

“(i) IN GENERAL.—A State that elects the option to provide a premium assistance subsidy under this paragraph shall not be required to provide a targeted low-income child enrolled in qualified employer-sponsored coverage with supplemental coverage for items or services that are not covered, or are only partially covered, under the qualified employer-sponsored coverage or cost-sharing protection other than the protection required under section 2103(e)(3)(B).

“(ii) NOTICE OF COST-SHARING REQUIREMENTS.—A State shall provide a targeted low-income child or the parent of such a child (as appropriate) who is provided with a premium assistance subsidy in accordance with this paragraph with notice of the cost-sharing requirements and limitations imposed under the qualified employer-sponsored coverage in which the child is enrolled upon the enrollment of the child in such coverage and annually thereafter.

“(iii) RECORD KEEPING REQUIREMENTS.—A State may require a parent of a targeted low-income child that is enrolled in qualified employer-sponsored coverage to bear the responsibility for keeping track of out-of-pocket expenditures incurred for cost-sharing imposed under such coverage and to notify the State when the limit on such expenditures imposed under section 2103(e)(3)(B) has been reached for a year from the effective date of enrollment for such year.

“(iv) STATE OPTION FOR REIMBURSEMENT.—A State may retroactively reimburse a parent of a targeted low-income child for out-of-pocket expenditures incurred after reaching the 5 percent cost-sharing limitation imposed under section 2103(e)(3)(B) for a year.

“(E) 6-MONTH WAITING PERIOD REQUIRED.—A State shall impose at least a 6-month waiting period from the time an individual is enrolled in private health insurance prior to the provision of a premium assistance subsidy for a targeted low-income child in accordance with this paragraph.

“(F) NON-APPLICATION OF WAITING PERIOD FOR ENROLLMENT IN THE STATE MEDICAID PLAN OR THE STATE CHILD HEALTH PLAN.—A targeted low-income child provided a premium assistance subsidy in accordance with this paragraph who loses eligibility for such subsidy shall not be treated as having been enrolled in private health insurance coverage for purposes of applying any waiting period imposed under the State child health plan or the State plan under title XIX for the enrollment of the child under such plan.

“(G) ASSURANCE OF SPECIAL ENROLLMENT PERIOD UNDER GROUP HEALTH PLANS IN CASE OF ELIGIBILITY FOR PREMIUM SUBSIDY ASSISTANCE.—No payment shall be made under subsection (a) for amounts expended for the provision of premium assistance subsidies under this paragraph unless a State provides assurances to the Secretary that the State has in effect laws requiring a group health plan, a health insurance issuer offering group health insurance coverage in connection with a group health plan, and a self-funded health plan, to permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a child of such an employee if the child is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if the employee's child becomes eligible for a premium assistance subsidy under this paragraph.

“(H) NO EFFECT ON PREVIOUSLY APPROVED PREMIUM ASSISTANCE PROGRAMS.—Nothing in this paragraph shall be construed as limiting the authority of a State to offer premium assistance under section 1906, a waiver described in paragraph (2)(B) or (3), a waiver approved under section 1115, or other authority in effect on June 28, 2007.

“(I) NOTICE OF AVAILABILITY.—A State shall—

“(i) include on any application or enrollment form for child health assistance a notice of the availability of premium assistance subsidies for the enrollment of targeted low-income children in qualified employer-sponsored coverage;

“(ii) provide, as part of the application and enrollment process under the State child health plan, information describing the availability of such subsidies and how to elect to obtain such a subsidy; and

“(iii) establish such other procedures as the State determines necessary to ensure that parents are informed of the availability of such subsidies under the State child health plan.”.

(b) APPLICATION TO MEDICAID.—Section 1906 of the Social Security Act (42 U.S.C. 1396e) is amended by inserting after subsection (c) the following:

“(d) The provisions of section 2105(c)(9) shall apply to a child who is eligible for medical assistance under the State plan in the same manner as such provisions apply to a targeted low-income child under a State child health plan under title XXI. Section 1902(a)(34) shall not apply to a child who is provided a premium assistance subsidy under the State plan in accordance with the preceding sentence.”.

SEC. 9. TREATMENT OF UNBORN CHILDREN.

(a) CODIFICATION OF CURRENT REGULATIONS.—Section 2110(c)(1) of the Social Security Act (42 U.S.C. 1397jj(c)(1)) is amended by striking the period at the end and inserting the following: “, and includes, at the option of a State, an unborn child. For purposes of the previous sentence, the term ‘unborn child’ means a member of the species *Homo sapiens*, at any stage of development, who is carried in the womb.”.

(b) CLARIFICATIONS REGARDING COVERAGE OF MOTHERS.—Section 2103 (42 U.S.C. 1397cc) is amended by adding at the end the following new subsection:

“(g) CLARIFICATIONS REGARDING AUTHORITY TO PROVIDE POSTPARTUM SERVICES AND MATERNAL HEALTH CARE.—Any State that provides child health assistance to an unborn child under the option described in section 2110(c)(1) may—

“(1) continue to provide such assistance to the mother, as well as postpartum services, through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends; and

“(2) in the interest of the child to be born, have flexibility in defining and providing services to benefit either the mother or unborn child consistent with the health of both.”.

SEC. 10. 50 PERCENT MATCHING RATE FOR ALL MEDICAID ADMINISTRATIVE COSTS.

Section 1903(a) of the Social Security Act (42 U.S.C. 1396b(a)) is amended—

(1) by striking paragraph (2);

(2) by redesignating paragraph (3)(E) as paragraph (2) and re-locating and indenting it appropriately;

(3) in paragraph (2), as so redesignated, by redesignating clauses (i) and (ii) as subparagraphs (A) and (B), and indenting them appropriately;

(4) by striking paragraphs (3) and (4);

(5) in paragraph (5), by striking “which are attributable to the offering, arranging, and furnishing” and inserting “which are for the medical assistance costs of furnishing”;

(6) by striking paragraph (6);

(7) in paragraph (7), by striking “subject to section 1919(g)(3)(B)”;

(8) by redesignating paragraphs (5) and (7) as paragraphs (3) and (4), respectively.

Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended—

(1) in subsection (a)(7), by striking “section 1919(g)(3)(B)” and inserting “subsection (h)”;

(2) in subsection (a)(2)(D) by inserting “, subject to subsection (g)(3)(C) of such section” after “as are attributable to State activities under section 1919(g)”;

(3) by adding after subsection (g) the following new subsection:

“(h) REDUCTION IN PAYMENTS FOR ADMINISTRATIVE COSTS TO PREVENT DUPLICATION OF PAYMENTS UNDER TITLE IV.—Beginning with the calendar quarter commencing October 1, 2007, the Secretary shall reduce the amount paid to each State under subsection (a)(7) for each quarter by an amount equal to 1/4 of the annualized amount determined for the Medicaid program under section 16(k)(2)(B) of the Food Stamp Act of 1977 (7 U.S.C. 2025(k)(2)(B)).”.

SEC. 12. EFFECTIVE DATE.

(a) IN GENERAL.—Subject to subsection (b), the amendments made by this Act shall take effect as if enacted on October 1, 2007.

(b) DELAY IF STATE LEGISLATION REQUIRED.—In the case of a State child health plan under title XXI of the Social Security Act or a waiver of such plan under section 1115 of such Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan or waiver to meet the additional requirements imposed by the amendments made by this Act, the State child health plan or waiver shall not be regarded as failing to comply with the requirements of such title XXI solely on the basis of its failure to meet such 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.

(c) CONTINGENT EFFECTIVE DATE FOR SCHIP FUNDING FOR FISCAL YEAR 2008.—Notwithstanding any other provision of law, if funds are appropriated under any law (other than this Act) to provide allotments to States under title XXI of the Social Security Act for all (or any portion) of fiscal year 2008—

(1) any amounts that are so appropriated that are not so allotted and obligated before the date of the enactment of this Act are rescinded; and

(2) any amount provided for such title XXI allotments to a State under this Act (and the amendments made by this Act) for such fiscal year shall be reduced by the amount of such appropriations so allotted and obligated before such date.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. AKAKA. (for himself and Mr. BROWN):

S. 2160. A bill to amend title 38, United States Code, to establish a pain care initiative in health care facilities of the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, today I, along with my colleague Senator BROWN, introduce legislation that would enhance VA's pain management program. It is estimated that nearly 30 percent of Americans, that is some 86 million people, suffer from chronic or acute pain every year. A recent study conducted by VA researchers in Connecticut found that nearly 50 percent

of veteran patients that are seen at VA facilities reported that they experience pain regularly.

While pain increases in severity with age, it is also a growing problem among younger veterans who have been injured in the wars in Iraq and Afghanistan. Many of these veterans are coming home with severe injuries, often traumatic brain injuries, that require intensive rehabilitation. In some cases, these younger veterans will have to live with the long-term effects of their injuries, of which pain is a large and debilitating part.

Pain management is an area of health care that by many accounts is not yet up to par, in both the private and public sectors. The bill we are introducing would enhance VA's pain management program on a national, system-wide level, by requiring VA to establish a pain care initiative at every VA health care facility. Every hospital and clinic would be required to employ a professionally recognized pain assessment tool or process, and ensure that every patient who is determined to be in chronic or acute pain is treated appropriately.

The profile of a veteran in pain is often times different than that of his or her counterpart in the private sector. For example, veterans suffering from chronic pain are more likely to be receiving treatment for other problems including depression, substance abuse, alcoholism, or post traumatic stress disorder. Understanding and treating their pain must be a priority, and this bill will help VA enhance the department's existing pain management program.

VA's current pain management efforts are worthwhile, but are unfortunately not adequate to meet the all of the needs of veterans. Pain management in VA continues to be relatively decentralized and unstandardized. Some VA medical centers have adopted successful approaches and procedures to deal with pain, while others have been less active. Fortunately, VA has begun the work of identifying professional talent and developing ideas that provide the groundwork of an effective pain management program. This bill would build upon that foundation and help ensure that these ideas become practice.

This bill provides us with an opportunity to help the thousands of veterans who are living in pain each and every day. I urge all of my colleagues to support this legislation.

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. 2160

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans Pain Care Act of 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

- (1) Acute and chronic pain are prevalent conditions within the population of veterans.
- (2) Methods of modern warfare, including the use of improvised explosive devices, produce substantial numbers of battlefield casualties with significant damage to both the central and peripheral nervous systems.
- (3) The successes of military health care, both on and off the battlefield, result in high survival rates of severely injured military personnel who will be afflicted with significant pain disorders on either an acute or chronic basis.
- (4) Failure to treat pain appropriately at the time of transition from receipt of care from the Department of Defense to receipt of care from the Department of Veterans Affairs contributes to the development of long-term chronic pain syndromes, in some cases accompanied by long-term mental health and substance use disorders.
- (5) Pain is a leading cause of short-term and long-term disability among veterans.
- (6) The Department of Veterans Affairs has implemented important pain care programs at some facilities and in some areas, but comprehensive pain care is not consistently provided on a uniform basis throughout the health care system of the Department to all patients in need of such care.
- (7) Inconsistent and ineffective pain care provided by the Department of Veterans Affairs leads to pain-related impairments, occupational disability, and medical and mental complications for veterans with acute and chronic pain, with long-term costs for the health care and disability systems of the Department and for society at large.
- (8) Research, diagnosis, treatment, and management of acute and chronic pain for veterans constitute health care priorities of the United States.

SEC. 3. PAIN CARE INITIATIVE IN DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES.

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

"§ 1720F. Pain care

"(a) IN GENERAL.—The Secretary shall carry out at each health care facility of the Department an initiative on pain care.

"(b) ELEMENTS.—The initiative at each health care facility of the Department shall ensure that each individual receiving treatment in such health care facility receives the following:

"(1) An assessment for pain at the time of admission or initial treatment, and periodically thereafter, using a professionally recognized pain assessment tool or process.

"(2) Appropriate pain care consistent with recognized means for assessment, diagnosis, treatment, and management of acute and chronic pain, including when appropriate, access to specialty pain management services."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1720E the following new item:

"1720F. Pain care."

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall ensure that the pain care initiatives required by section 1720F of title 38, United States Code, as added by subsection (a), are implemented at all health care facilities of the Department of Veterans Affairs by not later than—

(1) January 1, 2008, in the case of inpatient care; and

(2) January 1, 2009, in the case of outpatient care.

SEC. 4. PROGRAM ON RESEARCH AND TRAINING ON PAIN IN DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7330A. Program of research and training on acute and chronic pain

"(a) IN GENERAL.—The Secretary shall carry out within the Medical and Prosthetic Research Service of the Veterans Health Administration a program of research and training on acute and chronic pain.

"(b) PURPOSES.—The purposes of the program shall include the following:

"(1) To identify research priorities most relevant to the treatment of the types of acute and chronic pain suffered by veterans.

"(2) To promote, conduct, and coordinate research in accordance with such research priorities—

"(A) through the facilities and programs of the Department; and

"(B) in cooperation with other agencies, institutions, and organizations, including the Department of Defense.

"(3) To educate and train health care personnel of the Department with respect to the assessment, diagnosis, treatment, and management of acute and chronic pain.

"(c) DESIGNATION OF CENTERS.—(1) The Secretary shall designate an appropriate number of facilities of the Department as cooperative centers for research and education on pain. Each such center shall be designated with a focus on research and training on one or more of the following:

"(A) Acute pain.

"(B) Chronic pain.

"(C) A research priority identified under subsection (b)(1).

"(2) The Secretary shall designate at least one of the centers designated under paragraph (1) as a lead center for research on pain attributable to central and peripheral nervous system damage commonly associated with the battlefield injuries characteristic of modern warfare.

"(3) The Secretary shall designate one of the centers designated under paragraph (1) as the lead center for coordinating the pain care research activities of the centers designated under this subsection. The functions of such center shall be the following:

"(A) To review and evaluate periodically the research of the centers designated under this subsection and to ensure that such research is conducted in accordance with the research priorities identified pursuant to subsection (b)(1).

"(B) To collect and disseminate the results of the research of the centers designated under this subsection.

"(C) To develop and disseminate educational materials and products—

"(i) to enhance the assessment, diagnosis, treatment, and management of acute and chronic pain by the health care professionals and facilities of the Veterans Health Administration; and

"(ii) for veterans suffering from acute or chronic pain and their families.

"(d) AWARD OF FUNDING.—Centers designated under subsection (c) may compete for the award of funding from amounts appropriated to the Department each fiscal year for medical and prosthetics research.

"(e) NATIONAL OVERSIGHT.—The Under Secretary of Health shall designate an appropriate officer—

"(1) to oversee the operation of the centers designated under subsection (c); and

"(2) to review and evaluate periodically the performance of such centers."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is

amended by inserting after the item relating to section 7330 the following new item:

“7330A. Program of research and training on acute and chronic pain.”.

By Mr. AKAKA:

S. 2162, a Bill to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, today I introduce comprehensive legislation to improve the capacity of the Department of Veterans Affairs to care for veterans with invisible wounds.

For too many veterans, returning home from battle will not bring an end to conflict. They will return home, but the war will follow them in their hearts and minds. Just as we support our troops as they fight in Iraq and Afghanistan, we must support them when they return from war marked by their service. Invisible wounds are complicated and wide-ranging, and our solutions must rise to the challenge.

What do we know about the scope of the problem? A March 2007 study published in the Archives of Internal Medicine reported that more than one-third of war veterans who have served in either Iraq or Afghanistan are suffering from various mental ailments, including post-traumatic stress disorder, anxiety, depression, substance use disorder and other problems. According to the study, a disproportionate number of young soldiers suffer mental health problems.

There is no question that action is needed. One in five Iraq War veterans are likely to develop PTSD, as studies have estimated, and this is but one aspect of the mental health challenges faced by veterans.

We also know that veterans suffering from physical and mental wounds use drugs and alcohol to assuage their pain. Experts believe that stress is the number one cause of drug abuse, and of relapse to drug abuse. Mr. President, 60 to 80 percent of Vietnam veterans who have sought PTSD treatment have alcohol use disorders. VA has been dealing with substance abuse issues for decades, but much remains to be done.

On April 25, 2007, I chaired a Committee on Veterans' Affairs hearing on veterans' mental health concerns and on VA's response. We heard heart-wrenching testimony from the witnesses. Randall Omvig spoke of his son's suicide upon returning from Iraq. Tony Bailey spoke of his son's struggle with substance abuse, and of his death. Patrick Campbell shared his own experience with PTSD and the experiences of his close friends. Witnesses urged us to learn, and they urged us to act.

The provisions of this bill are a direct outgrowth of that hearing and the testimony given by those who have suffered with mental health issues, and by their family members.

This bill addresses the immediate needs of veterans by ensuring high

quality mental health services at VA facilities and in their communities. The bill also looks to the future. Our legislation has eleven core provisions. I will highlight some of them:

First, VA medical centers would be required to offer a minimum range of services for veterans in need of help to overcome their substance use disorders. It would require programs to prevent relapse and to provide medical treatments to reduce cravings for alcohol and drugs, among others. Many VA facilities have some of these programs but there is no universal minimum.

We know that there are large numbers of veterans suffering with a terrible confluence of substance use disorders and other mental health disorders. The bill would require that both issues be treated by a well-qualified team of health professionals who would treat the disorders concurrently.

To ensure that innovative mental health services are tailored to individual communities, the legislation would create grants to enhance programs and fill holes. VA facilities would compete for grants for various purposes, from increasing weekend and evening hours to creating programs which encourage urgent care physicians, who are often gateways for new patients, to quickly refer those whom they believe may have a mental health disorder.

Veterans with debilitating mental health issues, including substance use disorder and PTSD, may need inpatient care. VA has moved rapidly to reduce their inpatient mental health capacity, but there is no doubt that inpatient stays are necessary for many veterans. This legislation would require the VA Secretary to designate six inpatient facilities to provide recovery services for veterans with comorbid PTSD and substance use disorders.

The legislation would also require a comprehensive review of VA's residential mental health facilities. This provision stems directly from the hearing testimony of Tony Bailey, whose son suffered from PTSD and substance abuse. Tony's son, Justin, died while in a VA domiciliary. He overdosed on medications provided to him by VA. Residential facilities are a necessary part of VA's effort to treat mental health problems and they must be up to par.

It has been made clear to me, by mental health experts and veterans experiencing mental health problems, that families need to be much more involved in the care of their loved ones. Families are suffering in much the same way that veterans themselves are suffering. They must have access to care which will aid in the effective treatment and rehabilitation of a veteran. An existing provision of law allows such care for family members. Our legislation simply restates this law and clarifies the type of services to which family members should have access.

Finally, our goal is to define the best possible treatments for veterans now

and in the future. To that end, this legislation sets up a mental health research program based on the successful pediatric oncology model. We are proposing a network of sites with adequate patient flow and clinical and research expertise. The goal is to promote rapid progress from research to therapeutic advancement and effective treatments for PTSD and PTSD in the presence of a substance use disorder.

An aggressive mental health agenda for veterans begins by providing VA with financial support. Our comprehensive legislation authorizes the creation of new programs and expansion of existing ones. While these changes amount to significant new funding, every dollar was included in our Committee's Views and Estimates Letter to the Budget Committee. The Committee on Veterans' Affairs requested a \$700 million dollar increase in fiscal year 2008 for mental health programs, and the full Senate supported this level in the final budget resolution. A similar level of funding was supported by the full Senate in the VA appropriation bill.

I urge all of my colleagues to support this innovative and comprehensive legislation, which will bring hope and progress to many veterans suffering from invisible wounds.

By Mr. INHOFE (for himself and Mr. COCHRAN):

S. 2164. A bill to establish a Science and Technology Scholarship Program to award scholarships to recruit and prepare students for careers in the National Weather Service and in National Oceanic and Atmospheric Administration marine research, atmospheric research, and satellite programs and for other purposes; to the Committee on Commerce, Science, and Transportation.

Mr. INHOFE. Mr. President, today I introduce the NOAA Scholarship Act of 2007 with my colleague from Mississippi, Senator COCHRAN. This bill provides a scholarship program for promising students who seek to pursue an education in a relevant field of study and commit to work for a branch of the National Oceanic Atmospheric Administration, NOAA, including the National Weather Service, upon graduation.

Few can contend with the fact that there is a shortage of American students devoting themselves to the study of science, math and engineering. However, the demand for trained individuals in these professions is rising. In order to achieve their missions, Federal organizations like NOAA require a cadre of young talent to enter the workforce with training in fields like meteorology, hydrology, and oceanography.

In my great State of Oklahoma, we know the importance of NOAA, and particularly the study of meteorology. Two weeks ago, I met with a group of Fire Marshalls who informed me that there are more declared natural disasters per capita in Oklahoma than in

any other State in the Union. In May of each year, we experience an average of twenty tornadoes. In fact, the fastest wind speed ever recorded was in one of the May tornadoes to hit Oklahoma in 1999. As Oklahomans, we know that having accurate and timely reporting of atmospheric changes can mean the difference between life and death.

It is no surprise, then, that the University of Oklahoma, OU, has developed an exceptional program for the study of meteorology. The OU School of Meteorology is the largest meteorology program in the nation, with over 320 undergraduate students and 80 graduate students. It ranks first in the Nation in severe storms and mesoscale research and is among the top seven meteorology programs in the country. OU President David Boren, my predecessor in the Senate, targets the OU School of Meteorology to become the leading radar meteorology program in the world.

The OU School of Meteorology is fortunate to have a state of the art facility in the recently constructed National Weather Center. In this 244,000 square foot structure, federal, state, and OU organizations partner together to better understand weather events occurring in the atmosphere. The research that occurs in this center is truly groundbreaking. The scientists who work at NWC, many of them working with NOAA, have expertise in severe weather, local and regional climate, numerical modeling, hydrology, and radar meteorology. Their work is both abstract and tangible, using theory and advanced scientific research to improve the lives of individuals in Oklahoma and around the world.

The National Weather Center is the home of many notable achievements. NWC scientists were able to demonstrate that the Doppler weather radar can be useful in detecting tornadoes, hail, and other severe weather events. Using the Doppler radar, they have developed numerical forecasting models for government and industry applications. The scientists at NWC are also known for taking risks to discover new and improved ways of collecting data and making observations; for example, they can be credited with showing the effectiveness of rapidly deployable, truck-mounted radars that they drive into the middle of fierce storms.

It is with the first-hand knowledge of the important work of the National Weather Service and the National Oceanic Atmospheric Administration's research in marine research, atmospheric research, and satellite programs that I introduce this bill. The NOAA Scholarship Act of 2007 will establish a scholarship program for promising students who desire to pursue an education in a relevant field of study and then serve as full-time employees of NOAA at the completion of their degrees. The students will be required to work for NOAA for 24 months in return for each academic year that a scholarship is

given. This program will provide an opportunity and an incentive for students to develop scientific expertise that will continue to enable NOAA, at facilities like the National Weather Center in Norman, Oklahoma and elsewhere, to attain its mission.

On September 17, 2007, the House of Representatives passed identical legislation, H.R. 1657, by a vote of 360–16. I request that the Senate move quickly on this bill.

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. 2164

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 "NOAA Scholarship Act of 2007".

SEC. 2. SCIENCE AND TECHNOLOGY SCHOLARSHIP PROGRAM.

(a) ESTABLISHMENT OF PROGRAM.—

(1) IN GENERAL.—The Administrator is authorized to establish a Science and Technology Scholarship Program to award scholarships to individuals to recruit and prepare students for careers in the National Weather Service and in Administration marine research, atmospheric research, and satellite programs.

(2) COMPETITIVE PROCESS.—Individuals shall be selected to receive scholarships under the scholarship program through a competitive process primarily on the basis of academic merit, with consideration given to financial need and the goal of promoting the participation of individuals described in section 33 or 34 of the Science and Engineering Equal Opportunities Act (42 U.S.C. 1885a or 1885b) in the scholarship program.

(3) SERVICE AGREEMENTS.—To carry out the scholarship program, the Administrator shall enter into contractual agreements with individuals selected under paragraph (2) under which the individuals agree to serve as full-time employees of the Administration, for the period described in subsection (f)(1), in positions needed by the Administration in fields described in paragraph (1) and for which the individuals are qualified, in exchange for receiving a scholarship.

(b) SCHOLARSHIP ELIGIBILITY.—In order to be eligible to participate in the scholarship program, an individual shall—

(1) be enrolled or accepted for enrollment as a full-time student at an institution of higher education in an academic program or field of study described in the list made available under subsection (d);

(2) be a citizen or permanent resident of the United States; and

(3) at the time of the initial scholarship award, not be an employee (as that term is defined in section 2105 of title 5, United States Code) of the United States.

(c) APPLICATION REQUIRED.—An individual seeking a scholarship under the scholarship program shall submit an application to the Administrator at such time, in such manner, and containing such information, agreements, or assurances as the Administrator may require to carry out this section.

(d) ELIGIBLE ACADEMIC PROGRAMS.—The Administrator shall make publicly available a list of academic programs and fields of study for which scholarships may be utilized in fields described in subsection (a)(1), and shall update the list as necessary.

(e) SCHOLARSHIP REQUIREMENT.—

(1) IN GENERAL.—The Administrator may provide a scholarship under the scholarship program for an academic year if the individual applying for the scholarship has submitted to the Administrator, as part of the application required under subsection (c), a proposed academic program leading to a degree in a program or field of study on the list made available under subsection (d).

(2) DURATION OF ELIGIBILITY.—An individual may not receive a scholarship under the scholarship program for more than 4 academic years, unless the Administrator grants a waiver.

(3) SCHOLARSHIP AMOUNT.—The dollar amount of a scholarship under the scholarship program for an academic year shall be determined under regulations issued by the Administrator, but may not exceed the cost of attendance, as described in paragraph (4).

(4) AUTHORIZED USES.—A scholarship provided under the scholarship program may be expended for tuition, fees, and other authorized expenses as established by the Administrator by regulation.

(5) CONTRACTS REGARDING DIRECT PAYMENTS TO INSTITUTIONS.—The Administrator may enter into a contractual agreement with an institution of higher education under which the amounts provided for a scholarship under this section for tuition, fees, and other authorized expenses are paid directly to the institution with respect to which the scholarship is provided.

(f) PERIOD OF OBLIGATED SERVICE.—

(1) DURATION OF SERVICE.—Except as provided in subsection (h)(2), the period of service for which an individual shall be obligated to serve as an employee of the Administration shall be 24 months for each academic year for which a scholarship under the scholarship program is provided.

(2) SCHEDULE FOR SERVICE.—

(A) IN GENERAL.—Except as provided in subparagraph (B), obligated service under paragraph (1) shall begin not later than 60 days after the individual obtains the educational degree for which the scholarship was provided.

(B) DEFERRAL.—The Administrator may defer the obligation of an individual to provide a period of service under paragraph (1) if the Administrator determines that such a deferral is appropriate. The Administrator shall prescribe the terms and conditions under which a service obligation may be deferred through regulation.

(g) PENALTIES FOR BREACH OF SCHOLARSHIP AGREEMENT.—

(1) FAILURE TO COMPLETE ACADEMIC TRAINING.—Scholarship recipients who fail to maintain a high level of academic standing, as defined by the Administrator by regulation, who are dismissed from their educational institutions for disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which the scholarship was awarded, shall be in breach of their contractual agreement and, in lieu of any service obligation arising under such agreement, shall be liable to the United States for repayment not later than 1 year after the date of default of all scholarship funds paid to them and to the institution of higher education on their behalf under the agreement, except as provided in subsection (h)(2). The repayment period may be extended by the Administrator when determined to be necessary, as established by regulation.

(2) FAILURE TO BEGIN OR COMPLETE THE SERVICE OBLIGATION OR MEET THE TERMS AND CONDITIONS OF DEFERMENT.—Except as provided in subsection (h), an individual who receives a scholarship under the scholarship program and who, for any reason, fails to begin or complete a service obligation under this section after completion of academic

training, or fails to comply with the terms and conditions of deferment established by the Administrator pursuant to subsection (f)(2)(B), shall be in breach of the contractual agreement. Such an individual shall be liable to the United States for an amount equal to—

(A) the total amount received by the individual under the scholarship program; plus

(B) the amount of interest that would have been earned on such amount, at the maximum legal prevailing rate as determined by the Treasurer of the United States, during the period between the date the amount was awarded to the individual and the date of the breach of the agreement.

(h) WAIVER OR SUSPENSION OF OBLIGATION.—

(1) DEATH OF INDIVIDUAL.—Any obligation of an individual incurred under the scholarship program (or a contractual agreement thereunder) for service or payment shall be canceled upon the death of the individual.

(2) IMPOSSIBILITY OR EXTREME HARDSHIP.—The Administrator shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment incurred by an individual under the scholarship program (or a contractual agreement thereunder) whenever compliance by the individual is impossible or would involve extreme hardship to the individual, or if enforcement of such obligation with respect to the individual would be contrary to the best interests of the United States.

SEC. 3. DEFINITIONS.

In this Act:

(a) ADMINISTRATION.—The term “Administration” means the National Oceanic and Atmospheric Administration.

(b) ADMINISTRATOR.—The term “Administrator” means the Under Secretary for Oceans and Atmosphere of the Department of Commerce.

(c) COST OF ATTENDANCE.—The term “cost of attendance” has the meaning given that term in section 472 of the Higher Education Act of 1965 (20 U.S.C. 10871).

(d) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given that term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

(e) SCHOLARSHIP PROGRAM.—The term “scholarship program” means the Science and Technology Scholarship Program established under section 2(a).

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 345—SUPPORTING THE WORK OF FIREFIGHTERS TO EDUCATE AND PROTECT THE NATION’S COMMUNITIES, AND THE GOALS AND IDEALS OF FIRE PREVENTION WEEK, OCTOBER 7-13, 2007, AS DESIGNATED BY THE NATIONAL FIRE PROTECTION ASSOCIATION

Ms. COLLINS (for herself, Mr. DODD, Mr. BIDEN, and Mr. MCCAIN) submitted the following resolution; which was considered and agreed to:

S. RES. 345

Whereas firefighters have maintained their dedication to the health and safety of the American public since the first American fire departments were organized in the colonial era;

Whereas today’s firefighters provide a multitude of services, including emergency medical services, special rescue response, hazardous material and terrorism response, and public safety education;

Whereas more than 1,130,000 firefighters protect the United States through their heroic service;

Whereas the Nation’s fire departments respond to emergency calls nearly once per second and dispatch to fire emergencies every 20 seconds;

Whereas approximately 1,600,000 fires are reported annually;

Whereas firefighters respond with courage to all disasters, whether they be acts of terrorism, natural disasters, or other emergencies;

Whereas 343 firefighters sacrificed their lives responding heroically to the events of September 11, 2001;

Whereas firefighters from across the Nation responded with remarkable selflessness throughout the areas affected by Hurricane Katrina;

Whereas 89 firefighters lost their lives in 2006, and over 80,000 were injured in the line of duty;

Whereas we have honored firefighters for educating the American public since President Harding declared the first Fire Prevention Week in 1922;

Whereas the National Fire Protection Association has designated the week of October 7-13, 2007 as Fire Prevention Week; and

Whereas educating Americans on methods of fire prevention and escape planning continues to be a priority for all firefighters: Now, therefore, be it

Resolved, That the Senate—

(1) supports the work of firefighters to educate and protect the Nation’s communities; and

(2) supports the goals and ideals of Fire Prevention Week, October 7-13, 2007, as designated by the National Fire Protection Association.

SENATE RESOLUTION 346—EXPRESSING HEARTFELT SYMPATHY FOR THE VICTIMS OF THE DEVASTATING THUNDERSTORMS THAT CAUSED SEVERE FLOODING DURING AUGUST 2007 IN THE STATES OF ILLINOIS, IOWA, MINNESOTA, OHIO, AND WISCONSIN, AND FOR OTHER PURPOSES

Mr. COLEMAN (for himself, Ms. KLOBUCHAR, Mr. DURBIN, Mr. GRASSLEY, Mr. HARKIN, Mr. BROWN, Mr. VOINOVICH, Mr. FEINGOLD, Mr. KOHL, and Mr. OBAMA) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 346

Whereas, during August 2007, severe thunderstorms were responsible for bringing as much as 18 inches of torrential rain to parts of the States of Illinois, Iowa, Minnesota, Ohio, and Wisconsin, resulting in devastating floods;

Whereas these storms tragically took the lives of 14 people;

Whereas these storms injured countless other people, damaged or destroyed thousands of homes, and devastated businesses and institutions;

Whereas, on August 21, 2007, the Governor of Minnesota declared Fillmore, Houston, Steele, Olmsted, Wabasha, and Winona Counties, Minnesota, to be in a state of disaster as a result of these storms, and subsequently Dodge and Jackson Counties, Minnesota, received a Federal major disaster declaration as well;

Whereas, on August 20 and 21, 2007, the Governor of Wisconsin declared Crawford, La Crosse, Richland, Sauk, and Vernon Coun-

ties, Wisconsin, to be in a state of disaster as a result of these storms;

Whereas, on August 22, 2007, and in the days following, the Governor of Iowa declared Allamakee, Appanoose, Boone, Calhoun, Cherokee, Davis, Humboldt, Mahaska, Montgomery, Palo Alto, Pocahontas, Union, Van Buren, Wapello, Wayne, Webster, and Winneshiek Counties, Iowa, to be in a state of disaster as a result of these storms;

Whereas, on August 22, 2007, the Governor of Ohio declared Allen, Crawford, Hancock, Hardin, Putnam, Richland, Seneca, Van Wert, and Wyandot Counties, Ohio, to be in a state of disaster as a result of these storms;

Whereas, on August 24, 2007, and in the days following, the Governor of Illinois declared Cook, DeKalb, DuPage, Grundy, Lake, LaSalle, Kane, Knox, McHenry, Warren, and Will Counties, Illinois, to be in a state of disaster as a result of these storms;

Whereas President Bush declared 8 counties in Minnesota, 8 counties in Ohio, 14 counties in Wisconsin, 6 counties in Illinois, and 14 counties in Iowa to be major disaster areas as a result of these storms, and individuals and families, State and local Governments, and certain private nonprofit organizations in these areas became eligible for individual or public Federal disaster assistance or both;

Whereas numerous individuals and entities have selflessly and heroically given of themselves and their resources to aid in the disaster relief efforts; and

Whereas the catastrophic injury, death, and damage in Illinois, Iowa, Minnesota, Ohio, and Wisconsin would have been even worse in the absence of local relief efforts: Now, therefore, be it

Resolved, That the Senate—

(1) expresses heartfelt sympathy for the victims of the devastating thunderstorms that caused severe flooding during August 2007 in the States of Illinois, Iowa, Minnesota, Ohio, and Wisconsin;

(2) conveys gratitude to the local, State, and Federal officials and emergency personnel who responded swiftly to the crisis, including emergency management teams in each of the affected States, Michael Chertoff, Secretary of Homeland Security, and David Paulison, Administrator of the Federal Emergency Management Agency;

(3) recognizes the generous and selfless support of citizens, local businesses, the American Red Cross, the United Way, Catholic Charities, and the Salvation Army; and

(4) reaffirms support for helping the victims of the flooding rebuild their homes and lives.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3270. Mr. SHELBY submitted an amendment intended to be proposed by him to the bill H.R. 3093, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2008, and for other purposes; which was ordered to lie on the table.

SA 3271. Mr. SHELBY submitted an amendment intended to be proposed by him to the bill H.R. 3093, supra.

SA 3272. Mr. SHELBY submitted an amendment intended to be proposed by him to the bill H.R. 3093, supra.

SA 3273. Mr. SHELBY submitted an amendment intended to be proposed by him to the bill H.R. 3093, supra.

SA 3274. Ms. CANTWELL (for herself, Mr. SMITH, and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 3093, supra; which was ordered to lie on the table.