these options to be fixed so they can make sure their families will be taken care of in the event that something unforeseen occurs.

Therefore, I am introducing the Farmer Tax Fairness Act of 2007 in order to provide farmers and self-employed individuals with a fair choice. Under this bill, they will continue to be able to elect the optional method if they so choose. When individuals do elect the option, this legislation provides an update to the Tax Code so farmers and self-employed individuals can retain full eligibility for OASDI and HI benefits. It indexes the optional income levels to SSA's QC calculations, allowing these farmers and self-employed individuals to claim enough earned income to qualify for four OCs annually. In addition, by linking the earned income level to SSA's requirements for QCs, the bill will ensure that the amount of income deemed to be earned under the optional methods will not need to be adjusted by Congress again.

Along with providing security to self-employed individuals and farmers across the country, this solution is fiscally responsible. It could even provide a short run increase in U.S. Treasury revenues while having negligible impact upon the Social Security trust fund in the long run.

Let me take a moment to acknowledge the efforts of the Senator from Iowa, Mr. GRASSLEY, to address this problem in the 107th Congress. As chairman of the Senate Finance Committee, he included similar legislative language in the chairman's mark for the Small Business and Farm Economic Recovery Act of 2002. The Senate Finance Committee held a markup on the legislation on September 19, 2002, but the changes to the optional methods did not become law.

When incomes fall, the Tax Code provides optional methods for calculating net earnings to ensure that farmers and self-employed individuals maintain eligibility for social safety net programs. When these provisions were developed, Congress intended self-employed individuals to have the ability to pay enough to earn a full 4 QCs. Unfortunately the Tax Code has not kept up with the times and due to inflation many farmers are losing eligibility for some of Social Security's programs. Congress needs to provide security to farm families and other self-employed individuals. I urge my colleagues to support the Farmer Tax Fairness Act of 2007.

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 placed in the RECORD, as follows:

S. 2097

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 ''Farmer Tax Fairness Act of 2007''.

SEC. 2. MODIFICATION TO OPTIONAL METHOD OF COMPUTING NET EARNINGS FROM SELF-EMPLOYMENT.

(a) AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.—

(1) IN GENERAL.—The matter following paragraph (15) of section 1402(a) of the Internal Revenue Code of 1986 is amended—

(A) by striking ''$2,400'' each place it appears and inserting ''the upper limit'', and

(B) by striking ''$1,600'' each place it appears and inserting ''the lower limit''.

(2) DEFINITIONS.—Section 1402 of such Code is amended by adding at the end the following new subsection:

''(l) UPPER AND LOWER LIMITS.—For purposes of subsection (a)—

''(1) LOWER LIMIT.—The lower limit for any taxable year is the sum of the amounts required under section 213(d) of the Social Security Act for a quarter of coverage in effect with respect to each calendar quarter ending with or within such taxable year.

''(2) UPPER LIMIT.—The upper limit for any taxable year is the amount equal to 150 percent of the lower limit for such taxable year.''.

(b) AMENDMENTS TO THE SOCIAL SECURITY ACT.—

(1) IN GENERAL.—The matter following paragraph (15) of section 211(a) of the Social Security Act is amended—

(A) by striking ''$2,400'' each place it appears and inserting ''the upper limit'', and

(B) by striking ''$1,600'' each place it appears and inserting ''the lower limit''.

(2) DEFINITIONS.—Section 211 of such Act is amended by adding at the end the following new subsection:

''Upper and Lower Limits

''(k) For purposes of subsection (a)—

''(1) The lower limit for any taxable year is the sum of the amounts required under section 213(d) for a quarter of coverage in effect with respect to each calendar quarter ending with or within such taxable year.

''(2) The upper limit for any taxable year is the amount equal to 150 percent of the lower limit for such taxable year.''.

(3) CONFORMING AMENDMENT.—Section 212 of such Act is amended—

(A) in subsection (b), by striking ''For'' and inserting ''Except as provided in subsection (c), for''; and

(B) by adding at the end the following new subsection:

''(c) For the purpose of determining average indexed monthly earnings, average monthly wage, and quarters of coverage in the case of any individual who elects the option described in clause (ii) or (iv) in the matter following section 211(a)(15) for any taxable year that does not begin with or during a particular calendar year and end with or during such year, the self-employment income of such individual deemed to be derived during such taxable year shall be allocated to the two calendar years, portions of which are included within such taxable year, in the same proportion to the total of such deemed self-employment income as the sum of the amounts applicable under section 213(d) for the calendar quarters ending with or within each such calendar year bears to the lower limit for such taxable year specified in section 211(k)(1).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

By Mr. DORGAN (for himself and Mr. CONRAD):

S. 2098. A bill to establish the Northern Plains Heritage Area in the State of North Dakota; to the Committee on Energy and Natural Resources.

Mr. DORGAN. Mr. President, today I am pleased to be joined by Senator CONRAD to introduce legislation called the Northern Plains Heritage Area Act. This legislation would designate a core area of historically significant resources in Burleigh, McLean, Mercer, Morton and Oliver counties in North Dakota.

This National Heritage Area extends nearly the entire length of the last of the free-flowing Missouri River in North Dakota, the last place the river can be seen as it was seen by Lewis and Clark and the ancestors of today's Mandan and Hidatsa tribes.

But what makes this area a particularly good fit for a National Heritage Area designation is the distinction arising from the patterns of human activity shaped by geography. This is the northern extremity of Native agriculture on the Great Plains.

The scenic breaks of North Dakota's Missouri Valley overlook a rich agricultural tradition stretching back a thousand years. Along the length of the State's remaining free-flowing Missouri River, from Huff National Landmark on the south to the Knife River Indian Villages National Historic Site on the north, the Northern Plains Heritage Area would encompass the ancient homeland of the Mandan and Hidatsa nations.

While farming methods have changed, the agricultural traditions and the scenic, cultural and historic values remain. The same attributes of geography and climate that attracted the Mandan and Hidatsa later appealed to homesteading farmers and ranchers and the energy industry, all of whom benefited from the natural resources of the land.

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. 2098

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 ''Northern Plains Heritage Area Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) HERITAGE AREA.—The term ''Heritage Area'' means the Northern Plains Heritage Area established by section 3(a).

(2) MANAGEMENT ENTITY.—The term ''management entity'' means the management entity for the Heritage Area designated by section 3(d).

(3) MANAGEMENT PLAN.—The term ''management plan'' means the management plan for the Heritage Area required under section 5.

(4) MAP.—The term ''map'' means the map entitled ''Proposed Northern Plains National Heritage Area''.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(6) STATE.—The term ''State'' means the State of North Dakota.

SEC. 3. ESTABLISHMENT.

(a) IN GENERAL.—There is established in the State the Northern Plains National Heritage Area.

(b) BOUNDARIES.—The Heritage Area shall consist of—

(1) a core area of resources in Burleigh, McLean, Mercer, Morton, and Oliver Counties in the State; and

(2) any sites, buildings, and districts within the core area recommended by the management plan for inclusion in the Heritage Area.

(c) MAP.—A map of the Heritage Area shall be—

(1) included in the management plan; and

(2) on file and available for public inspection in the appropriate offices of the National Park Service.

(d) MANAGEMENT ENTITY.—The management entity for the Heritage Area shall be the Northern Plains Heritage Foundation, a nonprofit corporation established under the laws of the State.

SEC. 4. ADMINISTRATION.

(a) IN GENERAL.—For purposes of carrying out the management plan, the Secretary, acting through the management entity, may use amounts made available under this Act to—

(1) make grants to the State or a political subdivision of the State, nonprofit organizations, and other persons;

(2) enter into cooperative agreements with, or provide technical assistance to, the State or a political subdivision of the State, nonprofit organizations, and other interested parties;

(3) hire and compensate staff, including individuals with expertise in natural, cultural, and historical resources protection and heritage programming;

(4) obtain money or services from any source, including under any other Federal law or program;

(5) contract for goods or services; and

(6) carry out any other activity that—

(A) furthers the purposes of the Heritage Area; and

(B) is consistent with the approved management plan.

(b) DUTIES.—The management entity shall—

(1) in accordance with section 5, prepare and submit a management plan for the Heritage Area to the Secretary;

(2) give priority to implementing actions covered by the management plan, including assisting units of local government, regional planning organizations, and nonprofit organizations in carrying out the approved management plan by—

(A) carrying out programs and projects that recognize, protect, and enhance important resource values in the Heritage Area;

(B) establishing and maintaining interpretive exhibits and programs in the Heritage Area;

(C) developing recreational and educational opportunities in the Heritage Area;

(D) increasing public awareness of, and appreciation for, natural, historical, scenic, and cultural resources of the Heritage Area;

(E) protecting and restoring historic sites and buildings in the Heritage Area that are consistent with the themes of the Heritage Area;

(F) ensuring that clear, consistent, and appropriate signs identifying points of public access and sites of interest are posted throughout the Heritage Area; and

(G) promoting a wide range of partnerships among governments, organizations, and individuals to further the Heritage Area;

(3) consider the interests of diverse units of government, businesses, organizations, nonprofit groups, and individuals in the Heritage Area in the preparation and implementation of the management plan;

(4) conduct meetings open to the public at least semiannually regarding the development and implementation of the management plan;

(5) for any year for which Federal funds have been received under this Act—

(A) submit an annual report to the Secretary that describes the activities, expenses, and income of the management entity, including any grants to any other entities;

(B) make available to the Secretary for audit all records relating to the expenditure of the Federal funds and any matching funds; and

(C) require, with respect to all agreements authorizing the expenditure of Federal funds by other organizations, that the organizations receiving the Federal funds make available to the Secretary for audit all records concerning the expenditure of the funds; and

(6) encourage by appropriate means economic viability that is consistent with the Heritage Area.

(c) PROHIBITION ON THE ACQUISITION OF REAL PROPERTY.—The management entity shall not use Federal funds made available under this Act to acquire real property or any interest in real property.

(d) COST-SHARING REQUIREMENT.—The Federal share of the cost of any activity carried out using any Federal funds made available under this Act shall be 50 percent.

(e) OTHER SOURCES.—Nothing in this Act precludes the management entity from using Federal funds form other sources for authorized purposes.

SEC. 5. MANAGEMENT PLAN.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the management entity shall submit to the Secretary for approval a proposed management plan for the Heritage Area.

(b) REQUIREMENTS.—The management plan shall—

(1) incorporate an integrated and cooperative approach for the protection, enhancement, and interpretation of the natural, cultural, historic, scenic, and recreational resources of the Heritage Area;

(2) take into consideration State and local plans;

(3) include—

(A) an inventory of—

(i) the resources located in the core area described in section 3(b)(1); and

(ii) any other property in the core area that—

(I) is related to the themes of the Heritage Area; and

(II) should be preserved, restored, managed, or maintained because of the significance of the property;

(B) comprehensive policies, strategies and recommendations for the conservation, funding, management, and development of the Heritage Area;

(C) a description of actions that governments, private organizations, and individuals have agreed to take to protect the natural, historical and cultural resources of the Heritage Area;

(D) a program of implementation for the management plan by the management entity that includes a description of—

(i) actions to facilitate ongoing collaboration among partners to promote plans for resource protection, restoration, and construction; and

(ii) specific commitments for implementation that have been made by the management entity or any government, organization, or individual for the first 5 years of operation of the Heritage Area;

(E) the identification of sources of funding for carrying out the management plan;

(F) analysis and recommendations for means by which Federal, State, and local programs may best be coordinated to carry out this Act, including recommendations for the role of the National Park Service in the Heritage Area; and

(G) an interpretive plan for the Heritage Area; and

(4) recommend policies and strategies for resource management that consider and describe the application of appropriate land and water management techniques, including the development of intergovernmental and interagency cooperative agreements to protect the natural, historical, cultural, educational, scenic, and recreational resources of the Heritage Area.

(c) DEADLINE.—If a proposed management plan is not submitted to the Secretary by the date that is 3 years after the date of enactment of this Act, the management entity shall be ineligible to receive additional funding under this Act until the date on which the Secretary approves a management plan.

(d) APPROVAL OR DISAPPROVAL OF MANAGEMENT PLAN.—

(1) IN GENERAL.—Not later than 180 days after the date of receipt of the management plan under subsection (a), the Secretary, in consultation with the State, shall approve or disapprove the management plan.

(2) CRITERIA FOR APPROVAL.—In determining whether to approve the management plan, the Secretary shall consider whether—

(A) the management entity is representative of the diverse interests of the Heritage Area, including governments, natural and historic resource protection organizations, educational institutions, businesses, and recreational organizations;

(B) the management entity has afforded adequate opportunity, including public hearings, for public and governmental involvement in the preparation of the management plan; and

(C) the resource protection and interpretation strategies contained in the management plan, if implemented, would adequately protect the natural, historical, and cultural resources of the Heritage Area.

(3) ACTION FOLLOWING DISAPPROVAL.—If the Secretary disapproves the management plan under paragraph (1), the Secretary shall—

(A) advise the management entity in writing of the reasons for the disapproval;

(B) make recommendations for revisions to the management plan; and

(C) not later than 180 days after the receipt of any proposed revision of the management plan from the management entity, approve or disapprove the proposed revision.

(4) AMENDMENTS.—

(A) IN GENERAL.—The Secretary shall approve or disapprove each amendment to the management plan that the Secretary determines would make a substantial change to the management plan.

(B) USE OF FUNDS.—The management entity shall not use Federal funds authorized by this Act to carry out any amendments to the management plan until the Secretary has approved the amendments.

SEC. 6. RELATIONSHIP TO OTHER FEDERAL AGENCIES.

(a) IN GENERAL.—Nothing in this Act affects the authority of a Federal agency to provide technical or financial assistance under any other law.

(b) TECHNICAL AND FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—On the request of the management entity, the Secretary may provide financial assistance and, on a reimbursable or nonreimbursable basis, technical assistance to the management entity to develop and implement the management plan.

(2) COOPERATIVE AGREEMENTS.—The Secretary may enter into cooperative agreements with the management entity and other public or private entities to provide technical or financial assistance under paragraph (1).

(3) PRIORITY.—In assisting the Heritage Area, the Secretary shall give priority to actions that assist in—

(A) conserving the significant natural, historic, cultural, and scenic resources of the Heritage Area; and

(B) providing educational, interpretive, and recreational opportunities consistent with the purposes of the Heritage Area.

(c) CONSULTATION AND COORDINATION.—To the maximum extent practicable, the head of any Federal agency planning to conduct activities that may have an impact on the Heritage Area is encouraged to consult and coordinate the activities with the Secretary and the management entity.

(d) OTHER FEDERAL AGENCIES.—Nothing in this Act—

(1) modifies or alters any laws (including regulations) authorizing a Federal agency to manage Federal land under the jurisdiction of the Federal agency;

(2) limits the discretion of a Federal land manager to implement an approved land use plan within the boundaries of the Heritage Area; or

(3) modifies, alters, or amends any authorized use of Federal land under the jurisdiction of a Federal agency.

SEC. 7. PRIVATE PROPERTY AND REGULATORY PROTECTIONS.

Nothing in this Act—

(1) abridges the rights of any owner of public or private property, including the right to refrain from participating in any plan, project, program, or activity conducted within the Heritage Area;

(2) requires any property owner to—

(A) permit public access (including access by Federal, State, or local agencies) to the property of the property owner; or

(B) modify public access to, or use of, the property of the property owner under any other Federal, State, or local law;

(3) alters any land use regulation, approved land use plan, or other regulatory authority of any Federal, State, or local agency;

(4) conveys any land use or other regulatory authority to the management entity;

(5) authorizes or implies the reservation or appropriation of water or water rights;

(6) diminishes the authority of the State to manage fish and wildlife, including the regulation of fishing and hunting within the Heritage Area; or

(7) creates any liability, or affects any liability under any other law, of any private property owner with respect to any person injured on the private property.

SEC. 8. EVALUATION; REPORT.

(a) IN GENERAL.—Not later than 3 years before the date on which authority for Federal funding terminates for the Heritage Area under section 10, the Secretary shall—

(1) conduct an evaluation of the accomplishments of the Heritage Area; and

(2) prepare a report in accordance with subsection (c).

(b) EVALUATION.—An evaluation conducted under subsection (a)(1) shall—

(1) assess the progress of the management entity with respect to—

(A) accomplishing the purposes of this Act for the Heritage Area; and

(B) achieving the goals and objectives of the approved management plan for the Heritage Area;

(2) analyze the Federal, State, local, and private investments in the Heritage Area to determine the leverage and impact of the investments; and

(3) review the management structure, partnership relationships, and funding of the Heritage Area for purposes of identifying the critical components for sustainability of the Heritage Area.

(c) REPORT.—

(1) IN GENERAL.—Based on the evaluation conducted under subsection (a)(1), the Secretary shall prepare a report that includes recommendations for the future role of the National Park Service, if any, with respect to the Heritage Area.

(2) REQUIRED ANALYSIS.—If the report prepared under paragraph (1) recommends that Federal funding for the Heritage Area be reauthorized, the report shall include an analysis of—

(A) ways in which Federal funding for the Heritage Area may be reduced or eliminated; and

(B) the appropriate time period necessary to achieve the recommended reduction or elimination.

(3) SUBMISSION TO CONGRESS.—On completion of the report, the Secretary shall submit the report to—

(A) the Committee on Energy and Natural Resources of the Senate; and

(B) the Committee on Natural Resources of the House of Representatives.

SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this Act $10,000,000, of which not more than $1,000,000 may be made available for any fiscal year.

SEC. 10. TERMINATION OF AUTHORITY.

The authority of the Secretary to provide assistance under this Act terminates on the date that is 15 years after the date of enactment of this Act.

By Mr. BINGAMAN (for himself, Mr. KERRY, Mr. SALAZAR, and Ms. STABENOW):

S. 2101. A bill to amend title XIX of the Social Security Act to assist low-income Medicare beneficiaries by improving eligibility and services under the Medicare Savings Program, and for other purposes; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today with Senators KERRY, SALAZAR and STABENOW to introduce the Medicare Savings Program Improvement Act of 2007. This legislation would make critical improvements to the Medicare Savings Programs, which provide important cost-assistance for low-income Medicare beneficiaries through the Medicaid program and include the Qualified Medicare Beneficiary, QMB, Specified Low-income Medicare Beneficiary, SLMB, and Qualified Individuals–1, QI–1, programs.

One of the most significant improvements within this legislation is to make permanent the QI–1 program, which expires at the end of this month. This program provides vital assistance to low-income Medicare beneficiaries in paying for Medicare Part B premiums. It was established as part of the Balanced Budget Act of 1997 and was authorized for 5 years. Unfortunately, every few years we in Congress

must act to reauthorize this program, providing unnecessary uncertainty for beneficiaries and State Medicaid programs.

Congress should not participate in this annual last minute scramble to try and extend the program for a few months or a year. It is a disservice to the States, who must watch the Congress closely to constantly prepare to send out disenrollment notices and lay off staff, even though they are relatively certain the program will be extended. But, more importantly, it is a disservice to the 185,000 beneficiaries that need this important assistance, as many of those enrolled worry this benefit will be taken away and many of those never enrolled are not told of the benefit since States and advocates are spending their time trying to get the program extended rather than conducting outreach.

While I remain very hopeful that the Congress will pass an extension of the QI–1 program for an additional period in the coming week, I am introducing the Medicare Savings Program Improvement Act of 2007 today in the hope that Congress will end this process of temporary extensions and permanently authorize the program, as provided for in this legislation.

Furthermore, the bill proposes several improvements to the Medicare Savings Programs and application processes that will make these low-income benefits both more efficient to administer and more accessible to the individuals who need them. It would also seek to simplify the process of applying for Medicare Savings Programs and make the Programs more understandable to low-income senior citizens and people with disabilities, as well as State and Federal Government officials.

Rates of enrollment in the Medicare Savings Programs are well below those of other means-tested benefit programs. The Congressional Budget Office estimates that only 33 percent of eligible people are participating in the QMB program, and that the participation rate in the SLMB program is only 13 percent—these figures exclude people who are eligible for full Medicaid benefits. In comparison, participation rates are estimated to be 75 percent in the earned income tax credit, 66 percent to 73 percent for Supplemental Security Income, and 66 percent to 70 percent for Medicaid.

In New Mexico, over 1,500 low-income Medicare beneficiaries receive the QI–1 benefit, which saves them almost $1,000 in Medicare Part B premium out-of-pocket costs annually. Unfortunately, according to estimates made by the Medicare Rights Center using Census Bureau data, over 11,000 are likely to be eligible. Many are completely unaware of the assistance this program offers. This is usually because many eligible individuals are difficult to reach or communicate with because they are isolated, cannot read or speak English, have difficulty seeing or hearing, or lack transportation.

To briefly describe the most critical aspects of the legislation, Section 2 of the bill provides for one unified name for the Federal programs that offer cost sharing and benefit assistance for low income Medicare beneficiaries. Rather than separately referring to the QMB, SLMB, and QI–1 programs, the bill provides one common name for all of these programs, the ''Medicare Savings Programs.'' Aligning these programs under one title helps to establish greater uniformity in income and resource limits, simplifies the application process, makes more people eligible for subsidies and increases the enrollment in programs.

Low enrollment in these assistance programs is in large part due to the lack of knowledge and understanding of the programs or benefits offered. For example, 79 percent of non-enrolled eligible people have ever heard of the Medicare Savings Programs and two thirds of enrollees need assistance in completing the lengthy application form. This simple change has been pilot tested with Medicare beneficiary groups and found to elicit a positive response and interest from Medicare beneficiaries.

Section 3 of the legislation would make permanent the QI–1 category by incorporating these individuals into the SLMB category at 100 percent Federal medical percentage, FMAP, matching rate. In addition to simplifying and making permanent the program, such a change would ensure funding for QI–1 cost-sharing.

Section 5 eliminates the limit on assets, which is set at $4,000 for an individual and $6,000 for a couple and disqualifies millions of Medicare beneficiaries with very low incomes from qualifying for assistance. Many potential beneficiaries do not apply for benefits because they incorrectly assume that they have too many assets to qualify or fear losing their estate. Some States have waived or disallowed the counting of some assets for the purposes of eligibility determination and have seen much higher enrollment rates. The requirements to document one's assets also makes the application process burdensome and deters potential enrollees who might pass the asset test.

Finally, section 8 eliminates some of the critical barriers to enrollment. As I noted earlier, rates of enrollment in the Medicare Savings Programs are well below those of other means-tested. benefit programs. This section provides for several important enrollment simplification procedures, such as allowing self-certification of income and continuous eligibility, and expanded outreach efforts. For instance, instead of requiring people to apply for benefits at the state Medicaid office, the Social Security Administration took applications and forwarded them to Medicaid offices for processing and increased enrollment by 10 percent. Perhaps with more outreach efforts provided within this bill, even more low-income Medicare beneficiaries will receive the health care for which they are eligible.

I urge the Congress to pass a temporary extension of the QI–1 program early next week, but then to immediately begin work to permanently authorize the QI–1 program and to simplify and streamline all the Medicare Savings Programs. Our Nation's low-income Medicare beneficiaries and the States deserve nothing less.

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. 2101

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Medicare Savings Program Improvement Act of 2007''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. REFERENCES TO MEDICARE SAVINGS PROGRAM.

The low-income assistance programs for Medicare beneficiaries under the Medicaid program under title XIX of the Social Security Act now popularly referred to the ''QMB'' and ''SLMB'' programs are to be known as the ''Medicare Savings Program''.

SEC. 3. INCREASE IN INCOME LEVELS FOR ELIGIBILITY.

(a) INCREASE TO 135 PERCENT OF FPL FOR QUALIFIED MEDICARE BENEFICIARIES.—

(1) IN GENERAL.—Section 1905(p)(2) of the Social Security Act (42 U.S.C. 1396d(p)(2)) is amended—

(A) in subparagraph (A), by striking ''100 percent'' and inserting ''135 percent'';

(B) in subparagraph (B)—

(i) by striking ''and'' at the end of clause (ii);

(ii) by striking the period at the end of clause (iii) and inserting '', and''; and

(iii) by adding at the end the following:

''(iv) January 1, 2008, is 135 percent.''; and

(C) in subparagraph (C)—

(i) by striking ''and'' at the end of clause (iii);

(ii) by striking the period at the end of clause (iv) and inserting '', and''; and

(iii) by adding at the end the following:

''(v) January 1, 2008, is 135 percent.''.

(2) APPLICATION OF INCOME TEST BASED ON FAMILY SIZE.—Section 1905(p)(2)(A) of such

Act (42 U.S.C. 1396d(p)(2)(A)) is amended by adding at the end the following: ''For purposes of this subparagraph, family size means the applicant, the spouse (if any) of the applicant if living in the same household as the applicant, and the number of individuals who are related to the applicant (or applicants), who are living in the same household as the applicant (or applicants), and who are dependent on the applicant (or the applicant's spouse) for at least one-half of their financial support.''.

(3) NOT COUNTING IN-KIND SUPPORT AND MAINTENANCE AS INCOME.—Section 1905(p)(2)(D) of such Act (42 U.S.C. 1396d(p)(2)(D)) is amended by adding at the end the following new clause:

''(iii) In determining income under this subsection, support and maintenance furnished in kind shall not be counted as income.''.

(b) EXPANSION OF SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM.—

(1) ELIGIBILITY OF INDIVIDUALS WITH INCOMES BELOW 150 PERCENT OF FPL.—Section 1902(a)(10)(E) of the Social Security Act (42 U.S.C. 1396b(a)(10)(E)) is amended—

(A) by adding ''and'' at the end of clause (ii);

(B) in clause (iii)—

(i) by striking ''and 120 percent in 1995 and years thereafter'' and inserting '', or 120 percent in 1995 and any succeeding year before 2008, or 150 percent beginning in 2008''; and

(ii) by striking ''and'' at the end; and

(C) by striking clause (iv).

(2) PROVIDING 100 PERCENT FEDERAL FINANCING.—The third sentence of section 1905(b) of such Act (42 U.S.C. 1396d(b)) is amended by inserting before the period at the end the following: ''and with respect to medical assistance for medicare cost-sharing provided under section 1902(a)(10)(E)(iii)''.

(3) REFERENCES.—Section 1905(p)(1) of such Act (42 U.S.C. 1396d(p)(1)) is amended by adding at and below subparagraph (C) the following: ''The term 'specified low-income medicare beneficiary' means an individual described in section 1902(a)(10)(E)(iii).''.

(c) EFFECTIVE DATE.—

(1) Except as provided in paragraph (2), the amendments made by this section shall take effect on January 1, 2008, and, with respect to title XIX of the Social Security Act, shall apply to calendar quarters beginning on or after January 1, 2008.

(2) In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SEC. 4. ELIMINATION OF APPLICATION OF ESTATE RECOVERY FOR MEDICARE SAVINGS PROGRAM BENEFICIARIES.

(a) IN GENERAL.—Section 1917(b)(1)(B)(ii) of the Social Security Act (42 U.S.C. 1396p(b)(1)(B)(ii)) is amended by inserting ''(but not including medical assistance for medicare cost-sharing or for benefits described in section 1902(a)(10)(E))'' before the period at the end.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to actions commencing on or after January 1, 2008.

SEC. 5. MODIFICATION OF ASSET TEST.

(a) FOR QMBS.—Section 1905(p) of the Social Security Act (42 U.S.C. 1396d(p)) is amended—

(1) in paragraph (1), by amending subparagraph (C) to read as follows:

''(C) whose resources (as determined under section 1613 for purposes of the supplemental income security program, except as provided in paragraph (6)(C)) do not exceed the amount described in paragraph (6)(A).'';

(2) by redesignating paragraph (6) as paragraph (7); and

(3) by inserting after paragraph (5) the following:

''(6)(A) The resource level specified in this subparagraph for—

''(i) for 2008 is six times the maximum amount of resources that an individual may have and obtain benefits under the supplemental security income program under title XVI; or

''(ii) for a subsequent year is the resource level specified in this subparagraph for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.

Any dollar amount established under clause (ii) that is not a multiple of $10 shall be rounded to the nearest multiple of $10.

''(B) In determining the resources of an individual (and their eligible spouse, if any) under section 1613 for purposes of paragraph (1)(C) (relating to qualified medicare beneficiaries) or section 1902(a)(10)(E)(iii) (relating to individuals popularly known as specified low-income medicare beneficiaries), the following additional exclusions shall apply—

''(i) No part of the value of any life insurance policy shall be taken into account.

''(ii) No balance in any pension or retirement plan or account shall be taken into account.''.

(b) FOR SLMBS.—

(1) PERMITTING GREATER ASSETS.—Section 1902(a)(10)(E)(iii) of such Act (42 U.S.C. 1396b(a)(10)(E)(iii)) is amended by inserting before the semicolon the following: ''or but for the fact that their resources exceed the resource level specified in section 1905(p)(6)(A) but does not exceed the resource level specified in section 1905(p)(6)(B)''.

(2) HIGHER RESOURCE LEVEL SPECIFIED.—Section 1905(p)(6) of such Act, as inserted by subsection (a)(3), is amended by inserting after subparagraph (A) the following new subparagraph:

''(B) The resource level specified in this subparagraph for—

''(i) for 2008, is $27,500 (or $55,000 in the case of the combined value of the individual's assets or resources and the assets or resources of the individual's spouse); and

''(ii) for a subsequent year is the applicable resource level specified in this subparagraph for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.

Any dollar amount established under clause (ii) that is not a multiple of $10 shall be rounded to the nearest multiple of $10.''.

(c) EFFECTIVE DATE.—

(1) Except as provided in paragraph (2), the amendments made by this section shall apply to calendar quarters beginning on or after January 1, 2008.

(2) In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SEC. 6. ELIGIBILITY FOR OTHER PROGRAMS.

(a) IN GENERAL.—Section 1905(p) of the Social Security Act (42 U.S.C. 1396d(p)), as amended by section 4(a), is amended—

(1) by redesignating paragraph (7) as paragraph (8); and

(2) by inserting after paragraph (6) the following new paragraph:

''(7) Medical assistance for some or all medicare cost-sharing under this title shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the amount of benefits under, any other Federal program.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to eligibility for benefits on or after January 1, 2008.

SEC. 7. EFFECTIVE DATE OF MSP BENEFITS.

(a) PROVIDING FOR 3 MONTHS RETROACTIVE ELIGIBILITY.—

(1) IN GENERAL.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended, in the matter preceding paragraph (1), by striking ''described in subsection (p)(1), if provided after the month'' and inserting ''described in subsection (p)(1) or a specified low-income medicare beneficiary described in section 1902(a)(10)(E)(iii), if provided in or after the third month before the month in which the individual expresses an interest in applying to become such a beneficiary, as determined in the manner provided for assistance under section 1860D–14''.

(2) CONFORMING AMENDMENTS.—(A) The first sentence of section 1902(e)(8) of such Act (42 U.S.C. 1396a(e)(8)), as amended by section 4(c)(2), is amended by striking ''(8)'' and the first sentence.

(B) Section 1848(g)(3) of such Act (42 U.S.C. 1395w–4(g)(3)) is amended by adding at the end the following new subparagraph:

''(C) TREATMENT OF RETROACTIVE ELIGIBILITY.—In the case of an individual who is determined to be eligible for medical assistance described in subparagraph (A) retroactively, the Secretary shall provide a process whereby claims which are submitted for services furnished during the period of retroactive eligibility and during a month in which the individual otherwise would have been eligible for such assistance and which were not submitted in accordance with such subparagraph are resubmitted and re-processed in accordance with such subparagraph.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 2008, but shall not result in eligibility for benefits for medicare cost-sharing for months before January 2008.

SEC. 8. EXPEDITING ELIGIBILITY UNDER THE MEDICARE SAVINGS PROGRAM.

(a) INCREASING ELIGIBILITY THROUGH THE SOCIAL SECURITY OFFICE.—

(1) IN GENERAL.—Title XVIII of the Social Security Act is amended by inserting after section 1808 the following new section:

''EXPEDITED ENROLLMENT UNDER THE MEDICARE SAVINGS PROGRAM THROUGH SOCIAL SECURITY OFFICES

''SEC. 1809. (a) IN GENERAL.—The Secretary shall provide, in cooperation with the Commissioner of Social Security, for an expedited process under this section for individuals to apply and qualify for benefits under the Medicare Savings Program. For purposes of this section, the term 'Medicare Savings Program' means medical assistance for medicare cost-sharing (as defined in section 1905(p)(3)) for qualified medicare beneficiaries and specified low-income medicare beneficiaries under title XIX.

''(b) PROCESS.—The process shall be consistent with the following:

''(1) COORDINATION WITH SOCIAL SECURITY AND MEDICARE ENROLLMENT PROCESS.—The application shall be part of the process for applying for benefits under title II and this title.

''(2) SIMPLIFIED APPLICATION PROCESS.—The application may be made over the Internet, by telephone, or by mail, without the need for an interview in person by the applicant or a representative of the applicant.

''(3) CONTENTS OF APPLICATION.—The application shall contain a description (in English, Spanish and other languages determined appropriate by the Secretary) of the availability of and the requirements for obtaining benefits under the Medicare Savings Program.

''(4) TRAINING.—Employees of the Social Security office involved shall be trained to assist individuals completing such applications.

''(5) SELF-CERTIFICATION AND VERIFICATION.—In determining whether an individual is eligible for benefits under the Medicare Savings Program, the Secretary shall permit individuals to qualify on the basis of self certifications of income and resources meeting applicable standards without the need to provide additional documentation. The Secretary shall verify that information provided in the application is correct.

''(6) TRANSMITTAL OF APPLICATION.—

''(A) ELIGIBLE APPLICANTS.—In the case of an applicant determined by the Social Security office to be eligible for benefits under the Medicare Savings Program based on income and resources meeting the standards otherwise applicable, the office shall transmit to the applicable State Medicaid office the application so that the applicant can be enrolled within 30 days based on the information collected by the office.

''(B) USE OF ELECTRONIC TRANSFER SYSTEM.—Not later than two years after the date of implementation of improvements of the electronic data transfer system under section 8(c) of the Medicare Savings Program Improvement Act of 2007, the process under this paragraph shall use the such system for information transmittal.

''(C) INELIGIBLE APPLICANTS.—In the case of other applicants whose income and resources do not meet such standards, the Social Security office shall transmit to the applicable State Medicaid office the application so that the application may be considered under State standards that may be more generous than the standards otherwise generally applicable.

The process under this subsection shall be established and implemented one year after the date of the enactment of this section.

''(c) DISTRIBUTION OF APPLICATION FORM.—The Secretary shall distribute the application form used under subsection (b) to any organization that requests them, including entities receiving grants from the Secretary for programs designed to provide services to individuals 65 years of age or older and people with disabilities. The Commissioner of Social Security shall make such forms available at local offices of the Social Security Administration.

''(d) STATE RESPONSE AND APPLICATION PROCESS.—

''(1) IN GENERAL.—In the case of an application transmitted under subsection (b)(6), the State agency responsible for determinations of eligibility for benefits under the State's Medicare Savings Program—

''(A) shall make a determination on the application within 30 days of the date of its receipt; and

''(B) shall notify the applicant of the determination within 10 days after it is made.

''(2) USE OF SIMPLIFIED APPLICATION PROCESS.—In the case of an application other than an application transmitted under subsection (b)(6), a State plan under title XIX shall provide that an application for benefits under the Medicare Savings Program may be made over the Internet, by telephone, or by mail, without the need for an interview in person by the applicant or a representative of the applicant.

''(e) EXPEDITED APPLICATION AND ELIGIBILITY PROCESS.—

''(1) EXPEDITED PROCESS.—

''(A) IN GENERAL.—As part of the expedited process for obtaining benefits under the Medicare Savings Program, the Secretary shall through a request to the Secretary of the Treasury to obtain information sufficient to identify whether the individual involved is likely eligible for such benefits based on such information and the type of assistance under the Medicare Savings Program for which they would qualify based on such information. Such process shall be conducted in cooperation with the Commissioner of Social Security.

''(B) OPT IN FOR NEWLY ELIGIBLE INDIVIDUALS.—Not later than 60 days after the date of the enactment of this subsection, the Secretary shall ensure that, as part of the Medicare enrollment process, enrolling individuals—

''(i) receive information describing the Medicare Savings Program provided under this section; and

''(ii) are provided the opportunity to opt-in to the expedited process described in this subsection by requesting that the Commissioner of Social Security screen the individual involved for eligibility for the Medicare Savings Program through a request to the Secretary of the Treasury under section 6103(l)(21) of the Internal Revenue Code of 1986.

''(C) TRANSITION FOR CURRENTLY ELIGIBLE INDIVIDUALS.—In the case of any Medicare Savings Program eligible individual to which subparagraph (B) did not apply at the time of such individual's enrollment, the Secretary shall, not later than 60 days after the date of the implementation of subparagraph (B), request that the Commissioner of Social Security screen such individual for eligibility for the Medicare Savings Program provided under this section through a request to the Secretary of the Treasury under section 6103(l)(21) of the Internal Revenue Code of 1986.

''(2) NOTIFICATION OF POTENTIALLY ELIGIBLE INDIVIDUALS.—Under such process, in the case of each individual identified under paragraph (1) who has not otherwise applied for, or been determined eligible for, benefits under the Medicare Savings Program (or who has applied for and been determined ineligible for such benefits based only on standards in effect before January 1, 2008), the Secretary shall send them a letter (using basic, uncomplicated language) containing the following:

''(A) ELIGIBILITY.—A statement that, based on the information obtained under process under this section, the individual is likely eligible for benefits under the Medicare Savings Program.

''(B) AMOUNT OF ASSISTANCE.—A description of the amount of assistance under such program for which the individual would likely be eligible based on such information.

''(C) ATTESTATION.—A one-page application form that provides for a signed attestation, under penalty of law, as to the amount of income and assets of the individual and constitutes an application for the benefits under the Medicare Savings Program. Such form—

''(i) shall not require the submittal of additional documentation regarding income or assets; and

''(ii) shall allow for the specification of a language (other than English) that is preferred by the individual for subsequent communications with respect to the individual under this title and title XIX.

''(D) INFORMATION ON OUTREACH GROUPS.—Information on how the individual may contact the a State outreach effort or other groups that receive grants from the Secretary to conduct outreach to individuals to receive benefits under the Medicare Savings Program.

''(3) FOLLOW-UP COMMUNICATIONS.—If the individual does not respond to the letter described in paragraph (2) by completing an attestation described in paragraph (2)(C) or declining to do so, the Secretary shall make additional attempts to contact the individual to obtain such an affirmative response.

''(4) HOLD-HARMLESS.—Under such process, if an individual in good faith and in the absence of fraud executes an attestation described in paragraph (2)(C) and is provided benefits under the Medicare Savings Program on the basis of such attestation, if the individual is subsequently found not eligible for such benefits, there shall be no recovery made against the individual because of such benefits improperly paid.

''(5) USE OF PREFERRED LANGUAGE IN SUBSEQUENT COMMUNICATIONS.—In the case an attestation described in paragraph (2)(C) is completed and in which a language other than English is specified under clause (ii) of such paragraph, the Secretary shall provide that subsequent communications to the individual under this subsection shall be in such language.

''(6) CONSTRUCTION.—Nothing in this subsection shall be construed as precluding the Secretary from taking additional outreach efforts to enroll eligible individuals under the Medicare Savings Program.

''(f) ELECTRONIC COMMUNICATION BETWEEN SOCIAL SECURITY AND STATE MEDICAID AGENCIES AND THE SECRETARY.—

''(1) NOTICE BY SOCIAL SECURITY TO SECRETARY AND STATE MEDICAID AGENCIES.—In the case of a determination of eligibility of an individual under section 1860D–14(a)(3)(B)(i) by the Commissioner of Social Security, the Commissioner shall provide for notice, preferably in electronic form, to the Secretary and to State medicaid agency under title XIX of such determination for purposes of enabling the individual to automatically qualify for benefits under the Medicare Savings Program under such title through the operation of section 1905(p)(8).

''(2) NOTICE BY STATES TO SECRETARY.—In the case that the State determines that an individual is a qualified medicare beneficiary or a specified low-income medicare beneficiary under title XIX, the State shall provide for notice, preferably in electronic form, to the Secretary of such determination for purposes of enabling the individual to automatically qualify for low-income subsidies under section 1860D–14 through the operation of section 1905(a)(3)(G).

''(3) DEADLINE.—Each State (as defined for purposes of title XIX) and the Secretary shall establish the notification process described in this subsection not later than 1 year after the date of the enactment of this section.''.

(2) DISCLOSURE OF RETURN INFORMATION FOR PURPOSES OF SCREENING INDIVIDUALS FOR ELIGIBILITY FOR BENEFITS UNDER THE MEDICARE SAVINGS PROGRAM.—

(A) IN GENERAL.—Subsection (l) of section 6103 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(21) DISCLOSURE OF RETURN INFORMATION FOR PURPOSES OF PROVIDING BENEFITS UNDER THE MEDICARE SAVINGS PROGRAM.—

''(A) RETURN INFORMATION FROM INTERNAL REVENUE SERVICE TO SOCIAL SECURITY ADMINISTRATION.—The Secretary, upon written request from the Commissioner of Social Security under section 1809(e)(1)(A) of the Social Security Act, shall disclose to the Commissioner with respect to any taxpayer identified by the Commissioner—

''(i)(I) whether the adjusted gross income, as modified in accordance with specifications of the Secretary of Health and Human Services for purposes of carrying out such section, of such taxpayer and, if applicable, such taxpayer's spouse, for the applicable year, exceeds the amounts specified by the Secretary of Health and Human Services in order to apply the 135 and 150 percent poverty lines under section 1905(p) and section 1902(a)(10)(E)(ii) of such Act;

''(II) the adjusted gross income (as determined under subclause (I)), in the case of a taxpayer with respect to which such adjusted gross income exceeds the amount so specified for applying the 135 percent poverty line and does not exceed the amount so specified for applying the 150 percent poverty line;

''(III) whether the return was a joint return for the applicable year; and

''(IV) the applicable year; or

''(ii) if applicable, the fact that there is no return filed for such taxpayer for the applicable year.

''(B) DEFINITION OF APPLICABLE YEAR.—For the purposes of this paragraph, the term 'applicable year' means the most recent taxable year for which information is available in the Internal Revenue Service's taxpayer data information systems, or, if there is no return filed for such taxpayer for such year, the prior taxable year.

''(C) RESTRICTION ON INDIVIDUALS FOR WHOM DISCLOSURE IS REQUESTED.—The Commissioner of Social Security shall only request information under this paragraph with respect to individuals who have requested that such request be made under section 1809(e) of the Social Security Act.

''(D) RETURN INFORMATION FROM SOCIAL SECURITY ADMINISTRATION TO DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Commissioner of Social Security shall, upon written request from the Secretary of Health and Human Services, disclose to the Secretary of Health and Human Services the information described in clauses (i) and (ii) of subparagraph (A).

''(E) PERMISSIVE DISCLOSURE TO OFFICERS, EMPLOYEES, AND CONTRACTORS.—The information described in clauses (i) and (ii) of subparagraph (A) may be disclosed among officers, employees, and contractors of the Social Security Administration and the Department of Health and Human Services for the purposes described in subparagraph (F).

''(F) RESTRICTION ON USE OF DISCLOSED INFORMATION.—Return information disclosed under this paragraph may be used only for the purposes of identifying eligible individuals for, and administering—

''(i) low-income subsidies under section 1860D–14 of the Social Security Act; and

''(ii) the Medicare Savings Program implemented under clauses (i) and (ii) of section 1902(a)(10)(E) of such Act.''.

(B) CONFIDENTIALITY.—Paragraph (3) of section 6103(a) of such Code is amended by striking ''or (20)'' and inserting ''(20), or (21)''.

(C) PROCEDURES AND RECORD KEEPING RELATED TO DISCLOSURES.—Paragraph (4) of section 6103(p) of such Code is amended by striking ''or (20)'' each place it appears and inserting ''(20), or (21)''.

(D) UNAUTHORIZED DISCLOSURE OR INSPECTION.—Paragraph (2) of section 7213(a) of such Code is amended by striking ''or (20)'' and inserting ''(20), or (21)''.

(b) TWO-WAY DEEMING BETWEEN MEDICARE SAVINGS PROGRAM AND LOW-INCOME SUBSIDY PROGRAM.—

(1) MEDICARE SAVINGS PROGRAM.—Section 1905(p) of the Social Security Act (42 U.S.C. 1396d(p)), as amended by sections 4(a) and 5(a), is amended—

(A) by redesignating paragraph (8) as paragraph (9); and

(B) by inserting after paragraph (7) the following new paragraph:

''(8) An individual who has been determined eligible for premium and cost-sharing subsidies under—

''(A) section 1860D–14(a)(1) is deemed, for purposes of this title and without the need to file any additional application, to be a qualified medicare beneficiary for purposes of this title; or

''(B) section 1860D–14(a)(2) is deemed, for purposes of this title and without the need to file any additional application, to qualify for medical assistance as a specified low-income medicare beneficiary (described in section 1902(a)(10)(E)(iii)).''.

(2) LOW-INCOME SUBSIDY PROGRAM.—Section 1860D–14(a)(3) of such Act (42 U.S.C. 1395w–104(a)(3)) is amended by adding at the end the following new subparagraph:

''(G) DEEMED TREATMENT FOR QUALIFIED MEDICARE BENEFICIARIES AND SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES.—

''(i) QMBS ELIGIBLE FOR FULL SUBSIDY.—A part D eligible individual who has been determined for purposes of title XIX to be a qualified medicare beneficiary is deemed, for purposes of this part and without the need to file any additional application, to be a subsidy eligible individual described in paragraph (1).

''(ii) SLMBS ELIGIBLE FOR PARTIAL SUBSIDY.—A part D eligible individual who has been determined to be a specified low-income medicare beneficiary (as defined in section 1905(p)(1)) and who is not described in paragraph (1) is deemed, for purposes of this part and without the need to file any additional application, to be a subsidy eligible individual who is not described in paragraph (1).''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to eligibility for months beginning on or after January 2008.

(c) IMPROVEMENTS IN ELECTRONIC COMMUNICATION BETWEEN SOCIAL SECURITY, STATE MEDICAID AGENCIES, AND THE SECRETARY OF HEALTH AND HUMAN SERVICES.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Commissioner of Social Security, the Secretary of Health and Human Services, and the directors of State Medicaid agencies shall implement improvements to the electronic data transfer system by which they communicate directly and electronically with each other with respect to individuals who have enrolled for benefits under any part of the Medicare Savings Program in order to ensure that each of them has exactly the same list of beneficiaries who are signed up for the Medicare Savings Program.

(2) INCREASED ADMINISTRATIVE MATCH.—In order to implement paragraph (1)—

(A) the Medicaid administrative match under section 1903(a)(7) of the Social Security Act shall be increased to 75 percent with respect to expenditures made in carrying out such paragraph; and

(B) there is appropriated to the Commissioner of Social Security and the Secretary of Health and Human Services, from any amounts in the Treasury not otherwise appropriated, $2,000,000 each for each of fiscal years 2008 and 2009 to implement paragraph (1).

(3) USE OF SYSTEM.—After the implementation of the improvements to the electronic data transfer system under paragraph (1), the Commissioner of Social Security, State Medicaid agencies, and the Secretary of Health and Human Services shall primarily use this system for the Commissioner and the Secretary to inform the State Medicaid agencies to enroll a beneficiary for the Medicare Savings Program.

(d) IMPROVED COORDINATION WITH STATE, LOCAL, AND OTHER PARTNERS.—

(1) STATE GRANTS.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall enter into contracts with States (as defined for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) to provide funds to States to use information identified under subsection (c), and other appropriate information, in order to do ex parte determinations or utilize other methods for identifying and enrolling individuals who are potentially—

(i) eligible for benefits under the Medicare Savings Program (under sections 1905(p) of the Social Security Act, 42 U.S.C. 1396d(p)); or

(ii) entitled to a premium or cost-sharing subsidy under section 1860D–14 of such Act (42 U.S.C. 1395w–114).

(B) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to the Secretary of Health and Human Services for the purpose of making contracts under this paragraph.

(2) FUNDING OF STATE HEALTH INSURANCE COUNSELING AND SIMILAR PROGRAMS.—

(A) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated, there are authorized to be appropriated $3,000,000 for each of calendar years 2008 through 2012 to carry out activities described in subparagraph (B).

(B) ACTIVITIES DESCRIBED.—The activities described in this subparagraph are the following:

(i) Activities under section 4360 of the Omnibus Budget Reconciliation Act of 1990 for the purpose of outreach to low-income Medicare beneficiaries to assist in applying for and obtaining benefits under the Medicare Savings Program (under title XIX of the Social Security Act) and the low-income subsidy program under section 1860D–14 of such Act.

(ii) Activities of the National Center on Senior Benefits Outreach and Enrollment (as described in section 202(a)(20)(B) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(20)(B)).

(iii) Similar activities carried out by other qualified agencies designated by the Secretary of Health and Human Services.

SEC. 9. TREATMENT OF QUALIFIED MEDICARE BENEFICIARIES, SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES, AND OTHER DUAL ELIGIBLES AS MEDICARE BENEFICIARIES.

(a) IN GENERAL.—Section 1862 of the Social Security Act (42 U.S.C. 1395y) is amended by adding at the end the following new subsection:

''(n) TREATMENT OF QUALIFIED MEDICARE BENEFICIARIES (QMBS), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMBS), AND OTHER DUAL ELIGIBLES.—Nothing in this title shall be construed as authorizing a provider of services or supplier to discriminate (through a private contractual arrangement or otherwise) against an individual who is otherwise entitled to services under this title on the basis that the individual is a qualified medicare beneficiary (as defined in section 1905(p)(1)), a specified low-income medicare beneficiary, or is otherwise eligible for medical assistance for medicare cost-sharing or other benefits under title XIX.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to items and services furnished on or after the date of the enactment of this Act.

SEC. 10. MEDICAID TREATMENT OF CERTAIN MEDICARE PROVIDERS.

(a) IN GENERAL.—Section 1902(n) of the Social Security Act (42 U.S.C. 1396a(n)) is amended by adding at the end the following new paragraph:

''(4) A State plan shall not deny a claim from a provider or supplier with respect to medicare cost-sharing described in subparagraph (B), (C), or (D) of section 1905(p)(3) for an item or service which is eligible for payment under title XVIII on the basis that the provider or supplier does not have a provider agreement in effect under this title or does not otherwise serve all individuals entitled to medical assistance under this title.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to items and services furnished on or after the date of the enactment of this Act.

SEC. 11. MONITORING AND ENFORCEMENT OF LIMITATION ON BENEFICIARY LIABILITY.

Section 1902(n) of the Social Security Act (42 U.S.C. 1396b(n)), as amended by section 9(a), is further amended by adding at the end the following new paragraph:

''(5)(A) The Inspector General of the Department of Health and Human Services shall examine, not later than one year after the date of the enactment of this paragraph and every three years thereafter, whether providers have attempted to make qualified medicare beneficiaries liable for deductibles, coinsurance, and co-payments in violation of paragraph (3)(B). The Inspector General shall submit to the Secretary a report on such examination and a finding as to whether qualified medicare beneficiaries have been held liable in violation of such paragraph.

''(B) If a report under subparagraph (A) includes a finding that qualified medicare beneficiaries have been held liable in violation of such paragraph, not later than 60 days after the date of receiving such report the Secretary shall submit to Congress a report that includes a plan of action on how to enforce provisions of such paragraph.''.

SEC. 12. STATE PROVISION OF MEDICAL ASSISTANCE TO DUAL ELIGIBLES IN MA PLANS.

(a) IN GENERAL.—Section 1902(n) of the Social Security Act (42 U.S.C. 1396b(n)), as amended by section 10, is further amended by adding at the end the following new paragraph:

''(6)(A) Each State shall—

''(i) identify those individuals who are eligible for medical assistance for medicare cost-sharing and who are enrolled with a Medicare Advantage plan under part C of title XVIII; and

''(ii) for the individuals so identified, provide for payment of medical assistance for the medicare cost-sharing (including cost-sharing under a Medicare Advantage plan) to which they are entitled.

''(B)(i) The Inspector General of the Department of Health and Human Services shall examine, not later than one year after the date of the enactment of this paragraph and every three years thereafter, whether States are providing for medical assistance for medicare cost-sharing for individuals enrolled in Medicare Advantage plans in accordance with this title. The Inspector General shall submit to the Secretary a report on such examination and a finding as to whether States are failing to provide such medical assistance.

''(ii) If a report under clause (i) includes a finding that States are failing to provide such medical assistance, not later than 60 days after the date of receiving such report the Secretary shall submit to Congress a report that includes a plan of action on how to enforce such requirement.''.

(b) EFFECTIVE DATE.—

(1) Except as provided in paragraph (2), the amendment made by subsection (a) shall apply to calendar quarters beginning on or after the date of the enactment of this Act.

(2) In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

By Mr. BINGAMAN (for himself, Mr. OBAMA, Mr. SALAZAR, Mr. BROWN, Mr. KERRY, Ms. STABENOW, Ms. CANTWELL, and Mrs. CLINTON):

S. 2102. A bill to amend title II of the Social Security Act to phase out the 24-month waiting period for disabled individuals to become eligible for Medicare benefits, to eliminate the waiting period for individuals with life-threatening conditions, and for other purposes; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today to introduce bipartisan legislation entitled ''Ending the Medicare Disability Waiting Period Act of 2007 with Senators OBAMA, SALAZAR, BROWN, KERRY, STABENOW, CANTWELL, and CLINTON. This legislation would phase-out the current 2 year waiting period that people with disabilities must endure after qualifying for Social Security Disability Insurance SSDI. In the interim or as the waiting period is being phased out, the bill would also create a process by which the secretary can immediately waive the waiting period for people with life threatening illnesses.

When Medicare was expanded in 1972 to include people with significant disabilities, lawmakers created the 24-month waiting period. According to a April 2007 report from the Commonwealth Fund, it is estimated that over 1.5 million SSDI beneficiaries are in the Medicare waiting period at any given time, ''all of whom are unable to work because of their disability and most of whom have serious health problems, low incomes, and limited access to health insurance.'' Nearly 39 percent of these individuals do not have health insurance coverage for some point during the waiting period and 26 percent have no health insurance during this period.

The stated reason at the time was to limit the fiscal cost of the provision. However, Mr. President, I would assert that there is no reason, be it fiscal or moral, to tell people that they must wait longer than two years after becoming severely disabled before we give provide them access to much needed health care.

In fact, it is important to note that there really are actually three waiting periods that are imposed upon people seeking to qualify for SSDI. First, there is the disability determination process through the Social Security Administration, which often takes many months or even longer than a year in some cases. Second, once a worker has been certified as having a severe or permanent disability, they must wait an additional five months before receiving their first SSDI check. And third, after receiving that first SSDI check, there is the 2-year period that people must wait before their Medicare coverage begins.

What happens to the health and well-being of people waiting more than 2½ years before they finally receive critically needed Medicare coverage? According to Karen Davis, president of the Commonwealth Fund, which has conducted several important studies on the issue, ''Individuals in the waiting period for Medicare suffer from a broad range of debilitating diseases and are in urgent need of appropriate medical care to manage their conditions. Eliminating the 2-year wait would ensure access to care for those already on the way to Medicare.''

Again, we are talking about individuals that have been determined to be unable to engage in any ''substantial, gainful activity'' because of either a physical or mental impairment that is expected to result in death or to continue for at least 12 months. These are people that, by definition, are in more need of health coverage than anybody else in our society. The consequences are unacceptable and are, in fact, dire.

The majority of people who become disabled were, before their disability, working full-time jobs and paying into Medicare like all other employed Americans. At the moment these men and women need coverage the most, just when they have lost their health, their jobs, their income, and their health insurance, Federal law requires them to wait two full years to become eligible for Medicare. Many of these individuals are needlessly forced to accumulate tens-of-thousands of dollars in healthcare debt or compromise their health due to forgone medical treatment. Many individuals are forced to

sell their homes or go bankrupt. Even more tragically, more than 16,000 disabled beneficiaries annually, about 4 percent of beneficiaries, do not make it through the waiting period. They die before their Medicare coverage ever begins.

Removing the waiting period is well worth the expense. According to the Commonwealth Fund, analyses have shown providing men and women with Medicare at the time that Social Security certifies them as disabled would cost $8.7 billion annually. This cost would be partially offset by $4.3 billion in reduced Medicaid spending by Medicaid, which many individuals require during the waiting period. In addition, untold expenses borne by the individuals involved could be avoided, as well as the costs of charity care on which many depend. Moreover, there may be additional savings to the Medicare program itself, which often has to bear the expense of addressing the damage done during the waiting period. During this time, deferred health care can worsen conditions, creating additional health problems and higher costs.

Further exacerbating the situation, some beneficiaries have had the unfortunate fate of having received SSI and Medicaid coverage, applied for SSDI, and then lost their Medicaid coverage because they were not aware the change in income when they received SSDI would push them over the financial limits for Medicaid. In such a case, and let me emphasize this point, the government is effectively taking their health care coverage away because they are so severely disabled.

Therefore, for some in the waiting period, their battle is often as much with the Government as it is with their medical condition, disease, or disability.

Nobody could possible think this makes any sense.

As the Medicare Rights Center has said, ''By forcing Americans with disabilities to wait 24 months for Medicare coverage, the current law effectively sentences these people to inadequate health care, poverty, or death. . . . Since disability can strike anyone, at any point in life, the 24-month waiting period. should be of concern to everyone, not just the millions of Americans with disabilities today.''

Although elimination of the Medicare waiting period will certainly increase Medicare costs, it is important to note that there will be some corresponding decrease in Medicaid costs. Medicaid, which is financed by both Federal and State governments, often provides coverage for a subset of disabled Americans in the waiting period, as long as they meet certain income and asset limits. Income limits are typically at or below the poverty level, including at just 74 percent of the poverty line in New Mexico, with assets generally limited to just $2,000 for individuals and $3,000 for couples.

Furthermore, from a continuity of care point of view, it makes little sense that somebody with disabilities must leave their job and their health providers associated with that plan, move on to Medicaid, often have a different set of providers, then switch to Medicare and yet another set of providers. The cost, both financial and personal, of not providing access to care or poorly coordinated care services for these seriously ill people during the waiting period may be greater in many cases than providing health coverage.

Finally, private-sector employers and employees in those risk-pools would also benefit from the passage of the bill. As the Commonwealth Fund has noted, ''. . . to the extent that disabled adults rely on coverage through their prior employer or their spouse's employer, eliminating the waiting period would also produce savings to employers who provide this coverage.''

To address concerns about costs and immediate impact on the Medicare program, the legislation phases out the waiting period over a 10-year period. In the interim, the legislation would create a process by which others with life-threatening illnesses could also get an exception to the waiting period. Congress has previously extended such an exception to the waiting period individuals with amyothrophic lateral sclerosis, ALS, also known as Lou Gehrig's disease, and for hospice services. The ALS exception passed the Congress in December 2000 and went into effect July 1, 2001. Thus, the legislation would extend the exception to all people with life-threatening illnesses in the waiting period.

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. 2102

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Ending the Medicare Disability Waiting Period Act of 2007''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. PHASE-OUT OF WAITING PERIOD FOR MEDICARE DISABILITY BENEFITS.

(a) IN GENERAL.—Section 226(b) of the Social Security Act (42 U.S.C. 426(b)) is amended—

(1) in paragraph (2)(A), by striking '', and has for 24 calendar months been entitled to,'' and inserting '', and for the waiting period (as defined in subsection (k)) has been entitled to,'';

(2) in paragraph (2)(B), by striking '', and has been for not less than 24 months,'' and inserting '', and has been for the waiting period (as defined in subsection (k)),'';

(3) in paragraph (2)(C)(ii), by striking '', including the requirement that he has been entitled to the specified benefits for 24 months,'' and inserting '', including the requirement that the individual has been entitled to the specified benefits for the waiting period (as defined in subsection (k)),''; and

(4) in the flush matter following paragraph (2)(C)(ii)(II)—

(A) in the first sentence, by striking ''for each month beginning with the later of (I) July 1973 or (II) the twenty-fifth month of his entitlement or status as a qualified railroad retirement beneficiary described in paragraph (2), and'' and inserting ''for each month beginning after the waiting period (as so defined) for which the individual satisfies paragraph (2) and'';

(B) in the second sentence, by striking ''the 'twenty-fifth month of his entitlement' refers to the first month after the twenty-fourth month of entitlement to specified benefits referred to in paragraph (2)(C) and''; and

(C) in the third sentence, by striking '', but not in excess of 78 such months''.

(b) SCHEDULE FOR PHASE-OUT OF WAITING PERIOD.—Section 226 of the Social Security Act (42 U.S.C. 426) is amended by adding at the end the following new subsection:

''(k) For purposes of subsection (b) (and for purposes of section 1837(g)(1) of this Act and section 7(d)(2)(ii) of the Railroad Retirement Act of 1974), the term 'waiting period' means—

''(1) for 2008, 18 months;
''(2) for 2009, 16 months;
''(3) for 2010, 14 months;
''(4) for 2011, 12 months;
''(5) for 2012, 10 months;
''(6) for 2013, 8 months;
''(7) for 2014, 6 months;
''(8) for 2015, 4 months;
''(9) for 2016, 2 months; and
''(10) for 2017 and each subsequent year, 0 months.''.

(c) CONFORMING AMENDMENTS.—

(1) SUNSET.—Effective January 1, 2017, subsection (f) of section 226 of the Social Security Act (42 U.S.C. 426) is repealed.

(2) MEDICARE DESCRIPTION.—Section 1811(2) of such Act (42 U.S.C. 1395c(2)) is amended by striking ''entitled for not less than 24 months'' and inserting ''entitled for the waiting period (as defined in section 226(k))''.

(3) MEDICARE COVERAGE.—Section 1837(g)(1) of such Act (42 U.S.C. 1395p(g)(1)) is amended by striking ''of the later of (A) April 1973 or (B) the third month before the 25th month of such entitlement'' and inserting ''of the third month before the first month following the waiting period (as defined in section 226(k)) applicable under section 226(b)''.

(4) RAILROAD RETIREMENT SYSTEM.—Section 7(d)(2)(ii) of the Railroad Retirement Act of 1974 (45 U.S.C. 231f(d)(2)(ii)) is amended—

(A) by striking '', for not less than 24 months'' and inserting '', for the waiting period (as defined in section 226(k) of the Social Security Act); and

(B) by striking ''could have been entitled for 24 calendar months, and'' and inserting ''could have been entitled for the waiting period (as defined in section 226(k) of the Social Security Act), and''.

(d) EFFECTIVE DATE.—Except as provided in subsection (c)(1), the amendments made by this section shall apply to insurance benefits under title XVIII of the Social Security Act with respect to items and services furnished in months beginning at least 90 days after the date of the enactment of this Act (but in no case earlier than January 1, 2008).

SEC. 3. ELIMINATION OF WAITING PERIOD FOR INDIVIDUALS WITH LIFE-THREATENING CONDITIONS.

(a) IN GENERAL.—Section 226(h) of the Social Security Act (42 U.S.C. 426(h)) is amended—

(1) by redesignating paragraphs (1), (2), and (3) as subparagraphs (A), (B), and (C), respectively;

(2) in the matter preceding subparagraph (A) (as redesignated by paragraph (1)), by inserting ''(1)'' after ''(h)'';

(3) in paragraph (1) (as designated by paragraph (2))—

(A) in the matter preceding subparagraph (A) (as redesignated by paragraph (1)), by inserting ''or any other life-threatening condition identified by the Secretary'' after ''amyotrophic lateral sclerosis (ALS)''; and

(B) in subparagraph (B) (as redesignated by paragraph (1)), by striking ''(rather than twenty-fifth month)''; and

(4) by adding at the end the following new paragraph:

''(2) For purposes of identifying life-threatening conditions under paragraph (1), the Secretary shall compile a list of conditions that are fatal without medical treatment. In compiling such list, the Secretary shall consult with the Director of the National Institutes of Health (including the Office of Rare Diseases), the Director of the Centers for Disease Control and Prevention, the Director of the National Science Foundation, and the Institute of Medicine of the National Academy of Sciences.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to insurance benefits under title XVIII of the Social Security Act with respect to items and services furnished in months beginning at least 90 days after the date of the enactment of this Act (but in no case earlier than January 1, 2008).

SEC. 4. INSTITUTE OF MEDICINE STUDY AND REPORT ON DELAY AND PREVENTION OF DISABILITY CONDITIONS.

(a) STUDY.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall request that the Institute of Medicine of the National Academy of Sciences conduct a study on the range of disability conditions that can be delayed or prevented if individuals receive access to health care services and coverage before the condition reaches disability levels.

(b) REPORT.—Not later than the date that is 2 years after the date of enactment of this Act, the Secretary shall submit to Congress a report containing the results of the Institute of Medicine study authorized under this section.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $750,000 for the period of fiscal years 2008 and 2009.

By Mr. BINGAMAN (for himself, Mr. OBAMA, Mr. SALAZAR, Ms. COLLINS, and Mr. LIEBERMAN):

S. 2103. A bill to amend title XVIII of the Social Security Act to eliminate the in the home restriction for Medicare coverage of mobility devices for individuals with expected long-term needs; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today with Senators OBAMA, SALAZAR, COLLINS, and LIEBERMAN to introduce the Medicare Independent Living Act of 2007. This legislation would eliminate Medicare's ''in the home'' restriction for the coverage of mobility devices, including wheelchairs and scooters, for those with disabilities and expected long-term needs. This includes people with multiple sclerosis, paraplegia, osteoarthritis, and cerebrovascular disease that includes acute stroke and conditions like aneurysms.

As currently interpreted by the Centers for Medicare and Medicaid Services, CMS, the ''in the home'' restriction only permits beneficiaries to obtain wheelchairs that are necessary for use inside the home. As a result, seriously disabled beneficiaries who would primarily utilize a wheelchair outside the home are prevented from receiving this critical and basic equipment through Medicare. For example, this restriction prevents beneficiaries from receiving wheelchairs to access their work, the community-at-large, place of worship, school, physician's offices, or pharmacies.

On July 13, 2005, 34 senators wrote Secretary Leavitt asking the Department of Health and Human Services, or HHS, to modify the ''in the home'' requirement so as to ''improve community access for Medicare beneficiaries with mobility impairments.'' Unfortunately, CMS continues to impose the ''in the home'' restriction on Medicare beneficiaries in need of mobility devices.

As the Medicare Rights Center in a report entitled ''Forced Isolation: Medicare's 'In The home' Coverage Standards for Wheelchairs'' in March 2004 notes, ''This effectively disqualifies you from leaving your home without the assistance of others.''

Furthermore, in a Kansas City Star article dated July 3, 2005, Mike Oxford with the National Council on Independent Living noted, ''You look at mobility assistance as a way to liberate yourself.'' He added that the restriction ''is just backward.''

In fact, policies such as these are not only backward but directly contradict numerous initiatives aimed at increasing community integration of people with disabilities, including the Americans with Disabilities Act, the Ticket-to-Work Program, the New Freedom Initiative, and the Olmstead Supreme Court decision.

According to the Medicare Rights Center update dated March 23, 2006, ''This results in arbitrary denials. People with apartments too small for a power wheelchair are denied a device that could also get them down the street. Those in more spacious quarters get coverage, allowing them to scoot from room to room and to the grocery store. People who summon all their willpower and strength to hobble around a small apartment get no help for tasks that are beyond them and their front door.''

In New Mexico, I have heard this complaint about the law repeatedly from our State's most vulnerable disabled and senior citizens. People argue the provision is being misinterpreted by the administration and results in Medicare beneficiaries being trapped in their home.

The ITEM Coalition adds in a letter to CMS on this issue in November 25, 2005, ''There continues to be no clinical basis for the 'in the home' restriction and by asking treating practioners to document medical need only within the home setting, CMS is severely restricting patients from receiving the most appropriate devices to meet their mobility needs.''

My legislation would clarify that this restriction does not apply to mobility devices, including wheelchairs, for people with disabilities in the Medicare Program. The language change is fairly simple and simply clarifies that the ''in the home'' restriction for durable medical equipment does not apply in the case of mobility devices needed by Medicare beneficiaries with expected long-term needs for use ''in customary settings such as normal domestic, vocational, and community activities.''

This legislation is certainly not intended to discourage CMS from dedicating its resources to reducing waste, fraud, and abuse in the Medicare system, as those efforts are critical to ensuring that Medicare remains financially viable and strong in the future. However, it should be noted that neither Medicaid nor the Department of Veterans Affairs impose such ''in the home'' restrictions on mobility devices.

Mr. President, I ask unanimous consent that the text of the bill and a letter sent to Secretary Leavitt be printed in the RECORD.

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

S. 2103

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 ''Medicare Independent Living Act of 2007''.

SEC. 2. ELIMINATION OF IN THE HOME RESTRICTION FOR MEDICARE COVERAGE OF MOBILITY DEVICES FOR INDIVIDUALS WITH EXPECTED LONG-TERM NEEDS.

(a) IN GENERAL.—Section 1861(n) of the Social Security Act (42 U.S.C. 1395x(n) is amended by inserting ''or, in the case of a mobility device required by an individual with expected long-term need, used in customary settings for the purpose of normal domestic, vocational, or community activities'' after ''1819(a)(1))''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to items furnished on or after the date of enactment of this Act.

JULY 13, 2005.

SENATE LETTER OPPOSING IN HOME RESTRICTION

Hon. MICHAEL O. LEAVITT,
Secretary, Department of Health and Human Services, Washington, DC.

DEAR SECRETARY LEAVITT: The undersigned members write to request that you modify the ''in the home'' requirement in Medicare's wheeled mobility benefit to improve community access for Medicare beneficiaries with mobility impairments.

We commend CMS for its dedication to reducing waste, fraud and abuse in the Medicare system, particularly under the mobility device benefit, and fully support your intention to protect precious Medicare funds and resources. Additionally, we commend the agency for recently taking on the task of creating a new and, hopefully, more appropriate Medicare coverage criteria for mobility devices. However, we are concerned that CMS' current interpretation of the ''in the

home'' requirement may continue to act as an inappropriate restriction in meeting the real-life mobility needs of Medicare beneficiaries with physical disabilities and mobility impairments.

Recently CMS announced a final National Coverage Determination (NCD) for mobility assistance equipment (MAE) that fails to adequately address the concerns of beneficiaries and other parties with the ''in the home'' restriction.

In order to ensure that the ''in the home'' requirement does not act as a barrier to community participation for Medicare beneficiaries with disabilities and mobility impairments; we ask that you modify this requirement through the regulatory process. Additionally, if your agency concludes that the ''in the home'' requirement cannot be addressed through the regulatory process, we request that you respond with such information as quickly as possible, so that Congress may begin examining legislative alternatives.

We thank you for your consideration of this matter.

Sincerely,

Jeff Bingaman; Rick Santorum; John Kerry; Joseph I. Lieberman; Barbara Mikulski; Maria Cantwell; Edward M. Kennedy; Patty Murray; Evan Bayh; Mark Dayton; Jack Reed; Johnny Isakson; Sam Brownback; Jon S. Corzine; James M. Talent; Pat Roberts; Frank Lautenberg; James M. Jeffords; Christopher S. Bond; Mike DeWine; Daniel K. Akaka; Mary L. Landrieu; Debbie Stabenow; Charles E. Schumer; Ron Wyden; Herb Kohl; Patrick J. Leahy; Arlen Specter; Hillary Rodham Clinton; Christopher J. Dodd; John McCain; Carl Levin; Tom Harkin; Olympia J. Snowe.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 332—EXPRESSING THE SENSE OF THE SENATE THAT THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS SHOULD INCREASE THEIR INVESTMENT IN PAIN MANAGEMENT RESEARCH

Ms. MIKULSKI (for herself and Mr. CARDIN) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 332

Whereas the characteristics of modern warfare, including the global war on terror, expose members of the uniformed services to many adverse and dangerous environment-related diseases and living conditions;

Whereas today's war zone conditions, including areas replete with noxious gases released from explosive devices in Iraq and Afghanistan, produce traumatic, life-altering battlefield injuries in degrees unheard of in previous wars including infections, instant crushing of skulls and other bones, loss of sight and limbs, dehydration, blood and other body infections, and, in some cases, severe impairment or total loss of mental and physical functions;

Whereas military medical rapid response teams provide superb, state of the art, life-saving medical and psychological treatment and care at battlefield sites with an extraordinarily high success rate;

Whereas military, Department of Veterans Affairs, and specialty civilian health care treatment facilities are overburdened with caring for the most serious and most painful battlefield casualties ever witnessed from war; and

Whereas the Nation's medical and mental health care professionals have not been provided with sufficient resources to adequately research, diagnose, treat, and manage acute and chronic pain associated with present day battlefield casualties: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) Federal funding for pain management research, treatment and therapies at the Department of Defense, Department of Veterans Affairs and at the National Institutes of Health should be significantly increased;

(2) Congress and the administration should redouble their efforts to ensure that an effective pain management program is uniformly established and implemented for military and Department of Veterans Affairs treatment facilities; and

(3) the Department of Defense and the Department of Veterans Affairs should increase their investment in pain management clinical research by improving and accelerating clinical trials at military and Department of Veterans Affairs treatment facilities and affiliated university medical centers and research programs.

SENATE RESOLUTION 333—TO AUTHORIZE THE PRODUCTION OF RECORDS BY THE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS OF THE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. REID (for himself and Mr. MCCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 333

Whereas, the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs conducted an investigation in 2003 and 2004 into abusive practices by the credit counseling industry;

Whereas, the Subcommittee has received a request from a federal law enforcement agency for access to records of the Subcommittee's investigation;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate can, by administrative or judicial process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate is needed for the promotion of justice, the Senate will take such action as will promote the ends of justice consistent with the privileges of the Senate: Now, therefore, be it

Resolved, That the Chairman and Ranking Minority Member of the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs, acting jointly, are authorized to provide to federal or state law enforcement or regulatory agencies and officials records of the Subcommittee's investigation into abusive practices by the credit counseling industry.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3048. Mr. SESSIONS submitted an amendment intended to be proposed to amendment SA 2011 proposed by Mr. NELSON of Nebraska (for Mr. LEVIN) to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

SA 3049. Mr. SANDERS (for himself, Mr. BYRD, Mr. BROWN, and Mr. FEINGOLD) submitted an amendment intended to be proposed to amendment SA 2011 proposed by Mr. NELSON of Nebraska (for Mr. LEVIN) to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 3050. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table.

SA 3051. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3052. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3053. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3054. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3055. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3056. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3057. Mr. MARTINEZ submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3058. Mr. KENNEDY (for himself, Mrs. MCCASKILL, Mr. LIEBERMAN, Ms. MIKULSKI, Mr. AKAKA, Mr. BROWN, and Mr. DODD) submitted an amendment intended to be proposed to amendment SA 2011 proposed by Mr. NELSON of Nebraska (for Mr. LEVIN) to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

SA 3059. Mr. ALLARD submitted an amendment intended to be proposed by him to the bill H.R. 976, to amend title XXI of the Social Security Act to reauthorize the State Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table.

SA 3060. Mr. ALLARD submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3061. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3062. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.

SA 3063. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 976, supra; which was ordered to lie on the table.