Secretary of the Treasury to mint coins in commemoration of veterans who became disabled for life while serving in the Armed Forces of the United States.

S. 2209

At the request of Mr. HATCH, the name of the Senator from Colorado (Mr. ALLARD) was added as a cosponsor of S. 2209, a bill to amend the Internal Revenue Code of 1986 to provide incentives to improve America's research competitiveness, and for other purposes.

S. 2279

At the request of Mr. BIDEN, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. 2279, a bill to combat international violence against women and girls.

S. 2324

At the request of Mrs. MCCASKILL, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 2324, a bill to amend the Inspector General Act of 1978 (5 U.S.C. App.) to enhance the Offices of the Inspectors General, to create a Council of the Inspectors General on Integrity and Efficiency, and for other purposes.

S. 2332

At the request of Mr. DORGAN, the name of the Senator from Tennessee (Mr. CORKER) was added as a cosponsor of S. 2332, a bill to promote transparency in the adoption of new media ownership rules by the Federal Communications Commission, and to establish an independent panel to make recommendations on how to increase the representation of women and minorities in broadcast media ownership.

S. 2425

At the request of Mrs. HUTCHISON, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from California (Mrs. BOXER) were added as cosponsors of S. 2425, a bill to require the Secretary of Transportation and the Secretary of Commerce to submit reports to Congress on the commercial and passenger vehicle traffic at certain points of entry, and for other purposes.

S. 2431

At the request of Mr. BROWN, the names of the Senator from Pennsylvania (Mr. CASEY), the Senator from Connecticut (Mr. DODD) and the Senator from Arkansas (Mrs. LINCOLN) were added as cosponsors of S. 2431, a bill to address emergency shortages in food banks.

S. 2478

At the request of Mr. SUNUNU, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 2478, a bill to designate the facility of the United States Postal Service located at 59 Colby Corner in East Hampstead, New Hampshire, as the ''Captain Jonathan D. Grassbaugh Post Office''.

S. 2510

At the request of Ms. LANDRIEU, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 2510, a bill to amend the Public Health Service Act to provide revised standards for quality assurance in screening and evaluation of gynecologic cytology preparations, and for other purposes.

S. RES. 389

At the request of Mr. BARRASSO, his name was added as a cosponsor of S. Res. 389, a resolution commemorating the 25th Anniversary of the United States Air Force Space Command headquartered at Peterson Air Force Base, Colorado.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. INHOFE:

S. 11. A bill to provide liability protection to volunteer pilot nonprofit organizations that fly for public benefit and to the pilots and staff of such nonprofit organizations, and for other purposes; to the Committee on the Judiciary.

Mr. INHOFE. Mr. President, as one of the Senate's commercially licensed pilots, I rise to talk about an issue near and dear to my heart—flying. As many in this Chamber know, I love flying and have flown thousands of hours, attended the well-known AirVenture aviation event in Oshkosh, Wisconsin, each year, and even recreated Wiley Post's trip around the world. I have received notable recognition for this beloved hobby.

Today, I am here to acknowledge a group of people who share my love of flying—volunteer pilots. Non-profit, charitable associations called Volunteer Pilot Organizations, VPOs, provide the resources to help these self-sacrificing men and women serve people in need.

There are approximately 40 to 50 VPO's in the United States ranging from small, local groups to large, national associations. Air Charity Network, ACN, is the Nation's largest VPO and has seven member organizations that collectively serve the entire country and perform about 90 percent of all charitable aviation missions in the U.S. ACN's volunteer pilots provide free air transportation for people in need of specialized medical treatment at distant locations due to family, community or national crises. They also step in when commercial air service is not available with middle-of-the-night organ transplant patient flights, disaster response missions evacuating special needs patients, and transport of blood or blood products in emergencies.

ACN and its more than 8,000 volunteer pilots use their own planes, pay for their own fuel, and even take time from their ''day'' jobs to serve people in need. These Good Samaritans will provide charitable flights for an estimated 24,000 patients this year alone and their safety record is phenomenal. In their more than 30 years of service, the pilots of ACN have flown over 250,000 missions covering over 80 million miles and have never had a fatal accident.

Following the September 11 terrorist attacks, ACN aircraft were the first to be approved to fly in disaster-response teams and supplies. Similarly, in 2005, ACN pilots flew over 2,600 missions after Hurricanes Katrina and Rita, reuniting families torn apart by the disaster and relocating them to safe housing. Their service was invaluable to the thousands of people they saved during these national crises.

Despite this goodwill, there is a loophole in the law that subjects these heroes and charitable organizations to frivolous, costly lawsuits. Currently, although volunteer pilots are required to carry liability insurance, if they have an accident, the injured party can sue for any amount of money—the sky is the limit. It would be up to a jury to decide on an amount. If that amount is higher than the liability limit on a pilot's insurance, then the pilot is at risk of losing their personal investments, home, business and other assets, potentially bringing them financial ruin.

Additionally, the cost of insurance and lack of available non-owned aircraft liability insurance for organizations since the terrorist attacks of September 11 prevents VPOs from acquiring liability protection for their organizations, boards, and staff. Without this insurance, if a volunteer pilot were to have an accident using his or her own aircraft, everyone connected to the organization could be subject to a costly lawsuit, despite the fact that none of those people were directly involved with the dispatch of the flight, the pilot's decisions, or the aircraft itself.

Exposure to this type of risk makes it difficult for these organizations to recruit and retain volunteer pilots and professional staff. It also makes referring medical professionals such as hospitals, doctors, nurses, social workers, and disaster agencies like the American Red Cross, less likely to tell patients or evacuees that charitable medical air transportation is available for fear of a liability suit against them. Instead of focusing on serving people with medical needs, these organizations are spending considerable time and resources averting a lawsuit and recruiting volunteers.

This is why today I am introducing the Volunteer Pilot Organization Protection Act of 2007, which I cosponsored in the last two Congresses, to help close this costly loophole. My bill amends the Volunteer Protection Act of 1997, VPA, which was intended to increase volunteerism in the United States, to include groups such as ACN and the American Red Cross in the list of types of organizations that are currently exempt from liability. More specifically, it will protect volunteer pilot organizations, their boards, paid staff and non-flying volunteers from liability should there be an accident. It will also provide liability protection for individual volunteer pilots over and above the liability insurance that they are currently required to carry, as well

as liability protection for the referring agencies who inform their patients of charitable flight services.

Similar legislation was introduced in the Senate in the past several Congresses and passed overwhelmingly in the House in the 108th Congress by a vote of 385–12 and by voice vote in the 109th Congress. Clearly, the Volunteer Pilot Organization Protection Act has significant support. The companion version, H.R. 2191, was introduced in May by my colleague, Congresswoman THELMA DRAKE, with ten original, bipartisan cosponsors.

My bill will go a long way to help eliminate unnecessary liability risk and allow volunteer pilots and the charitable organizations for which they fly to concentrate on what they do best—save lives. Please join me in supporting the Volunteer Pilot Organization Protection Act of 2007.

By Mr. LIEBERMAN (for himself, Mr. SMITH, Mr. AKAKA, Mrs. BOXER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mrs. CLINTON, Mr. DODD, Mr. DURBIN, Mr. FEINGOLD, Mr. KENNEDY, Mr. KERRY, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mrs. MURRAY, Mr. OBAMA, Mr. SCHUMER, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 2521. A bill to provide benefits to domestic partners of Federal employees; to the Committee on Homeland Security and Governmental Affairs.

Mr. LIEBERMAN. Mr. President, I rise to urge my colleagues to support the domestic Partnership Benefits and Obligations Act of 2007, which my good friend from the other side of the aisle, Senator SMITH, and I introduced last Congress and are introducing again today, along with 19 other cosponsors.

This legislation is another step in the process to make the Federal Government more competitive in an ever-changing business world. It would require the Government to extend employee benefit programs to the same-sex domestic partners of Federal employees. It is sound public policy and it makes excellent business sense.

Under our bill, Federal employee and the employee's domestic partner would be eligible to participate in health benefits, Family and Medical Leave, long-term care, Federal retirement benefits, and other benefits to the same extent that married employees and their spouses participate. Employees and their partners would also assume the same obligations that apply to married employees and their spouses, such as anti-nepotism rules and financial disclosure requirements.

The Federal Government is our Nation's largest employer and should lead other employers, rather than lagging behind, in the quest to provide equal and fair compensation and benefits to all employees. That thousands of Federal workers who have dedicated their careers to public service and who live in committed relationships with same-sex domestic partners receive fewer protections for their families than those married employees is patently unfair and, frankly, makes no economic sense.

Just ask the leaders of more than half of the Fortune 500 companies who already extend employee benefit programs to their employees' domestic partners. The fact is that most of America's major corporations now offer health benefits to employees' domestic partners, up from 25 percent in 2000. Overall, more than 9,700 private-sector companies provide available benefits to employees' domestic partners, as do several hundred State and local governments and colleges and universities.

General Electric, Chevron, Boeing, Texas Instruments, IBM, Raytheon, BP, Hospital Corporation of America, Lockheed Martin, Duke Energy Corp., and AT&T are among the major employers that have recognized the economic benefit of providing for domestic partners. The governments of 13 States—including, I might add, my home State of Connecticut—and about 145 local jurisdictions across the land, as well as multiple educational institutions, have joined the trend. They aren't all doing this just because it is the right thing to do. They are also doing it because it is good business policy.

Non-federal employers have told surveyors that they extend benefits to domestic partners to boost recruitment and retain quality employees—as well as to be fair. The Federal Government needs to compete against the private sector companies to recruit and retain the ''best and the brightest,'' to safeguard the Nation by serving in essential areas such as homeland security, national defense, and environmental protection and to help make sure that American taxpayers get their money's worth. The Government will always be at a definite disadvantage in competing for and retaining highly qualified personnel if it cannot match the domestic-partner benefits programs provided by leading non-federal employers.

Furthermore, coverage of domestic partners adds very little to the total cost of providing employee benefits. Based on the experience of private companies and State and local governments, the Congressional Budget Office has estimated that offering benefits to the same-sex domestic partners of Federal employees would increase the cost of those programs by less than ½ of 1 percent.

Our former ambassador to Romania and Dean of the Foreign Service Institute recently felt obliged to quit the Foreign Service because the State Department does not offer the kind of domestic partnership benefits that this bill would provide. Let me read a line from his farewell speech. He said, ''. . . I have felt compelled to choose between obligations to my partner—who is my family—and service to my country. That anyone should have to make that choice is a stain on the Secretary's leadership and a shame for this institution and our country.''

Those are powerful and poignant words, and it is a tragedy that a loyal and talented public servant—who described the Foreign Service as the career he was ''born for . . . what I was always meant to do''—felt he had to leave the Service because his Federal employee benefits would not enable him to adequately care for the needs of his family.

I call upon my colleagues to express their support for this important legislation. It is time for the Federal Government to catch up to the private sector, not just to set an example but so that it can compete for the most qualified employees and ensure that all of our public servants receive fair and equitable treatment. It makes good economic and policy senses. It is the right thing to do.

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

S. 2521

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 ''Domestic Partnership Benefits and Obligations Act of 2007''.

SEC. 2. BENEFITS TO DOMESTIC PARTNERS OF FEDERAL EMPLOYEES.

(a) IN GENERAL.—An employee who has a domestic partner and the domestic partner of the employee shall be entitled to benefits available to, and shall be subject to obligations imposed upon, a married employee and the spouse of the employee.

(b) CERTIFICATION OF ELIGIBILITY.—In order to obtain benefits and assume obligations under this Act, an employee shall file an affidavit of eligibility for benefits and obligations with the Office of Personnel Management identifying the domestic partner of the employee and certifying that the employee and the domestic partner of the employee—

(1) are each other's sole domestic partner and intend to remain so indefinitely;

(2) have a common residence, and intend to continue the arrangement;

(3) are at least 18 years of age and mentally competent to consent to contract;

(4) share responsibility for a significant measure of each other's common welfare and financial obligations;

(5) are not married to or domestic partners with anyone else;

(6) are same sex domestic partners, and not related in a way that, if the 2 were of opposite sex, would prohibit legal marriage in the State in which they reside; and

(7) understand that willful falsification of information within the affidavit may lead to disciplinary action and the recovery of the cost of benefits received related to such falsification and may constitute a criminal violation.

(c) DISSOLUTION OF PARTNERSHIP.—

(1) IN GENERAL.—An employee or domestic partner of an employee who obtains benefits under this Act shall file a statement of dissolution of the domestic partnership with the Office of Personnel Management not later than 30 days after the death of the employee or the domestic partner or the date of dissolution of the domestic partnership.

(2) DEATH OF EMPLOYEE.—In a case in which an employee dies, the domestic partner of

the employee at the time of death shall receive under this Act such benefits as would be received by the widow or widower of an employee.

(3) OTHER DISSOLUTION OF PARTNERSHIP.—

(A) IN GENERAL.—In a case in which a domestic partnership dissolves by a method other than death of the employee or domestic partner of the employee, any benefits received by the domestic partner as a result of this Act shall terminate.

(B) EXCEPTION.—In a case in which a domestic partnership dissolves by a method other than death of the employee or domestic partner of the employee, the former domestic partner of the employee shall be entitled to benefits available to, and shall be subject to obligations imposed upon, a former spouse.

(d) STEPCHILDREN.—For purposes of affording benefits under this Act, any natural or adopted child of a domestic partner of an employee shall be deemed a stepchild of the employee.

(e) CONFIDENTIALITY.—Any information submitted to the Office of Personnel Management under subsection (b) shall be used solely for the purpose of certifying an individual's eligibility for benefits under subsection (a).

(f) REGULATIONS AND ORDERS.—

(1) OFFICE OF PERSONNEL MANAGEMENT.—Not later than 6 months after the date of enactment of this Act, the Office of Personnel Management shall promulgate regulations to implement section 2 (b) and (c).

(2) OTHER EXECUTIVE BRANCH REGULATIONS.—Not later than 6 months after the date of enactment of this Act, the President or designees of the President shall promulgate regulations to implement this Act with respect to benefits and obligations administered by agencies or other entities of the executive branch.

(3) OTHER REGULATIONS AND ORDERS.—Not later than 6 months after the date of enactment of this Act, each agency or other entity or official not within the executive branch that administers a program providing benefits or imposing obligations shall promulgate regulations or orders to implement this Act with respect to the program.

(4) PROCEDURE.—Regulations and orders required under this subsection shall be promulgated after notice to interested persons and an opportunity for comment.

(g) DEFINITIONS.—In this Act:

(1) BENEFITS.—The term ''benefits'' means—

(A) health insurance and enhanced dental and vision benefits, as provided under chapters 89, 89A, and 89B of title 5, United States Code;

(B) retirement and disability benefits and plans, as provided under—

(i) chapters 83 and 84 of title 5, United States Code;

(ii) chapter 8 of the Foreign Service Act of 1980 (22 U.S.C. 4041 et seq.); and

(iii) the Central Intelligence Agency Retirement Act of 1964 for Certain Employees (50 U.S.C. chapter 38);

(C) family, medical, and emergency leave, as provided under—

(i) subchapters III, IV, and V of chapter 63 of title 5, United States Code;

(ii) the Family and Medical Leave Act of 1993 (29 U.S.C. 2601 et seq.), insofar as that Act applies to the Government Accountability Office and the Library of Congress;

(iii) section 202 of the Congressional Accountability Act of 1995 (2 U.S.C. 1312); and

(iv) section 412 of title 3, United States Code;

(D) Federal group life insurance, as provided under chapter 87 of title 5, United States Code;

(E) long-term care insurance, as provided under chapter 90 of title 5, United States Code;

(F) compensation for work injuries, as provided under chapter 81 of title 5, United States Code;

(G) benefits for disability, death, or captivity, as provided under—

(i) sections 5569 and 5570 of title 5, United States Code;

(ii) section 413 of the Foreign Service Act of 1980 (22 U.S.C. 3973);

(iii) part L of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796 et seq.), insofar as that part applies to any employee; and

(H) travel, transportation, and related payments and benefits, as provided under—

(i) chapter 57 of title 5, United States Code;

(ii) chapter 9 of the Foreign Service Act of 1980 (22 U.S.C. 4081 et seq.); and

(iii) section 1599b of title 10, United States Code; and

(I) any other benefit similar to a benefit described under subparagraphs (A) through (H) provided by or on behalf of the United States to any employee.

(2) DOMESTIC PARTNER.—The term ''domestic partner'' means an adult unmarried person living with another adult unmarried person of the same sex in a committed, intimate relationship.

(3) EMPLOYEE.—The term ''employee''—

(A) means an officer or employee of the United States or of any department, agency, or other entity of the United States, including the President of the United States, the Vice President of the United States, a Member of Congress, or a Federal judge; and

(B) shall not include a member of the uniformed services.

(4) OBLIGATIONS.—The term ''obligations'' means any duties or responsibilities with respect to Federal employment that would be incurred by a married employee or by the spouse of an employee.

(5) UNIFORMED SERVICES.—The term ''uniformed services'' has the meaning given under section 2101(3) of title 5, United States Code.

SEC. 3. EFFECTIVE DATE.

This Act including the amendments made by this Act shall—

(1) with respect to the provision of benefits and obligations, take effect 6 months after the date of enactment of this Act; and

(2) apply to any individual who is employed as an employee on or after the date of enactment of this Act.

DOMESTIC PARTNERSHIP BENEFITS AND OBLIGATIONS ACT OF 2007

SUMMARY

Under the Domestic Partnership Benefits and Obligations Act of 2007, federal employees who have same-sex domestic partners will be entitled to the same employment benefits that are available to married federal employees and their spouses. Federal employees and their domestic partners will also be subject to the same employment-related obligations that are imposed on married employees and their spouses.

In order to obtain benefits and assume obligations, an employee must file an affidavit of eligibility with the Office of Personnel Management (OPM). The employee must certify that the employee and the employee's same-sex domestic partner have a common residence, share responsibility for each other's welfare and financial responsibilities, are not related by blood, and are living together in a committed intimate relationship. They must also certify that, as each other's sole domestic partner, they intend to remain so indefinitely. If a domestic partnership dissolves, whether by death of the domestic partner or otherwise, the employee must file a statement of dissolution with OPM within 30 days.

Employees and their domestic partners will have the same benefits as married employees and their spouses under—

Employee health benefits.
Retirement and disability plans.
Family, medical, and emergency leave.
Group life insurance.
Long-term care insurance.
Compensation for work injuries.
Death, disability, and similar benefits.
Relocation, travel, and related expenses.

For purposes of these benefits, any natural or adopted child of the domestic partner will be treated as a stepchild of the employee.

The employee and the employee's domestic partner will also become subject to the same duties and responsibilities with respect to federal employment that apply to a married employee and the employee's spouse. These will include, for example, anti-nepotism rules and financial disclosure requirements.

The Act will apply with respect to those federal employees who are employed on the date of enactment or who become employed on or after that date.

Mr. SMITH. Mr. President, I am very pleased to join my colleague, Senator LIEBERMAN, today to introduce legislation that will entitle Federal employees with same-sex domestic partners to the same employment benefits that are available to married Federal employees and their spouses and families. Under the Domestic Partnership Benefits and Obligations Act of 2007, employees and their domestic partners would have similar access to employee health benefits, retirement, and disability plans, family medical and emergency leave, group life and long-term care insurance, compensation for work injuries, death and disability benefits, and relocation and travel expenses.

More and more American corporations, as well as State and local governments, are offering domestic partner benefits. Approximately half of Fortune 500 companies now offer health benefits to employees' domestic partners. That is up from 25 percent in 2000. In all, more than 9,700 private companies as well as several hundred State and local government and universities and colleges offer these benefits.

Private and governmental employers are offering domestic partner benefits for a variety of reasons. Chief among these reasons are recruitment and retention of employees. To be competitive, companies want to attract and retain the best and the brightest in the workforce regardless of their family status. Offering work-life benefits has been an important tool to retain valuable employees. In addition, more employers providing domestic partner benefits may result in a more stable workforce. If an employee's domestic partner has access to preventative health care, the employee is less likely to take prolonged absences from the job to care for their partner.

While all these reasons are meritorious, we introduced this legislation as a matter of equality. It is just the right thing to do. The Federal Government should lead by example and that should start with equal treatment of all employees.

Recently, a top State Department employee and former Ambassador to Romania, Michael Guest, announced his decision to leave Government service. At his retirement ceremony, Ambassador Guest stated, ''Most departing ambassadors use these events to talk about their successes . . . But I want to talk about my single failure, the failure that in fact is causing me to leave the career that I love.'' The failure which Mike spoke of was his inability to convince the Federal Government to extend employee benefits to same-sex couples. Because the Federal Government does not offer domestic partner benefits, Ambassador Guest explained that he ''felt compelled to choose between obligations to my partner—who is my family—and service to my country.''

This legislation will help to ensure that no other Federal employee, like Ambassador Guest, will be faced with a similar dilemma—that is, a choice between one's family or service to their country.

Mr. LEAHY. Mr. President, I am proud to cosponsor the Domestic Partnership Benefits and Obligations Act of 2007, being introduced today by Senators LIEBERMAN and SMITH. I cosponsored this legislation in the last Congress and I am pleased to do so again.

This important legislation would provide domestic partners of Federal employees the same protections and benefits afforded to spouses of Federal employees. These benefits, available for both same and opposite-sex domestic partners of Federal employees, would include participation in applicable retirement programs, compensation for work injuries and insurance benefits, including life, Family and Medical Leave and health insurance.

Equal pay for equal work is a cornerstone of our country's bedrock principles, and so too should equal access to important benefits. Insurance benefits, work incentives and retirement options comprise a significant portion of all employee compensation. By not offering domestic partnership benefits to its employees, the Federal government is unfairly withholding these valuable options from dedicated employees across the country.

The idea that benefits should be extended to same sex couples has become increasingly prevalent in America's largest and most successful companies, state and local governments, and in educational institutions. Over half of all Fortune 500 companies provide domestic partner benefits to their employees, up from just 25 percent in 2000. Offering domestic partnership benefits to Federal employees would improve the quality of its workforce, demonstrate its commitment to fairness and equality for all Americans, and bring the Government in line with some of the Nation's largest employers.

Providing benefits to domestic partners of Federal employees is long overdue. It is the right thing to do, it is the sensible step to take in the interest of having a fair and consistent policy, and I hope that the Senate will act quickly on this important legislation.

Mr. ROCKEFELLER (for himself, Mr. LIEBERMAN, and Mr. KERRY):

S. 2522. A bill to amend the Social Security Act to guarantee comprehensive health care coverage for all children born after 2008; to the Committee on Finance.

Mr. ROCKEFELLER. Mr. President, I rise today to introduce an important piece of legislation, the MediKids Health Insurance Act of 2007. This legislation will provide health insurance for every child in the U.S. by 2014, regardless of family income. My longtime friend from California, Congressman STARK, introduced companion legislation earlier this year in the House. He has worked tirelessly to improve access to health care for all Americans, and I am pleased to join him once again to advocate on behalf of America's children.

This past year, the majority in Congress made it clear that improving health care access for children was a priority. I proudly worked with my colleagues in a truly bipartisan fashion to reauthorize and expand the Children's Health Insurance Program, CHIP, to meet the serious health care needs of children in a very cost-effective manner. This legislation, which had the support of Democrats and Republicans in both chambers of Congress, would have maintained health insurance coverage for the over 6 million children currently enrolled and expanded health insurance coverage to an additional 4 million uninsured children. Unfortunately, the President, in vetoing this legislation not once, but twice, has shown the nation that providing health insurance to children is simply not a priority. I am outraged by the President's decision to veto this legislation multiple times, but I remain committed to making health insurance a reality for all children.

Congressman STARK and I have introduced our MediKids legislation in each of the last four Congresses because we know how vital health insurance is to a child. Children with untreated illnesses are more likely to miss school, leaving them at a disadvantage both in their health and education. Also, parents with sick children must miss work to care for them. These factors make it less likely uninsured children will move out of poverty and present significant barriers to becoming productive members of society. We can have a positive impact on our children's lives today, as well as tomorrow, by guaranteeing health insurance coverage for all. Children are inexpensive to insure, but the rewards for providing them with health care during their early education and development years are invaluable.

Despite the well-documented benefits of providing health insurance coverage for children, according to the Kaiser Family Foundation, there are still over 9 million uninsured children in America. We can and must do better. Our children are our future. No child in this country should ever be without access to health care. This is why I am proud to reintroduce the MediKids Health Insurance Act.

This legislation is a clear investment in our future—our children. Every child would be automatically enrolled at birth into a new, comprehensive federal safety net health insurance program beginning in 2009. The benefits would be tailored to meet the needs of children and would be similar to those currently avable to chldren through the Medicaid Early and Periodic Screening, Diagnosis, and Treatment, EPSDT, program. Families below 150 percent of poverty would pay no premiums or copayments, while those between 150 and 300 percent of poverty would pay graduated premiums up to 5 percent of income and a graduated refundable tax credit for cost sharing. Families above 300 percent of poverty would pay a small premium equivalent to ¼ of the average annual cost per child. There would be no cost sharing for preventive or well-child visits for any child.

MediKids children would remain enrolled in the program throughout childhood. When families move to another state, Medikids would be available until parents enroll their children in a new insurance program. Between jobs or during family crises, Medikids would offer extra security and ensure continuous health coverage to our Nation's children. During the critical period when a family climbs out of poverty and out of the eligibility range for means-tested assistance programs, MediKids would fill in the gaps as parents move into jobs that provide reliable health insurance coverage. Our program rests on the premise that whenever other sources of health insurance fail, MediKids would stand ready to cover the health needs of our next generation. Ultimately, every child in America would grow up with consistent, continuous health insurance coverage.

Like Medicare, MediKids would be independently financed, would cover benefits taylored to the needs of its target population, and would have the goal of achieving nearly 100 percent health insurance coverage for the children of this country just as Medicare has done for our Nation's seniors and individuals with disabilities throughout its more than 40-year history. When Congress created Medicare in 1965, seniors were more likely to be living in poverty than any other age group. Most were unable to afford needed medical services and unable to find health insurance in the market even if they could afford it. Today, it is our Nation's children who shoulder that burden of poverty.

Children in America are nearly twice as vulnerable to poverty as adults. It is time we make a significant investment

in the future of America by guaranteeing all children the health coverage they need to get a healthy start in life.

Congress cannot rest on the success we achieved by expanding Medicaid and passing the Children's Health Insurance Program. Although each was a remarkable step toward reducing the ranks of the uninsured, particularly uninsured children, we still have a long way to go, as is evidenced by the millions of children who are still uninsured.

It's long past time to rekindle the discussion about how to provide health insurance for all Americans. Americans have told us loud and clear that they want leadership in solving the health insurance crisis. The bill I am introducing today—the MediKids Health Insurance Act of 2007—is a comprehensive approach toward eliminating the irrational and tragic lack of health insurance for so many children in our country. I urge my colleagues to support this legislation.

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. 2522

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; FINDINGS.

(a) SHORT TITLE.—This Act may be cited as the ''MediKids Health Insurance Act of 2007''.

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

(c) FINDINGS.—Congress finds the following:

(1) More than 9 million American children are uninsured.

(2) Children who are uninsured receive less medical care and less preventive care and have a poorer level of health, which result in lifetime costs to themselves and to the entire American economy.

(3) Although SCHIP and Medicaid are successfully extending a health coverage safety net to a growing portion of the vulnerable low-income population of uninsured children, they alone cannot achieve 100 percent health insurance coverage for our nation's children due to inevitable gaps during outreach and enrollment, fluctuations in eligibility, variations in access to private insurance at all income levels, and variations in States' ability to provide required matching funds.

(4) As all segments of society continue to become more transient, with many changes in employment over the working lifetime of parents, the need for a reliable safety net of health insurance which follows children across State lines, already a major problem for the children of migrant and seasonal farmworkers, will become a major concern for all families in the United States.

(5) The medicare program has successfully evolved over the years to provide a stable, universal source of health insurance for the nation's disabled and those over age 65, and provides a tested model for designing a program to reach out to America's children.

(6) The problem of insuring 100 percent of all American children could be gradually solved by automatically enrolling all children born after December 31, 2008, in a program modeled after Medicare (and to be known as ''MediKids''), and allowing those children to be transferred into other equivalent or better insurance programs, including either private insurance, SCHIP, or Medicaid, if they are eligible to do so, but maintaining the child's default enrollment in MediKids for any times when the child's access to other sources of insurance is lost.

(7) A family's freedom of choice to use other insurers to cover children would not be interfered with in any way, and children eligible for SCHIP and Medicaid would continue to be enrolled in those programs, but the underlying safety net of MediKids would always be available to cover any gaps in insurance due to changes in medical condition, employment, income, or marital status, or other changes affecting a child's access to alternate forms of insurance.

(8) The MediKids program can be administered without impacting the finances or status of the existing Medicare program.

(9) The MediKids benefit package can be tailored to the special needs of children and updated over time.

(10) The financing of the program can be administered without difficulty by a yearly payment of affordable premiums through a family's tax filing (or adjustment of a family's earned income tax credit).

(11) The cost of the program will gradually rise as the number of children using MediKids as the insurer of last resort increases, and a future Congress always can accelerate or slow down the enrollment process as desired, while the societal costs for emergency room usage, lost productivity and work days, and poor health status for the next generation of Americans will decline.

(12) Over time 100 percent of American children will always have basic health insurance, and we can therefore expect a healthier, more equitable, and more productive society.

SEC. 2. BENEFITS FOR ALL CHILDREN BORN AFTER 2008.

(a) IN GENERAL.—The Social Security Act is amended by adding at the end the following new title:

''TITLE XXII—MEDIKIDS PROGRAM

''SEC. 2201. ELIGIBILITY.

''(a) ELIGIBILITY OF INDIVIDUALS BORN AFTER DECEMBER 31, 2008; ALL CHILDREN UNDER 23 YEARS OF AGE IN FIFTH YEAR.—An individual who meets the following requirements with respect to a month is eligible to enroll under this title with respect to such month:

''(1) AGE.—

''(A) FIRST YEAR.—As of the first day of the first year in which this title is effective, the individual has not attained 6 years of age.

''(B) SECOND YEAR.—As of the first day of the second year in which this title is effective, the individual has not attained 11 years of age.

''(C) THIRD YEAR.—As of the first day of the third year in which this title is effective, the individual has not attained 16 years of age.

''(D) FOURTH YEAR.—As of the first day of the fourth year in which this title is effective, the individual has not attained 21 years of age.

''(E) FIFTH AND SUBSEQUENT YEARS.—As of the first day of the fifth year in which this title is effective and each subsequent year, the individual has not attained 23 years of age.

''(2) CITIZENSHIP.—The individual is a citizen or national of the United States or is permanently residing in the United States under color of law.

''(b) ENROLLMENT PROCESS.—An individual may enroll in the program established under this title only in such manner and form as may be prescribed by regulations, and only during an enrollment period prescribed by the Secretary consistent with the provisions of this section. Such regulations shall provide a process under which—

''(1) individuals who are born in the United States after December 31, 2008, are deemed to be enrolled at the time of birth and a parent or guardian of such an individual is permitted to pre-enroll in the month prior to the expected month of birth;

''(2) individuals who are born outside the United States after such date and who become eligible to enroll by virtue of immigration into (or an adjustment of immigration status in) the United States are deemed enrolled at the time of entry or adjustment of status;

''(3) eligible individuals may otherwise be enrolled at such other times and manner as the Secretary shall specify, including the use of outstationed eligibility sites as described in section 1902(a)(55)(A) and the use of presumptive eligibility provisions like those described in section 1920A; and

''(4) at the time of automatic enrollment of a child, the Secretary provides for issuance to a parent or custodian of the individual a card evidencing coverage under this title and for a description of such coverage.

The provisions of section 1837(h) apply with respect to enrollment under this title in the same manner as they apply to enrollment under part B of title XVIII. An individual who is enrolled under this title is not eligible to be enrolled under an MA or MA–PD plan under part C of title XVIII.

''(c) DATE COVERAGE BEGINS.—

''(1) IN GENERAL.—The period during which an individual is entitled to benefits under this title shall begin as follows, but in no case earlier than January 1, 2009:

''(A) In the case of an individual who is enrolled under paragraph (1) or (2) of subsection (b), the date of birth or date of obtaining appropriate citizenship or immigration status, as the case may be.

''(B) In the case of another individual who enrolls (including pre-enrolls) before the month in which the individual satisfies eligibility for enrollment under subsection (a), the first day of such month of eligibility.

''(C) In the case of another individual who enrolls during or after the month in which the individual first satisfies eligibility for enrollment under such subsection, the first day of the following month.

''(2) AUTHORITY TO PROVIDE FOR PARTIAL MONTHS OF COVERAGE.—Under regulations, the Secretary may, in the Secretary's discretion, provide for coverage periods that include portions of a month in order to avoid lapses of coverage.

''(3) LIMITATION ON PAYMENTS.—No payments may be made under this title with respect to the expenses of an individual enrolled under this title unless such expenses were incurred by such individual during a period which, with respect to the individual, is a coverage period under this section.

''(d) EXPIRATION OF ELIGIBILITY.—An individual's coverage period under this section

shall continue until the individual's enrollment has been terminated because the individual no longer meets the requirements of subsection (a) (whether because of age or change in immigration status).

''(e) ENTITLEMENT TO MEDIKIDS BENEFITS FOR ENROLLED INDIVIDUALS.—An individual enrolled under this title is entitled to the benefits described in section 2202.

''(f) LOW-INCOME INFORMATION.—

''(1) INQUIRY OF INCOME.—At the time of enrollment of a child under this title, the Secretary shall make an inquiry as to whether the family income (as determined for purposes of section 1905(p)) of the family that includes the child is within any of the following income ranges:

''(A) UP TO 150 PERCENT OF POVERTY.—The income of the family does not exceed 150 percent of the poverty line for a family of the size involved.

''(B) BETWEEN 150 AND 200 PERCENT OF POVERTY.—The income of the family exceeds 150 percent, but does not exceed 200 percent, of such poverty line.

''(C) BETWEEN 200 AND 300 PERCENT OF POVERTY.—The income of the family exceeds 200 percent, but does not exceed 300 percent, of such poverty line.

''(2) CODING.—If the family income is within a range described in paragraph (1), the Secretary shall encode in the identification card issued in connection with eligibility under this title a code indicating the range applicable to the family of the child involved.

''(3) PROVIDER VERIFICATION THROUGH ELECTRONIC SYSTEM.—The Secretary also shall provide for an electronic system through which providers may verify which income range described in paragraph (1), if any, is applicable to the family of the child involved.

''(g) CONSTRUCTION.—Nothing in this title shall be construed as requiring (or preventing) an individual who is enrolled under this title from seeking medical assistance under a State medicaid plan under title XIX or child health assistance under a State child health plan under title XXI.

''SEC. 2202. BENEFITS.

''(a) SECRETARIAL SPECIFICATION OF BENEFIT PACKAGE.—

''(1) IN GENERAL.—The Secretary shall specify the benefits to be made available under this title consistent with the provisions of this section and in a manner designed to meet the health needs of enrollees.

''(2) UPDATING.—The Secretary shall update the specification of benefits over time to ensure the inclusion of age-appropriate benefits to reflect the enrollee population.

''(3) ANNUAL UPDATING.—The Secretary shall establish procedures for the annual review and updating of such benefits to account for changes in medical practice, new information from medical research, and other relevant developments in health science.

''(4) INPUT.—The Secretary shall seek the input of the pediatric community in specifying and updating such benefits.

''(5) LIMITATION ON UPDATING.—In no case shall updating of benefits under this subsection result in a failure to provide benefits required under subsection (b).

''(b) INCLUSION OF CERTAIN BENEFITS.—

''(1) MEDICARE CORE BENEFITS.—Such benefits shall include (to the extent consistent with other provisions of this section) at least the same benefits (including coverage, access, availability, duration, and beneficiary rights) that are available under parts A and B of title XVIII.

''(2) ALL REQUIRED MEDICAID BENEFITS.—Such benefits shall also include all items and services for which medical assistance is required to be provided under section 1902(a)(10)(A) to individuals described in such section, including early and periodic screening, diagnostic services, and treatment services.

''(3) INCLUSION OF PRESCRIPTION DRUGS.—Such benefits also shall include (as specified by the Secretary) benefits for prescription drugs and biologicals which are not less than the benefits for such drugs and biologicals under the standard option for the service benefit plan described in section 8903(1) of title 5, United States Code, offered during 2007.

''(4) COST-SHARING.—

''(A) IN GENERAL.—Subject to subparagraph (B), such benefits also shall include the cost-sharing (in the form of deductibles, coinsurance, and copayments) which is substantially similar to such cost-sharing under the health benefits coverage in any of the four largest health benefits plans (determined by enrollment) offered under chapter 89 of title 5, United States Code, and including an out-of-pocket limit for catastrophic expenditures for covered benefits, except that no cost-sharing shall be imposed with respect to early and periodic screening and diagnostic services included under paragraph (2).

''(B) REDUCED COST-SHARING FOR LOW INCOME CHILDREN.—Such benefits shall provide that—

''(i) there shall be no cost-sharing for children in families the income of which is within the range described in section 2201(f)(1)(A);

''(ii) the cost-sharing otherwise applicable shall be reduced by 75 percent for children in families the income of which is within the range described in section 2201(f)(1)(B); or

''(iii) the cost-sharing otherwise applicable shall be reduced by 50 percent for children in families the income of which is within the range described in section 2201(f)(1)(C).

''(C) CATASTROPHIC LIMIT ON COST-SHARING.—For a refundable credit for cost-sharing in the case of cost-sharing in excess of a percentage of the individual's adjusted gross income, see section 36 of the Internal Revenue Code of 1986.

''(c) PAYMENT SCHEDULE.—The Secretary, with the assistance of the Medicare Payment Advisory Commission, shall develop and implement a payment schedule for benefits covered under this title. To the extent feasible, such payment schedule shall be consistent with comparable payment schedules and reimbursement methodologies applied under parts A and B of title XVIII.

''(d) INPUT.—The Secretary shall specify such benefits and payment schedules only after obtaining input from appropriate child health providers and experts.

''(e) ENROLLMENT IN HEALTH PLANS.—The Secretary shall provide for the offering of benefits under this title through enrollment in a health benefit plan that meets the same (or similar) requirements as the requirements that apply to Medicare Advantage plans under part C of title XVIII (other than any such requirements that relate to part D of such title). In the case of individuals enrolled under this title in such a plan, the payment rate shall be based on payment rates provided for under section 1853(c) in effect before the date of the enactment of the Medicare Prescription Drug, Modernization, and Improvement Act of 2003 (Public Law 108–173), except that such payment rates shall be adjusted in an appropriate manner to reflect differences between the population served under this title and the population under title XVIII.

''SEC. 2203. PREMIUMS.

''(a) AMOUNT OF MONTHLY PREMIUMS.—

''(1) IN GENERAL.—The Secretary shall, during September of each year (beginning with 2008), establish a monthly MediKids premium for the following year. Subject to paragraph (2), the monthly MediKids premium for a year is equal to 1/12 of the annual premium rate computed under subsection (b).

''(2) ELIMINATION OF MONTHLY PREMIUM FOR DEMONSTRATION OF EQUIVALENT COVERAGE (INCLUDING COVERAGE UNDER LOW-INCOME PROGRAMS).—The amount of the monthly premium imposed under this section for an individual for a month shall be zero in the case of an individual who demonstrates to the satisfaction of the Secretary that the individual has basic health insurance coverage for that month. For purposes of the previous sentence enrollment in a medicaid plan under title XIX, a State child health insurance plan under title XXI, or under the medicare program under title XVIII is deemed to constitute basic health insurance coverage described in such sentence.

''(b) ANNUAL PREMIUM.—

''(1) NATIONAL PER CAPITA AVERAGE.—The Secretary shall estimate the average, annual per capita amount that would be payable under this title with respect to individuals residing in the United States who meet the requirement of section 2201(a)(1) as if all such individuals were eligible for (and enrolled) under this title during the entire year (and assuming that section 1862(b)(2)(A)(i) did not apply).

''(2) ANNUAL PREMIUM.—Subject to subsection (d), the annual premium under this subsection for months in a year is equal to 25 percent of the average, annual per capita amount estimated under paragraph (1) for the year.

''(c) PAYMENT OF MONTHLY PREMIUM.—

''(1) PERIOD OF PAYMENT.—In the case of an individual who participates in the program established by this title, subject to subsection (d), the monthly premium shall be payable for the period commencing with the first month of the individual's coverage period and ending with the month in which the individual's coverage under this title terminates.

''(2) COLLECTION THROUGH TAX RETURN.—For provisions providing for the payment of monthly premiums under this subsection, see section 59B of the Internal Revenue Code of 1986.

''(3) PROTECTIONS AGAINST FRAUD AND ABUSE.—The Secretary shall develop, in coordination with States and other health insurance issuers, administrative systems to ensure that claims which are submitted to more than one payor are coordinated and duplicate payments are not made.

''(d) REDUCTION IN PREMIUM FOR CERTAIN LOW-INCOME FAMILIES.—For provisions reducing the premium under this section for certain low-income families, see section 59B(d) of the Internal Revenue Code of 1986.

''SEC. 2204. MEDIKIDS TRUST FUND.

''(a) ESTABLISHMENT OF TRUST FUND.—

''(1) IN GENERAL.—There is hereby created on the books of the Treasury of the United States a trust fund to be known as the 'MediKids Trust Fund' (in this section referred to as the 'Trust Fund'). The Trust Fund shall consist of such gifts and bequests as may be made as provided in section 201(i)(1) and such amounts as may be deposited in, or appropriated to, such fund as provided in this title.

''(2) PREMIUMS.—Premiums collected under section 59B of the Internal Revenue Code of 1986 shall be periodically transferred to the Trust Fund.

''(3) TRANSITIONAL FUNDING BEFORE RECEIPT OF PREMIUMS.—In order to provide for funds in the Trust Fund to cover expenditures from the fund in advance of receipt of premiums under section 2203, there are transferred to the Trust Fund from the general fund of the United States Treasury such amounts as may be necessary.

''(b) INCORPORATION OF PROVISIONS.—

''(1) IN GENERAL.—Subject to paragraph (2), subsection (b) (other than the last sentence) and subsections (c) through (i) of section 1841 shall apply with respect to the Trust Fund and this title in the same manner as they apply with respect to the Federal Supplementary Medical Insurance Trust Fund and part B, respectively.

''(2) MISCELLANEOUS REFERENCES.—In applying provisions of section 1841 under paragraph (1)—

''(A) any reference in such section to 'this part' is construed to refer to title XXII;

''(B) any reference in section 1841(h) to section 1840(d) and in section 1841(i) to sections 1840(b)(1) and 1842(g) are deemed references to comparable authority exercised under this title;

''(C) payments may be made under section 1841(g) to the Trust Funds under sections 1817 and 1841 as reimbursement to such funds for payments they made for benefits provided under this title; and

''(D) the Board of Trustees of the MediKids Trust Fund shall be the same as the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund.

''SEC. 2205. OVERSIGHT AND ACCOUNTABILITY.

''(a) PERIODIC GAO REPORTS.—The Comptroller General of the United States shall periodically submit to Congress reports on the operation of the program under this title, including on the financing of coverage provided under this title.

''(b) PERIODIC MEDPAC REPORTS.—The Medicare Payment Advisory Commission shall periodically report to Congress concerning the program under this title.

''SEC. 2206. INCLUSION OF CARE COORDINATION SERVICES.

''(a) IN GENERAL.—

''(1) PROGRAM AUTHORITY.—The Secretary, beginning in 2009, may implement a care coordination services program in accordance with the provisions of this section under which, in appropriate circumstances, eligible individuals under section 2201 may elect to have health care services covered under this title managed and coordinated by a designated care coordinator.

''(2) ADMINISTRATION BY CONTRACT.—The Secretary may administer the program under this section through a contract with an appropriate program administrator.

''(3) COVERAGE.—Care coordination services furnished in accordance with this section shall be treated under this title as if they were included in the definition of medical and other health services under section 1861(s) and benefits shall be available under this title with respect to such services without the application of any deductible or coinsurance.

''(b) ELIGIBILITY CRITERIA; IDENTIFICATION AND NOTIFICATION OF ELIGIBLE INDIVIDUALS.—

''(1) INDIVIDUAL ELIGIBILITY CRITERIA.—The Secretary shall specify criteria to be used in making a determination as to whether an individual may appropriately be enrolled in the care coordination services program under this section, which shall include at least a finding by the Secretary that for cohorts of individuals with characteristics identified by the Secretary, professional management and coordination of care can reasonably be expected to improve processes or outcomes of health care and to reduce aggregate costs to the programs under this title.

''(2) PROCEDURES TO FACILITATE ENROLLMENT.—The Secretary shall develop and implement procedures designed to facilitate enrollment of eligible individuals in the program under this section.

''(c) ENROLLMENT OF INDIVIDUALS.—

''(1) SECRETARY'S DETERMINATION OF ELIGIBILITY.—The Secretary shall determine the eligibility for services under this section of individuals who are enrolled in the program under this section and who make application for such services in such form and manner as the Secretary may prescribe.

''(2) ENROLLMENT PERIOD.—

''(A) EFFECTIVE DATE AND DURATION.—Enrollment of an individual in the program under this section shall be effective as of the first day of the month following the month in which the Secretary approves the individual's application under paragraph (1), shall remain in effect for one month (or such longer period as the Secretary may specify), and shall be automatically renewed for additional periods, unless terminated in accordance with such procedures as the Secretary shall establish by regulation. Such procedures shall permit an individual to disenroll for cause at any time and without cause at re-enrollment intervals.

''(B) LIMITATION ON REENROLLMENT.—The Secretary may establish limits on an individual's eligibility to reenroll in the program under this section if the individual has disenrolled from the program more than once during a specified time period.

''(d) PROGRAM.—The care coordination services program under this section shall include the following elements:

''(1) BASIC CARE COORDINATION SERVICES.—

''(A) IN GENERAL.—Subject to the cost-effectiveness criteria specified in subsection (b)(1), except as otherwise provided in this section, enrolled individuals shall receive services described in section 1905(t)(1) and may receive additional items and services as described in subparagraph (B).

''(B) ADDITIONAL BENEFITS.—The Secretary may specify additional benefits for which payment would not otherwise be made under this title that may be available to individuals enrolled in the program under this section (subject to an assessment by the care coordinator of an individual's circumstance and need for such benefits) in order to encourage enrollment in, or to improve the effectiveness of, such program.

''(2) CARE COORDINATION REQUIREMENT.—Notwithstanding any other provision of this title, the Secretary may provide that an individual enrolled in the program under this section may be entitled to payment under this title for any specified health care items or services only if the items or services have been furnished by the care coordinator, or coordinated through the care coordination services program. Under such provision, the Secretary shall prescribe exceptions for emergency medical services as described in section 1852(d)(3), and other exceptions determined by the Secretary for the delivery of timely and needed care.

''(e) CARE COORDINATORS.—

''(1) CONDITIONS OF PARTICIPATION.—In order to be qualified to furnish care coordination services under this section, an individual or entity shall—

''(A) be a health care professional or entity (which may include physicians, physician group practices, or other health care professionals or entities the Secretary may find appropriate) meeting such conditions as the Secretary may specify;

''(B) have entered into a care coordination agreement; and

''(C) meet such criteria as the Secretary may establish (which may include experience in the provision of care coordination or primary care physician's services).

''(2) AGREEMENT TERM; PAYMENT.—

''(A) DURATION AND RENEWAL.—A care coordination agreement under this subsection shall be for one year and may be renewed if the Secretary is satisfied that the care coordinator continues to meet the conditions of participation specified in paragraph (1).

''(B) PAYMENT FOR SERVICES.—The Secretary may negotiate or otherwise establish payment terms and rates for services described in subsection (d)(1).

''(C) LIABILITY.—Care coordinators shall be subject to liability for actual health damages which may be suffered by recipients as a result of the care coordinator's decisions, failure or delay in making decisions, or other actions as a care coordinator.

''(D) TERMS.—In addition to such other terms as the Secretary may require, an agreement under this section shall include the terms specified in subparagraphs (A) through (C) of section 1905(t)(3).

''SEC. 2207. ADMINISTRATION AND MISCELLANEOUS.

''(a) IN GENERAL.—Except as otherwise provided in this title—

''(1) the Secretary shall enter into appropriate contracts with providers of services, other health care providers, carriers, and fiscal intermediaries, taking into account the types of contracts used under title XVIII with respect to such entities, to administer the program under this title;

''(2) beneficiary protections for individuals enrolled under this title shall not be less than the beneficiary protections (including limits on balance billing) provided medicare beneficiaries under title XVIII;

''(3) benefits described in section 2202 that are payable under this title to such individuals shall be paid in a manner specified by the Secretary (taking into account, and based to the greatest extent practicable upon, the manner in which they are provided under title XVIII); and

''(4) provider participation agreements under title XVIII shall apply to enrollees and benefits under this title in the same manner as they apply to enrollees and benefits under title XVIII.

''(b) COORDINATION WITH MEDICAID AND SCHIP.—Notwithstanding any other provision of law, individuals entitled to benefits for items and services under this title who also qualify for benefits under title XIX or XXI or any other Federally funded health care program that provides basic health insurance coverage described in section 2203(a)(2) may continue to qualify and obtain benefits under such other title or program, and in such case such an individual shall elect either—

''(1) such other title or program to be primary payor to benefits under this title, in which case no benefits shall be payable under this title and the monthly premium under section 2203 shall be zero; or

''(2) benefits under this title shall be primary payor to benefits provided under such title or program, in which case the Secretary shall enter into agreements with States as may be appropriate to provide that, in the case of such individuals, the benefits under titles XIX and XXI or such other program (including reduction of cost-sharing) are provided on a 'wrap-around' basis to the benefits under this title.''.

(b) CONFORMING AMENDMENTS TO SOCIAL SECURITY ACT PROVISIONS.—

(1) Section 201(i)(1) of the Social Security Act (42 U.S.C. 401(i)(1)) is amended by striking ''or the Federal Supplementary Medical Insurance Trust Fund'' and inserting ''the Federal Supplementary Medical Insurance Trust Fund, and the MediKids Trust Fund''.

(2) Section 201(g)(1)(A) of such Act (42 U.S.C. 401(g)(1)(A)) is amended by striking ''and the Federal Supplementary Medical Insurance Trust Fund established by title XVIII'' and inserting '', the Federal Supplementary Medical Insurance Trust Fund, and the MediKids Trust Fund established by title XVIII''.

(c) MAINTENANCE OF MEDICAID ELIGIBILITY AND BENEFITS FOR CHILDREN.—

(1) IN GENERAL.—In order for a State to continue to be eligible for payments under section 1903(a) of the Social Security Act (42 U.S.C. 1396b(a))—

(A) the State may not reduce standards of eligibility, or benefits, provided under its State medicaid plan under title XIX of the Social Security Act or under its State child health plan under title XXI of such Act for individuals under 23 years of age below such standards of eligibility, and benefits, in effect on the date of the enactment of this Act; and

(B) the State shall demonstrate to the satisfaction of the Secretary of Health and Human Services that any savings in State expenditures under title XIX or XXI of the Social Security Act that results from children enrolling under title XXII of such Act shall be used in a manner that improves services to beneficiaries under title XIX of such Act, such as through expansion of eligibility, improved nurse and nurse aide staffing and improved inspections of nursing facilities, and coverage of additional services.

(2) MEDIKIDS AS PRIMARY PAYOR.—In applying title XIX of the Social Security Act, the MediKids program under title XXII of such Act shall be treated as a primary payor in cases in which the election described in section 2207(b)(2) of such Act, as added by subsection (a), has been made.

(d) EXPANSION OF MEDPAC MEMBERSHIP TO 19.—

(1) IN GENERAL.—Section 1805(c) of the Social Security Act (42 U.S.C. 1395b–6(c)) is amended—

(A) in paragraph (1), by striking ''17'' and inserting ''19''; and

(B) in paragraph (2)(B), by inserting ''experts in children's health,'' after ''other health professionals,''.

(2) INITIAL TERMS OF ADDITIONAL MEMBERS.—

(A) IN GENERAL.—For purposes of staggering the initial terms of members of the Medicare Payment Advisory Commission under section 1805(c)(3) of the Social Security Act (42 U.S.C. 1395b–6(c)(3)), the initial terms of the 2 additional members of the Commission provided for by the amendment under subsection (a)(1) are as follows:

(i) One member shall be appointed for 1 year.

(ii) One member shall be appointed for 2 years.

(B) COMMENCEMENT OF TERMS.—Such terms shall begin on January 1, 2008.

(3) DUTIES.—Section 1805(b)(1)(A) of such Act (42 U.S.C. 1395b–6(b)(1)(A)) is amended by inserting before the semicolon at the end the following: ''and payment policies under title XXII''.

SEC. 3. MEDIKIDS PREMIUM.

(a) GENERAL RULE.—Subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to determination of tax liability) is amended by adding at the end the following new part:

''PART VIII—MEDIKIDS PREMIUM

''Sec. 59B. MediKids premium.

''SEC. 59B. MEDIKIDS PREMIUM.

''(a) IMPOSITION OF TAX.—In the case of a taxpayer to whom this section applies, there is hereby imposed (in addition to any other tax imposed by this subtitle) a MediKids premium for the taxable year.

''(b) INDIVIDUALS SUBJECT TO PREMIUM.—

''(1) IN GENERAL.—This section shall apply to a taxpayer if a MediKid is a dependent of the taxpayer for the taxable year.

''(2) MEDIKID.—For purposes of this section, the term 'MediKid' means any individual enrolled in the MediKids program under title XXII of the Social Security Act.

''(c) AMOUNT OF PREMIUM.—For purposes of this section, the MediKids premium for a taxable year is the sum of the monthly premiums (for months in the taxable year) determined under section 2203 of the Social Security Act with respect to each MediKid who is a dependent of the taxpayer for the taxable year.

''(d) EXCEPTIONS BASED ON ADJUSTED GROSS INCOME.—

''(1) EXEMPTION FOR VERY LOW-INCOME TAXPAYERS.—

''(A) IN GENERAL.—No premium shall be imposed by this section on any taxpayer having an adjusted gross income not in excess of the exemption amount.

''(B) EXEMPTION AMOUNT.—For purposes of this paragraph, the exemption amount is—

''(i) $20,535 in the case of a taxpayer having 1 MediKid,

''(ii) $25,755 in the case of a taxpayer having 2 MediKids,

''(iii) $30,975 in the case of a taxpayer having 3 MediKids, and

''(iv) $35,195 in the case of a taxpayer having 4 or more MediKids.

''(C) PHASEOUT OF EXEMPTION.—In the case of a taxpayer having an adjusted gross income which exceeds the exemption amount but does not exceed twice the exemption amount, the premium shall be the amount which bears the same ratio to the premium which would (but for this subparagraph) apply to the taxpayer as such excess bears to the exemption amount.

''(D) INFLATION ADJUSTMENT OF EXEMPTION AMOUNTS.—In the case of any taxable year beginning in a calendar year after 2009, each dollar amount contained in subparagraph (C) shall be increased by an amount equal to the product of—

''(i) such dollar amount, and

''(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting 'calendar year 2008' for 'calendar year 1992' in subparagraph (B) thereof.

If any increase determined under the preceding sentence is not a multiple of $50, such increase shall be rounded to the nearest multiple of $50.

''(2) PREMIUM LIMITED TO 5 PERCENT OF ADJUSTED GROSS INCOME.—In no event shall any taxpayer be required to pay a premium under this section in excess of an amount equal to 5 percent of the taxpayer's adjusted gross income.

''(e) COORDINATION WITH OTHER PROVISIONS.—

''(1) NOT TREATED AS MEDICAL EXPENSE.—For purposes of this chapter, any premium paid under this section shall not be treated as expense for medical care.

''(2) NOT TREATED AS TAX FOR CERTAIN PURPOSES.—The premium paid under this section shall not be treated as a tax imposed by this chapter for purposes of determining—

''(A) the amount of any credit allowable under this chapter, or

''(B) the amount of the minimum tax imposed by section 55.

''(3) TREATMENT UNDER SUBTITLE F.—For purposes of subtitle F, the premium paid under this section shall be treated as if it were a tax imposed by section 1.''.

(b) TECHNICAL AMENDMENTS.—

(1) Subsection (a) of section 6012 of such Code is amended by inserting after paragraph (9) the following new paragraph:

''(10) Every individual liable for a premium under section 59B.''.

(2) The table of parts for subchapter A of chapter 1 of such Code is amended by adding at the end the following new item:

''PART VIII. MEDIKIDS PREMIUM''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 2008, in taxable years ending after such date.

SEC. 4. REFUNDABLE CREDIT FOR CERTAIN COST-SHARING EXPENSES UNDER MEDIKIDS PROGRAM.

(a) IN GENERAL.—Subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to refundable credits) is amended by redesignating section 36 as section 37 and by inserting after section 35 the following new section:

''SEC. 36. CATASTROPHIC LIMIT ON COST-SHARING EXPENSES UNDER MEDIKIDS PROGRAM.

''(a) IN GENERAL.—In the case of a taxpayer who has a MediKid (as defined in section 59B) at any time during the taxable year, there shall be allowed as a credit against the tax imposed by this subtitle an amount equal to the excess of—

''(1) the amount paid by the taxpayer during the taxable year as cost-sharing under section 2202(b)(4) of the Social Security Act, over

''(2) 5 percent of the taxpayer's adjusted gross income for the taxable year.''.

(b) COORDINATION WITH OTHER PROVISIONS.—The excess described in subsection (a) shall not be taken into account in computing the amount allowable to the taxpayer as a deduction under section 162(l) or 213(a).

(c) TECHNICAL AMENDMENTS.—

(1) The table of sections for subpart C of part IV of subchapter A of chapter 1 of such Code is amended by redesignating the item relating to section 36 as an item relating to section 37 and by inserting before such item the following new item:

''Sec. 36. Catastrophic limit on cost-sharing expenses under MediKids program.''.

(2) Paragraph (2) of section 1324(b) of title 31, United States Code, is amended by inserting '', 36,'' after ''section 35''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2008.

SEC. 5. REPORT ON LONG-TERM REVENUES.

Within one year after the date of the enactment of this Act, the Secretary of the Treasury shall propose a gradual schedule of progressive tax changes to fund the program under title XXII of the Social Security Act, as the number of enrollees grows in the out-years.

By Mr. KERRY (for himself, Ms. SNOWE, Mr. SANDERS, Mr. DOMENICI, Mr. SCHUMER, Ms. COLLINS, Mr. KENNEDY, and Mr. REED):

S. 2523. A bill to establish the National Affordable Housing Trust Fund in the Treasury of the United States to provide for the construction, rehabilitation, and preservation of decent, safe, and affordable housing for low-income families; to the Committee on Banking, Housing, and Urban Affairs.

Mr. KERRY. Mr. President, while we are facing new difficulties in the mortgage and subprime markets, we cannot forget the ongoing and deepening crisis that affordable rental housing presents for our Nation. Long-term changes in the housing market have dramatically limited the availability of affordable rental housing across the country and have severely increased the cost of rental housing that remains. As a result, more and more families are forced to pay more than 50 percent of their income for housing. In 2005, a record 37.3 million households paid more than 30 percent of their income on housing costs, according to the Nation's Housing 2007 Report from the Joint Center

for Housing Studies at Harvard University. Approximately 17 million families paid more than half of their incomes on housing costs. This is unacceptable. Our Nation must act to ease this rental housing crisis by producing more affordable housing options.

We can no longer ignore the lack of affordable housing and the impact it is having on families and children around the country. I believe it is time for our Nation to take a new path—one that insures that all Americans, especially our poorest children, have the opportunity to live in decent and safe housing.

Housing construction is a critical part of our economy. Unfortunately, just yesterday the Commerce Department reported that construction of new homes dropped by 5.5 percent last month, the lowest level since April 1991. The overall construction decline left home building 24.2 percent below the level of activity a year ago. Residential construction has seen the largest share of job losses, more than 192,000 since March 2006.

The question is, what do we do today to face—and to finance—this mounting challenge?

In September 2000, I wrote and introduced the original National Affordable Housing Trust Fund legislation. Today, along with Senator SNOWE, I am again proposing to address the severe shortage of affordable housing by introducing legislation that will establish a National Affordable Housing Trust Fund and begin a rental housing production program.

The Affordable Housing Trust Fund that is established in this legislation would create a production program that will ensure 1.5 million new rental units are built over the next 10 years for extremely low-income families and working families. The goal is to create long-term affordable, mixed-income developments in areas with the greatest opportunities for low-income families. Sixty percent of Trust Fund assistance will be awarded to participating local jurisdictions. Forty percent of Trust Fund assistance will be awarded to States, Indian Tribes and insular areas. A proportionate amount of funds to the States must go to rural areas. If the total amount available for the Trust Fund is less than $2 billion, then there is a $750,000 minimum funding threshold for local jurisdictions.

All funding from the Trust Fund must be used for low-income families, defined as those families with incomes below 80 percent of the State or local median income. However, if the funding for the trust fund is less than $2 billion for any year, then the income ceiling is reduced to 60 percent of local median income.

The funding from the Trust Fund can be used for construction, rehabilitation, acquisition, preservation incentives, and operating assistance to ease the affordable housing crisis. Funds can also be used for downpayment and closing cost assistance by first time homebuyers.

The Trust Fund will be funded through amounts transferred from the Federal National Mortgage Association and the Federal Home Loan Mortgage Corporation under Title XIII of the Housing and Community Development Act of 1992. It will also be funded through any amounts appropriated under the authorization in the Expanding American Homeownership Act of 2007, relating to the use of FHA savings for an affordable housing grant program. Finally, the Trust Fund will be funded through any amounts as are or may be appropriated, transferred or credited to such fund under any other provisions of law.

The National Affordable Housing Trust Fund bill is cosponsored by a bipartisan group of Senators. Earlier this year, the House of Representatives passed legislation, introduced by House Financial Services Chairman BARNEY FRANK, to establish a National Affordable Housing Trust Fund by a 264–148 vote. It has been endorsed by more than 5,700 community organizations led by the National Low-Income Housing Coalition and including the National Association of Realtors, the National Association of Home Builders, Children's Defense Fund, U.S. Conference of Mayors, National Coalition for the Homeless, and others. I am pleased that Senator REED, within the Government Sponsored Enterprise Mission Improvement Act, included legislative language within the Affordable Housing Block Grant section to provide grants to an Affordable Housing Trust Fund.

Enacting the National Affordable Housing Trust Fund will help reverse the recent declines in housing jobs, starts, permits and construction in every State. It will help small businesses across the Nation continue to produce the jobs that are critical to our economic security today and in the future.

During this time of rising rents, increased housing costs, and the loss of affordable housing units, it is incomprehensible that we are not doing more to increase the amount of housing assistance available to working families. The need for affordable housing is severe. Many working families have been unable to keep up with the increase in housing costs. In 2005, one in seven households was considered to be ''severely housing cost burdened.''

For too many low-income families and their children, the cost of privately owned rental housing is simply out of reach. Today, working families in this country increasingly find themselves unable to afford housing. According to the National Low-Income Housing Coalition, in Massachusetts, the fair market rent for a two-bedroom apartment is almost $1,200 per month. In order to afford this apartment without paying more than 30 percent of income on housing, a household must earn over $47,000 per year. This means teachers, janitors, social workers, police officers and other full-time workers are having trouble affording even a modest two-bedroom apartment.

The cost of rental housing keeps going up. According to the Consumer Price Index, CPI, contract rents began to rise above the rate of inflation in 1997 and have continued every year since. Rental costs have outpaced renter income gains for households across the board. Low wage workers have been hardest hit by the increase in the cost of rental housing.

Because of the lack of affordable housing, too many families are forced to live in substandard living conditions putting their children at risk. Children living in substandard housing are more likely to experience violence, hunger, lead poisoning and to suffer from infectious diseases such as asthma. They are more likely to have difficulties learning and more likely to fall behind in school. Our Nation's children depend upon access to affordable rental housing.

At the same time the cost of rental housing has been increasing, there has been a significant decrease in the number of affordable rental housing units. According to Real Capital Analytics, the number of rentals in larger multifamily properties converted to for-sale units jumped from just a few thousand in 2003 to 235,000 in 2005. New construction of multifamily buildings intended for rental use dipped from 262,000 units in 2003 to 184,000 in 2006. Simultaneously, the number of renter households increased by 1.2 million. The decline in affordable rental units has already forced many working families eligible for Section 8 vouchers in Boston to live outside the city because there are no available rental housing units that accept vouchers.

The loss of affordable housing has exacerbated the housing crisis in this country, and the Federal Government must take action. We need to enact the National Affordable Housing Trust Fund to jumpstart the production of affordable housing in the U.S.

Decent housing, along with neighborhood and living environment, play enormous roles in shaping young lives. Federal housing assistance over the past generation has helped millions of low-income children across the Nation and has helped in developing stable home environments. However, changes in the housing market clearly show that we need to take additional steps to both produce and maintain affordable housing units. Otherwise, many more children and their families will live in substandard housing or will become homeless. These children are less likely to do well in school and less likely to be productive citizens. They deserve our best efforts and require our help.

I ask all Senators to support the National Affordable Housing Trust Fund Act.

By Mr. FEINGOLD:

S. 2527. A bill to prohibit the obligation or expenditure of funds for the Osprey tiltrotor aircraft; to the Committee on Appropriations.

Mr. FEINGOLD. Mr. President, today I am introducing legislation to rescind funds appropriated for the procurement of the V–22 and CV–22 Osprey. This aircraft has been the subject of significant controversy because of safety, technical, and cost problems. In 1991, then-Secretary DICK CHENEY tried to cancel the program altogether. I have long advocated for more extensive testing of the aircraft to evaluate design defects that render the Osprey unstable and technical problems that have already cost the lives of 30 servicemembers. New problems were discovered as recently as June 2007.

I appreciate that the military is in need of additional helicopters, particularly as a result of the high operational tempo in Iraq and Afghanistan. Given the fact that the Osprey costs significantly more than other aircraft that can meet the same need, I believe we should shift to a safer, more economic program.

This bill would rescind funds appropriated for the program through 2008. That includes $2.8 billion in previously appropriated but unobligated funds and $2.9 billion in funds appropriated for fiscal year 08. The Defense Department estimates it will spend an additional $28.6 billion to purchase a total of 458 Osprey through 2018. Ending this troubled program could produce savings of over $34.3 billion.

By Mr. MENENDEZ:

S. 2528. A bill to authorize guarantees for bonds and notes issued for community or economic development purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. MENENDEZ. Mr. President, I rise today to introduce the Full Faith & Credit in Our Communities Act of 2007. Strong communities form the bedrock of a successful economy and ultimately, a healthy society. For communities to be strong and families to prosper, there must be economic opportunity. Economic opportunity, in turn, depends on access to capital. Unfortunately, many communities across our Nation lack this fundamental tool for financial prosperity and self-sufficiency.

We must provide economic opportunity not only today, but also lay the groundwork so that future generations can thrive and prosper, and we must do it in a way that fosters real and permanent change rather than short-term solutions. We cannot simply rely on short-term band aids that serve to only mask the vast inequalities in income and unacceptable levels of poverty that plague our Nation. We must invest in our Nation's future. We must close the wealth gaps that are growing wider each day in this country by investing in our citizens and closing the opportunity gap. We must invest in entrepreneurship, ownership, and economic growth—but we must do so in a fiscally responsible manner.

Federal resources are scarce. We must focus our efforts and invest in successful programs that give us the biggest bang for our buck. CDFIs have a history of prudently using scarce public funds to leverage additional private funding to finance emerging domestic markets. They are able to lend successfully in these markets in part because CDFIs build their borrowers' capacity by combining their financing with technical assistance such as homeownership counseling, entrepreneurial training, and financial literacy education. CDFIs finance small businesses, homeownership, affordable rental housing, childcare facilities, charter schools, and other needed development resources. About 1,000 CDFIs operating in the U.S. manage more than $25 billion in assets, providing much-needed financial services to low-income communities across the U.S.

Unfortunately, CDFIs have limited access to capital due to the relatively small size of, and lack of awareness about, their projects. This results in a hesitancy of Wall Street to invest in CDFIs, forcing them to rely largely on commercial banks which usually only offer short-term loans with high interest rates. Every dollar wasted on interest payments is another dollar lost to communities, making these additional costs a clear impediment to community development efforts.

This legislation would increase the length and decrease the cost of capital available to CDFIs by providing them access to the enormous financial power of Wall Street. It would accomplish this by allowing the Treasury Department to guarantee up to $1 billion per year in bonds issued by qualified CDFIs. These bonds would be sold on Wall Street with the proceeds going to CDFIs to finance a myriad of community and economic development projects such as job-training centers and health care clinics. Unlike many legislative proposals that often result in winners and losers, this legislation is a win-win for everyone involved. CDFIs will have access to much-needed, low-cost capital. Communities will benefit from an infusion of investments in community and economic development projects. And investors will have an opportunity to make sound, long-term investments.

Perhaps the best part of this legislation is that it should not end up costing the American taxpayer a single dollar. Since these bonds will be issued by CDFIs, they will be the ones responsible for honoring the bonds when they reach maturity. Considering the fact that CDFIs have very low loan default rates that are often below mainstream bank averages, the risk of insolvency is very low. To further mitigate this risk, CDFIs will be required to create a loan loss reserve fund, similar in nature, but much smaller in scope, to the FDIC.

In addition to providing low-cost capital to underserved communities, this legislation would require CDFIs to pay a portion of their savings to a subaccount of the Treasury Department's CDFI Fund. These funds will be used to provide technical and financial assistance grants to non-profits for community and economic development purposes. CDFIs can apply for these grants through a competitive application process with the requirement to match, dollar for dollar, Federal funds with private investment. According to the Treasury Department, for every Federal dollar of investment, CDFIs leverage $19 in non-federal funds. CDFIs use the ''seed capital'' from the Federal Government to attract private-sector capital, ensuring continued community investment well beyond the initial Federal funding.

A community isn't complete without places to shop and work, without affordable housing, without the prosperity that thriving businesses represent. My Full Faith & Credit in Our Communities Act will help CDFIs develop retail and commercial facilities, train and place neighborhood residents in jobs, and provide affordable housing across the country. This bill is essential for our people and communities most in need. Beyond the obvious tangible benefits, the Full Faith & Credit in Our Communities Act will provide our Nation's distressed communities with something all but lost in many: HOPE. Hope for a better future, a safe community, flourishing businesses, and a more prosperous future for generations to come.

In closing, I urge my colleagues to support the Full Faith & Credit in Our Communities Act to ensure that every American has access to the American Dream. With this bill, we can not only change lives and communities today, but for generations to come.

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

S. 2530. A bill entitled the ''Federal Aviation Administration Extension Act of 2007''; to the Committee on Commerce, Science, and Transportation.

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

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

S. 2530

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 ''Federal Aviation Administration Extension Act of 2007''.

SEC. 2. EXTENSION OF AIRPORT IMPROVEMENT PROGRAM AND OTHER EXPIRING AUTHORITY.

(a) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Section 48103 of title 49, United States Code, is amended—

(A) by striking ''and'' at the end of paragraph (3);

(B) by striking the period at the end of paragraph (4) and inserting ''; and''; and

(C) by inserting after paragraph (4) the following:

''(5) $1,837,500,000 for the 6-month period beginning October 1, 2007.''.

(2) OBLIGATION OF AMOUNTS.—Sums made available pursuant to the amendment made

by paragraph (1) may be obligated at any time through September 30, 2008, and shall remain available until expended.

(3) PROGRAM IMPLEMENTATION.—For purposes of calculating funding apportionments and meeting other requirements under sections 47114, 47115, 47116, and 47117 of title 49, United States Code, for the 6-month period beginning October 1, 2007, the Administrator of the Federal Aviation Administration shall—

(A) first calculate funding apportionments on an annualized basis as if the total amount available under section 48103 of such title for fiscal year 2008 were 3,675,000,000; and

(B) then reduce by 50 percent—

(i) all funding apportionments calculated under subparagraph (A); and

(ii) amounts available pursuant to sections 47117(b) and 47117(f)(2) of such title.

(b) PROJECT GRANT AUTHORITY.—Section 47104(c) of such title is amended by striking ''September 30, 2007, and inserting ''March 31, 2008,''.

(c) GOVERNMENT SHARE OF CERTAIN AIP COSTS.—Section 161 of Public Law 108–176 (49 U.S.C. 47109 note) is amended by striking ''in each of fiscal years 2004 through 2007'' and inserting ''in fiscal year 2008 before April 1, 2008''.

(d) ADJUSTMENT AUTHORITY.—Section 409(d) of Public Law 108–176 (49 U.S.C. 40101 note) is amended by striking ''2007.'' and inserting ''2008.''.

By Mr. MCCONNELL (for himself and Mr. BUNNING):

S. 2531. A bill to amend the Tariff Act of 1930 to revise the antidumping duties and countervailing duties relating to the production of low-enriched uranium, and for other purposes; to the Committee on Finance.

Mr. MCCONNELL. 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. 2531

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

SECTION 1. PRODUCTION OF LOW-ENRICHED URANIUM.

(a) ANTIDUMPING DUTY.—Section 731 of the Tariff Act of 1930 (19 U.S.C. 1673) is amended in the last sentence—

(1) by inserting ''(a)'' after ''includes''; and

(2) by inserting before the period at the end the following: '', and (b) any contract or transaction for the production of low-enriched uranium''.

(b) COUNTERVAILING DUTY.—Section 771 of that Act (19 U.S.C. 1677) is amended in paragraph (5) by adding at the end the following:

''(G) PURCHASE OF GOODS.—For purposes of subparagraphs (D)(iv) and (E)(iv) of this paragraph (5), the phrases 'purchasing goods' and 'goods are purchased' include a contract or transaction involving payment for the production of low-enriched uranium.''.

(c) APPLICATION TO PENDING PROCEEDINGS.—The amendments made by this section apply in all pending or resumed antidumping and countervailing duty proceedings, including investigations, and in all appeals that have not become final and conclusive as of the date of enactment of this Act.

(d) APPLICATION TO NAFTA COUNTRIES.—Pursuant to Article 1902 of the North American Free Trade Agreement and section 408 of the North American Free Trade Agreement Implementation Act (19 U.S.C. 3438), the amendments made by this section shall apply with respect to goods from NAFTA countries.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 417—EXPRESSING THE SENSE OF THE SENATE THAT THE UNITED STATES SHOULD EXPAND TRADE OPPORTUNITIES WITH MONGOLIA AND INITIATE NEGOTIATIONS TO ENTER INTO A FREE TRADE AGREEMENT WITH MONGOLIA

Mr. HAGEL (for himself, Mr. LUGAR, and Ms. MURKOWSKI) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 417

Whereas Mongolia declared an end to a 1-party Communist state in 1990 and embarked on democratic and free market reforms;

Whereas the free market reforms include adopting democratic electoral processes, enacting further political reform measures, privatizing state enterprises, lifting price controls, and improving fiscal discipline;

Whereas, since 1990, Mongolia has made progress to strengthen democratic governing institutions and protect individual rights;

Whereas the Department of State found in its 2006 Country Reports on Human Rights that Mongolia generally respects the human rights of its citizens, although concerns remain, including the treatment of prisoners, freedom of the press and information, due process, and trafficking in persons;

Whereas the Department of State found in its 2006 International Religious Freedom report that Mongolia generally respects freedom of religion, although some concerns remain;

Whereas Mongolia has been a member of the World Trade Organization since 1997, and a member of the International Monetary Fund, the World Bank, and the Asian Development Bank since 1991;

Whereas, in 1999, the United States extended permanent nondiscriminatory treatment (normal trade relations treatment) to the products of Mongolia;

Whereas Mongolia has provided strong and consistent support to the United States in the global war on terror, including support for United States military forces and, since May 2003, contributed peace keepers to Operation Iraqi Freedom, artillery trainers to Operation Enduring Freedom, and personnel to the United Nations peace-keeping operations in Kosovo and Sierra Leone;

Whereas the United States and Mongolia signed a bilateral Trade and Investment Framework Agreement in 2004;

Whereas Mongolia has expressed steadfast commitment to greater economic reforms, including a commitment to encourage and expand the role of the private sector, increase transparency, strengthen the rule of law, combat corruption, and comply with international standards for labor and intellectual property rights protection;

Whereas bilateral trade between the United States and Mongolia in 2005 was valued at more than $165,000,000;

Whereas, in November 2005, President George W. Bush became the first President of the United States to visit Mongolia, and on November 21, 2005, President Bush and President Enkhbayar issued a joint statement declaring that the 2 countries are committed to defining guiding principles and expanding the framework of the comprehensive partnership between the United States and Mongolia;

Whereas, on October 18, 2007, the Senate agreed to Senate Resolution 352, expressing the sense of the Senate regarding the 20th anniversary of the United States-Mongolia relations, and encouraged continued economic cooperation with Mongolia;

Whereas, on October 22, 2007, the United States and Mongolia signed a Millennium Challenge Corporation Compact Agreement;

Whereas, during the October 2007 visit of President Enkhbayar to Washington, D.C., the United States and Mongolia signed a Declaration of Principles for closer cooperation between the 2 countries, reiterating a commitment to expansion of development and long term cooperation in political, economic, trade, investment, educational, cultural, arts, scientific and technological, environmental, health, defense, security, humanitarian, and other fields; and

Whereas the United States and Mongolia would benefit from expanding and diversifying trade opportunities by reducing tariff and nontariff barriers to trade: Now, therefore, be it

Resolved, That it is the sense of the Senate that the United States should continue to work with Mongolia to expand bilateral trade opportunities and initiate negotiations to enter into a free trade agreement with Mongolia.

SENATE RESOLUTION 418—EXPRESSING THE SENSE OF THE SENATE REGARDING PROVOCATIVE AND DANGEROUS STATEMENTS MADE BY OFFICIALS OF THE GOVERNMENT OF THE RUSSIAN FEDERATION CONCERNING THE TERRITORIAL INTEGRITY OF THE REPUBLIC OF GEORGIA

Mr. BIDEN submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 418

Whereas, since 1993, the territorial integrity of the Republic of Georgia has been reaffirmed by the international community, international law, and 32 United Nations Security Council Resolutions;

Whereas the Republic of Georgia has pursued the peaceful resolution of territorial conflicts in the regions of Abkhazia and South Ossetia since the end of hostilities in 1993;

Whereas, by stating that the Russian Federation should diplomatically recognize Abkhazia and South Ossetia as independent states, certain officials of the Government of the Russian Federation have undermined the peace and security of those regions and the Republic of Georgia as a whole; and

Whereas the statements of those officials are incompatible with the role of the Russian Federation as one of the world's leading powers and are inconsistent with the commitments of the Russian Federation to international peacekeeping: Now, therefore, be it

Resolved, That the Senate—

(1) condemns recent statements by officials of the Government of the Russian Federation that the Russian Federation should recognize the regions of Abkhazia and South Ossetia as states independent of the Republic of Georgia as a violation of the sovereignty of the Republic of Georgia and the commitments of the Russian Federation to international peacekeeping;

(2) calls upon the Government of the Russian Federation to disavow these statements;

(3) affirms that the restoration of the territorial integrity of the Republic of Georgia is in the interest of all who seek peace and stability in the region; and