

BROWN) and the Senator from Vermont (Mr. SANDERS) were added as cosponsors of S. 634, a bill to amend the Public Health Service Act to establish grant programs to provide for education and outreach on newborn screening and coordinated followup care once newborn screening has been conducted, to reauthorize programs under part A of title XI of such Act, and for other purposes.

S. 637

At the request of Mr. SESSIONS, the name of the Senator from Alabama (Mr. SHELBY) was added as a cosponsor of S. 637, a bill to direct the Secretary of the Interior to study the suitability and feasibility of establishing the Chattahoochee Trace National Heritage Corridor in Alabama and Georgia, and for other purposes.

S. 641

At the request of Mr. GREGG, the names of the Senator from Idaho (Mr. CRAIG), the Senator from Colorado (Mr. ALLARD), the Senator from Oklahoma (Mr. COBURN), the Senator from South Carolina (Mr. GRAHAM), the Senator from Alabama (Mr. SHELBY), the Senator from Texas (Mr. CORNYN), the Senator from Alaska (Mr. STEVENS), the Senator from Kansas (Mr. ROBERTS), the Senator from Arizona (Mr. MCCAIN), the Senator from Kentucky (Mr. MCCONNELL), the Senator from Florida (Mr. MARTINEZ), the Senator from Arizona (Mr. KYL), the Senator from Alabama (Mr. SESSIONS), the Senator from Georgia (Mr. ISAKSON) and the Senator from South Carolina (Mr. DEMINT) were added as cosponsors of S. 641, a bill to express the sense of Congress that no funds should be cut off or reduced for American troops in the field which would result in undermining their safety or their ability to complete their assigned missions.

S. CON. RES. 7

At the request of Mr. WARNER, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. Con. Res. 7, a concurrent resolution expressing the sense of Congress on Iraq.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS—THURSDAY, FEBRUARY 15, 2007

By Mr. KENNEDY (for himself, Mr. BOND, Mr. AKAKA, Mr. LEAHY, Mr. MENENDEZ, Mr. CRAIG, and Mr. SHELBY):

S. 626. A bill to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BOND. Mr. President, with more than 100 different forms, arthritis is one of the most widespread and devastating health conditions in the United States. Nearly 46 million, or one in every five, American adults suffer from arthritis or chronic joint

symptoms, and 300,000 children live with the pain, disability and emotional trauma caused by juvenile arthritis.

As the leading cause of disability in the United States, arthritis is a painful and debilitating chronic disease affecting men, women and children alike. This is why the Federal Government must make a stronger investment in research, treatment and prevention of arthritis.

We know that early diagnosis, treatment, and appropriate management of arthritis can control symptoms and improve quality of life. The Arthritis Prevention, Control and Cure Act will expand the Federal Government's efforts to find new ways to prevent, treat, and care for patients with arthritis and related rheumatic diseases by: (1) improving coordination among Federal agencies and the public with regard to the Federal investment in arthritis research and public health activities through a National Arthritis and Rheumatic Diseases Summit; (2) accelerating research that will lead to improved treatments and a cure for juvenile arthritis; (3) investing in a nationwide public health initiative designed to reduce the pain and disability of arthritis through early diagnosis and effective treatment of the disease; and (4) ensuring kids with arthritis have access to specialty care by addressing the nationwide shortage of pediatric rheumatologists.

We have a responsibility to look for solutions to this issue in a comprehensive manner. I look forward to working with Senator KENNEDY on this important legislation which will make a real difference in the lives of the millions of Americans, both young and old, who suffer from this debilitating disease.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself, Mr. KENNEDY, Mr. ENZI, Mr. MARTINEZ, Mr. AKAKA, Mrs. DOLE, Mr. BROWN, Mr. LIEBERMAN, Mr. ISAKSON, Mr. NELSON of Florida, and Ms. LANDRIEU):

S. 655. A bill to amend the Congressional Charter of The American National Red Cross to modernize its governance structure, to enhance the ability of the board of governors of The American National Red Cross to support the critical mission of The American Red Cross in the 21st century, and for other purposes; to the Committee on the Judiciary.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the text of The American National Red Cross Governance Modernization Act of 2007 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. 655

*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 "The American National Red Cross Governance Modernization Act of 2007".

#### SEC. 2. FINDINGS; SENSE OF CONGRESS.

(a) FINDINGS.—Congress makes the following findings:

(1) Substantive changes to the Congressional Charter of The American National Red Cross have not been made since 1947.

(2) In February 2006, the board of governors of The American National Red Cross (the "Board of Governors") commissioned an independent review and analysis of the Board of Governors' role, composition, size, relationship with management, governance relationship with chartered units of The American National Red Cross, and whistleblower and audit functions.

(3) In an October 2006 report of the Board of Governors, entitled "American Red Cross Governance for the 21st Century" (the "Governance Report"), the Board of Governors recommended changes to the Congressional Charter, bylaws, and other governing documents of The American National Red Cross to modernize and enhance the effectiveness of the Board of Governors and governance structure of The American National Red Cross.

(4) It is in the national interest to create a more efficient governance structure of The American National Red Cross and to enhance the Board of Governors' ability to support the critical mission of The American National Red Cross in the 21st century.

(5) It is in the national interest to clarify the role of the Board of Governors as a governance and strategic oversight board and for The American National Red Cross to amend its bylaws, consistent with the recommendations described in the Governance Report, to clarify the role of the Board of Governors and to outline the areas of its responsibility, including—

(A) reviewing and approving the mission statement for The American National Red Cross;

(B) approving and overseeing the corporation's strategic plan and maintaining strategic oversight of operational matters;

(C) selecting, evaluating, and determining the level of compensation of the corporation's chief executive officer;

(D) evaluating the performance and establishing the compensation of the senior leadership team and providing for management succession;

(E) overseeing the financial reporting and audit process, internal controls, and legal compliance;

(F) holding management accountable for performance;

(G) providing oversight of the financial stability of the corporation;

(H) ensuring the inclusiveness and diversity of the corporation;

(I) providing oversight of the protection of the brand of the corporation; and

(J) assisting with fundraising on behalf of the corporation.

(6)(A) The selection of members of the Board of Governors is a critical component of effective governance for The American National Red Cross, and, as such, it is in the national interest that The American National Red Cross amend its bylaws to provide a method of selection consistent with that described in the Governance Report.

(B) The new method of selection should replace the current process by which—

(i) 30 chartered unit-elected members of the Board of Governors are selected by a non-Board committee which includes 2 members of the Board of Governors and other individuals elected by the chartered units themselves;

(ii) 12 at-large members of the Board of Governors are nominated by a Board committee and elected by the Board of Governors; and

(iii) 8 members of the Board of Governors are appointed by the President of the United States.

(C) The new method of selection described in the Governance Report reflects the single category of members of the Board of Governors that will result from the implementation of this Act:

(i) All Board members (except for the chairman of the Board of Governors) would be nominated by a single committee of the Board of Governors taking into account the criteria outlined in the Governance Report to assure the expertise, skills, and experience of a governing board.

(ii) The nominated members would be considered for approval by the full Board of Governors and then submitted to The American National Red Cross annual meeting of delegates for election, in keeping with the standard corporate practice whereby shareholders of a corporation elect members of a board of directors at its annual meeting.

(7) The United States Supreme Court held The American National Red Cross to be an instrumentality of the United States, and it is in the national interest that the Congressional Charter confirm that status and that any changes to the Congressional Charter do not affect the rights and obligations of The American National Red Cross to carry out its purposes.

(8) Given the role of The American National Red Cross in carrying out its services, programs, and activities, and meeting its various obligations, the effectiveness of The American National Red Cross will be promoted by the creation of an organizational ombudsman who—

(A) will be a neutral or impartial dispute resolution practitioner whose major function will be to provide confidential and informal assistance to the many internal and external stakeholders of The American National Red Cross;

(B) will report to the chief executive officer and the audit committee of the Board of Governors; and

(C) will have access to anyone and any documents in The American National Red Cross.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) charitable organizations are an indispensable part of American society, but these organizations can only fulfill their important roles by maintaining the trust of the American public;

(2) trust is fostered by effective governance and transparency, which are the principal goals of the recommendations of the Board of Governors in the Governance Report and this Act;

(3) Federal and State action play an important role in ensuring effective governance and transparency by setting standards, rooting out violations, and informing the public; and

(4) while The American National Red Cross is and will remain a Federally chartered instrumentality of the United States, and it has the rights and obligations consistent with that status, The American National Red Cross nevertheless should maintain appropriate communications with State regulators of charitable organizations and should cooperate with them as appropriate in specific matters as they arise from time to time.

### SEC. 3. ORGANIZATION.

Section 300101 of title 36, United States Code, is amended—

(1) in subsection (a), by inserting “a Federally chartered instrumentality of the United

States and” before “a body corporate and politic”; and

(2) in subsection (b), by inserting at the end the following new sentence: “The corporation may conduct its business and affairs, and otherwise hold itself out, as the ‘American Red Cross’ in any jurisdiction.”.

### SEC. 4. PURPOSES.

Section 300102 of title 36, United States Code, is amended—

(1) by striking “and” at the end of paragraph (3);

(2) by striking the period at the end of paragraph (4) and inserting “; and”; and

(3) by adding at the end the following paragraph:

“(5) to conduct other activities consistent with the foregoing purposes.”.

### SEC. 5. MEMBERSHIP AND CHAPTERS.

Section 300103 of title 36, United States Code, is amended—

(1) in subsection (a), by inserting “, or as otherwise provided,” before “in the bylaws”; (2) in subsection (b)(1)—

(A) by striking “board of governors” and inserting “corporation”; and

(B) by inserting “policies and” before “regulations related”; and

(3) in subsection (b)(2)—

(A) by inserting “policies and” before “regulations shall require”; and

(B) by striking “national convention” and inserting “annual meeting”.

### SEC. 6. BOARD OF GOVERNORS.

Section 300104 of title 36, United States Code, is amended to read as follows:

#### “§300104. Board of governors

“(a) BOARD OF GOVERNORS.—

“(1) IN GENERAL.—The board of governors is the governing body of the corporation with all powers of governing and directing, and of overseeing the management of the business and affairs of, the corporation.

“(2) NUMBER.—The board of governors shall fix by resolution, from time to time, the number of members constituting the entire board of governors, provided that—

“(A) as of March 31, 2009, and thereafter, there shall be no fewer than 12 and no more than 25 members; and

“(B) as of March 31, 2012, and thereafter, there shall be no fewer than 12 and no more than 20 members constituting the entire board.

Procedures to implement the preceding sentence shall be provided in the bylaws.

“(3) APPOINTMENT.—The governors shall be appointed or elected in the following manner:

“(A) CHAIRMAN.—

“(i) IN GENERAL.—The board of governors, in accordance with procedures provided in the bylaws, shall recommend to the President an individual to serve as chairman of the board of governors. If such recommendation is approved by the President, the President shall appoint such individual to serve as chairman of the board of governors.

“(ii) VACANCIES.—Vacancies in the office of the chairman, including vacancies resulting from the resignation, death, or removal by the President of the chairman, shall be filled in the same manner described in clause (i).

“(iii) DUTIES.—The chairman shall be a member of the board of governors and, when present, shall preside at meetings of the board of governors and shall have such other duties and responsibilities as may be provided in the bylaws or a resolution of the board of governors.

“(B) OTHER MEMBERS.—

“(i) IN GENERAL.—Members of the board of governors other than the chairman shall be elected at the annual meeting of the corporation in accordance with such procedures as may be provided in the bylaws.

“(ii) VACANCIES.—Vacancies in any such elected board position and in any newly created board position may be filled by a vote of the remaining members of the board of governors in accordance with such procedures as may be provided in the bylaws.

“(b) TERMS OF OFFICE.—

“(1) IN GENERAL.—The term of office of each member of the board of governors shall be 3 years, except that—

“(A) the board of governors may provide under the bylaws that the terms of office of members of the board of governors elected to the board of governors before March 31, 2012, may be less than 3 years in order to implement the provisions of subparagraphs (A) and (B) of subsection (a)(2); and

“(B) any member of the board of governors elected by the board to fill a vacancy in a board position arising before the expiration of its term may, as determined by the board, serve for the remainder of that term or until the next annual meeting of the corporation.

“(2) STAGGERED TERMS.—The terms of office of members of the board of governors (other than the chairman) shall be staggered such that, by March 31, 2012, and thereafter, 1/3 of the entire board (or as near to 1/3 as practicable) shall be elected at each successive annual meeting of the corporation with the term of office of each member of the board of governors elected at an annual meeting expiring at the third annual meeting following the annual meeting at which such member was elected.

“(3) TERM LIMITS.—No person may serve as a member of the board of governors for more than such number of terms of office or years as may be provided in the bylaws.

“(c) COMMITTEES AND OFFICERS.—The board—

“(1) may appoint, from its own members, an executive committee to exercise such powers of the board when the board is not in session as may be provided in the bylaws;

“(2) may appoint such other committees or advisory councils with such powers as may be provided in the bylaws or a resolution of the board of governors;

“(3) shall appoint such officers of the corporation, including a chief executive officer, with such duties, responsibilities, and terms of office as may be provided in the bylaws or a resolution of the board of governors; and

“(4) may remove members of the board of governors (other than the chairman), officers, and employees under such procedures as may be provided in the bylaws or a resolution of the board of governors.

“(d) ADVISORY COUNCIL.—

“(1) ESTABLISHMENT.—There shall be an advisory council to the board of governors.

“(2) MEMBERSHIP; APPOINTMENT BY PRESIDENT.—

“(A) IN GENERAL.—The advisory council shall be composed of no fewer than 8 and no more than 10 members, each of whom shall be appointed by the President from principal officers of the executive departments and senior officers of the Armed Forces whose positions and interests qualify them to contribute to carrying out the programs and purposes of the corporation.

“(B) MEMBERS FROM THE ARMED FORCES.—At least 1, but not more than 3, of the members of the advisory council shall be selected from the Armed Forces.

“(3) DUTIES.—The advisory council shall advise, report directly to, and meet, at least 1 time per year with the board of governors, and shall have such name, functions and be subject to such procedures as may be provided in the bylaws.

“(e) ACTION WITHOUT MEETING.—Any action required or permitted to be taken at any meeting of the board of governors or of any committee thereof may be taken without a meeting if all members of the board or

committee, as the case may be, consent thereto in writing, or by electronic transmission and the writing or writings or electronic transmission or transmissions are filed with the minutes of proceedings of the board or committee. Such filing shall be in paper form if the minutes are maintained in paper form and shall be in electronic form if the minutes are maintained in electronic form.

“(f) VOTING BY PROXY.—

“(1) IN GENERAL.—Voting by proxy is not allowed at any meeting of the board, at the annual meeting, or at any meeting of a chapter.

“(2) EXCEPTION.—The board may allow the election of governors by proxy during any emergency.

“(g) BYLAWS.—

“(1) IN GENERAL.—The board of governors may—

“(A) at any time adopt bylaws; and

“(B) at any time adopt bylaws to be effective only in an emergency.

“(2) EMERGENCY BYLAWS.—Any bylaws adopted pursuant to paragraph (1)(B) may provide special procedures necessary for managing the corporation during the emergency. All provisions of the regular bylaws consistent with the emergency bylaws remain effective during the emergency.

“(h) DEFINITIONS.—For purposes of this section—

“(1) the term ‘entire board’ means the total number of members of the board of governors that the corporation would have if there were no vacancies; and

“(2) the term ‘emergency’ shall have such meaning as may be provided in the bylaws.”.

#### SEC. 7. POWERS.

Paragraph (a)(1) of section 300105 of title 36, United States Code, is amended by striking “bylaws” and inserting “policies”.

#### SEC. 8. ANNUAL MEETING.

Section 300107 of title 36, United States Code, is amended to read as follows:

##### “§ 300107. Annual meeting

“(a) IN GENERAL.—The annual meeting of the corporation is the annual meeting of delegates of the chapters.

“(b) TIME OF MEETING.—The annual meeting shall be held as determined by the board of governors.

“(c) PLACE OF MEETING.—The board of governors is authorized to determine that the annual meeting shall not be held at any place, but may instead be held solely by means of remote communication subject to such procedures as are provided in the bylaws.

“(d) VOTING.—

“(1) IN GENERAL.—In matters requiring a vote at the annual meeting, each chapter is entitled to at least 1 vote, and voting on all matters may be conducted by mail, telephone, telegram, cablegram, electronic mail, or any other means of electronic or telephone transmission, provided that the person voting shall state, or submit information from which it can be determined, that the method of voting chosen was authorized by such person.

“(2) ESTABLISHMENT OF NUMBER OF VOTES.—

“(A) IN GENERAL.—The board of governors shall determine on an equitable basis the number of votes that each chapter is entitled to cast, taking into consideration the size of the membership of the chapters, the populations served by the chapters, and such other factors as may be determined by the board.

“(B) PERIODIC REVIEW.—The board of governors shall review the allocation of votes at least every 5 years.”.

#### SEC. 9. ENDOWMENT FUND.

Section 300109 of title 36, United States Code is amended—

(1) by striking “nine” from the first sentence thereof; and

(2) by striking the second sentence and inserting the following: “The corporation shall prescribe policies and regulations on terms and tenure of office, accountability, and expenses of the board of trustees.”.

#### SEC. 10. ANNUAL REPORT AND AUDIT.

Subsection (a) of section 300110 of title 36, United States Code, is amended to read as follows:

“(a) SUBMISSION OF REPORT.—As soon as practicable after the end of the corporation’s fiscal year, which may be changed from time to time by the board of governors, the corporation shall submit a report to the Secretary of Defense on the activities of the corporation during such fiscal year, including a complete, itemized report of all receipts and expenditures.”.

#### SEC. 11. COMPTROLLER GENERAL OF THE UNITED STATES AND OFFICE OF THE OMBUDSMAN.

(a) IN GENERAL.—Chapter 3001 of title 36, United States Code, is amended by redesignating section 300111 as section 300113 and by inserting after section 300110 the following new sections:

##### “§ 300111. Authority of the Comptroller General of the United States

“The Comptroller General of the United States is authorized to review the corporation’s involvement in any Federal program or activity the Government carries out under law.

##### “§ 300112. Office of the Ombudsman

“(a) ESTABLISHMENT.—The corporation shall establish an Office of the Ombudsman with such duties and responsibilities as may be provided in the bylaws or a resolution of the board of governors.

“(b) REPORT.—The Office of the Ombudsman shall submit a report annually to Congress concerning any trends and systemic matters that the Office of the Ombudsman has identified as confronting the corporation.”.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 3001 of title 36, United States Code, is amended by striking the item relating to section 300111 and inserting the following:

“300111. Authority of the Comptroller General of the United States.

“300112. Office of the Ombudsman.

“300113. Reservation of right to amend or repeal.”.

Mr. ENZI. Mr. President, I rise today to co-sponsor the American National Red Cross Governance Modernization Act of 2007. This legislation, a product of close cooperation with my colleagues Senator GRASSLEY and Senator KENNEDY, seeks to create a more efficient governance structure of the American Red Cross, and to enhance the Board of Governors’ ability to support the critical mission of the American Red Cross in the 21st Century.

Charitable organizations are an indispensable part of American society, but these organizations can only fulfill their important roles by maintaining the trust of the American public. This trust is fostered by effective governance and transparency, which are the principal goals of this legislation. The role of the American Red Cross is one of vital significance to the American people. The ability of the American Red Cross to meet its responsibilities requires a governance structure that reflects a need for clear mission and a culture of accountability.

This past October the American Red Cross Board of Governors announced its unanimous support for a series of important changes to its charter and business practice. The American National Red Cross Governance Modernization Act of 2007 enables a number of those changes, including clarifying the role of the Board of Governors as one of governance and strategic oversight. As this bill facilitates these governance reforms, the American Red Cross is expected to continue to implement amendments to its bylaws consistent with those described in the Governance Report to clarify further the role of the Board of Governors and to outline areas of its responsibility.

This bill ensures that the American Red Cross will remain a federally chartered instrumentality of the United States, and it has the rights and obligations consistent with that status. Consistent with that status Congress expects that the American Red Cross will maintain appropriate communications with State regulators of charitable organizations and to cooperate with them as appropriate in specific matters as they arise from time to time.

Finally, we believe the effectiveness of the American Red Cross will be promoted by the creation of a Red Cross ombudsman to be a dispute resolution practitioner to provide confidential and informal assistance to the many internal and external stakeholders of the American Red Cross. The American Red Cross ombudsman will report to Congress, the American Red Cross chief executive officer, and the audit committee of the Board of Governors. The Red Cross ombudsman will have access to anyone and any documents in the American Red Cross. This is an important tool for improving processes and protections for those inside the American Red Cross who wish to express concerns about the organizations practices and procedures, and an important tool for Congress in providing oversight of the activities of the American Red Cross.

I urge my colleagues to vote for the American National Red Cross Governance Modernization Act of 2007.

By Mr. REED (for himself, Mr. ROBERTS, Mr. KENNEDY, Mr. BURR, Mrs. MURRAY, Mr. HATCH, Mr. BROWN, Mrs. CLINTON, Mr. ISAKSON, Mr. BINGAMAN, Ms. COLLINS, and Mr. BIDEN):

S. 657. A bill to amend the Public Health Service Act to add requirements regarding trauma care, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, I am pleased to join my colleague, Senator ROBERTS, along with Senators KENNEDY, BURR, MURRAY, CLINTON, BROWN, BINGAMAN, COLLINS, ISAKSON, and BIDEN in introducing the Trauma Care Systems Planning and Development Act.

Our Nation's emergency medical system is a system on the brink. We need to support and strengthen this essential component of our health care system. The Trauma Care Systems Planning and Development Act is an important building block to achieving an improved national network of care across the country.

Unintentional injury is the leading cause of death among people between the ages of 1 to 44 and in 2002, injuries were responsible for 161,000 deaths. In 2004, about 29.6 million people were treated for an injury in U.S. hospital emergency departments, of which nearly 2 million injuries were severe enough to require hospitalization. Yet, between 20,000 and 25,000 trauma deaths are preventable each year.

A trauma system is an organized, coordinated effort in a specific area that delivers the full range of care to all injured patients. It provides resources, supporting equipment, and personnel along a continuum of care including pre-hospital, hospital, and rehabilitation services. Trauma systems have been proven to reduce mortality rates and provide efficient, cost-effective, and timely care. Since 1990, the Federal Government, through Title XII of the Public Health Service Act, has helped States and territories develop and implement regional and statewide trauma care systems.

The legislation I am introducing today along with my colleagues will reauthorize and reaffirm the Federal Government's commitment to trauma care systems. It will also authorize additional resources for systems planning and development, as well as improved data collection and analysis and the inclusion of an Institute of Medicine study on the state of trauma care and trauma research.

Trauma care is not only critical to providing timely access to lifesaving interventions for persons suffering from serious unintentional injuries, it is central to our national security and disaster preparedness. The tragic events of September 11, 2001 and Hurricanes Rita and Katrina serve as stark reminders of the potential intentional and natural disasters that threaten our Nation. Trauma care systems are an important element of our security and response efforts.

I look forward to working with my colleagues toward expeditious passage of this legislation. I ask unanimous consent that the text of the Trauma Care Systems Planning and Development Act 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. 657

*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 "Trauma Care Systems Planning and Development Act of 2007".

#### SEC. 2. ESTABLISHMENT.

Section 1201 of the Public Health Service Act (42 U.S.C. 300d) is amended to read as follows:

##### "SEC. 1201. ESTABLISHMENT.

"(a) IN GENERAL.—The Secretary shall, with respect to trauma care—

"(1) conduct and support research, training, evaluations, and demonstration projects;

"(2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care;

"(3) collect, compile, and disseminate information on the achievements of, and problems experienced by, State and local agencies and private entities in providing trauma care and emergency medical services and, in so doing, give special consideration to the unique needs of rural areas;

"(4) provide to State and local agencies technical assistance to enhance each State's capability to develop, implement, and sustain the trauma care component of each State's plan for the provision of emergency medical services;

"(5) sponsor workshops and conferences; and

"(6) promote the collection and categorization of trauma data in a consistent and standardized manner.

"(b) GRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS.—The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (a)."

#### SEC. 3. CLEARINGHOUSE ON TRAUMA CARE AND EMERGENCY MEDICAL SERVICES.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking section 1202; and

(2) by redesignating section 1203 as section 1202.

#### SEC. 4. ESTABLISHMENT OF PROGRAMS FOR IMPROVING TRAUMA CARE IN RURAL AREAS.

Section 1202 of the Public Health Service Act, as redesignated by section 3(2), is amended to read as follows:

##### "SEC. 1202. ESTABLISHMENT OF PROGRAMS FOR IMPROVING TRAUMA CARE IN RURAL AREAS.

"(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out research and demonstration projects with respect to improving the availability and quality of emergency medical services in rural areas—

"(1) by developing innovative uses of communications technologies and the use of new communications technology;

"(2) by developing model curricula, such as advanced trauma life support, for training emergency medical services personnel, including first responders, emergency medical technicians, emergency nurses and physicians, and paramedics—

"(A) in the assessment, stabilization, treatment, preparation for transport, and resuscitation of seriously injured patients, with special attention to problems that arise during long transports and to methods of minimizing delays in transport to the appropriate facility; and

"(B) in the management of the operation of the emergency medical services system;

"(3) by making training for original certification, and continuing education, in the provision and management of emergency medical services more accessible to emergency medical personnel in rural areas through telecommunications, home studies, providing teachers and training at locations accessible to such personnel, and other methods;

"(4) by developing innovative protocols and agreements to increase access to prehospital care and equipment necessary for the transportation of seriously injured patients to the appropriate facilities;

"(5) by evaluating the effectiveness of protocols with respect to emergency medical services and systems; and

"(6) by increasing communication and coordination with State trauma systems.

"(b) SPECIAL CONSIDERATION FOR CERTAIN RURAL AREAS.—In making grants under subsection (a), the Secretary shall give special consideration to any applicant for the grant that will provide services under the grant in any rural area identified by a State under section 1214(d)(1).

"(c) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section."

#### SEC. 5. COMPETITIVE GRANTS.

Part A of title XII of the Public Health Service Act, as amended by section 3, is amended by adding at the end the following:

##### "SEC. 1203. COMPETITIVE GRANTS FOR THE IMPROVEMENT OF TRAUMA CARE.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States, political subdivisions, or consortia of States or political subdivisions for the purpose of improving access to and enhancing the development of trauma care systems.

"(b) USE OF FUNDS.—The Secretary may make a grant under this section only if the applicant agrees to use the grant—

"(1) to integrate and broaden the reach of a trauma care system, such as by developing innovative protocols to increase access to prehospital care;

"(2) to strengthen, develop, and improve an existing trauma care system;

"(3) to expand communications between the trauma care system and emergency medical services through improved equipment or a telemedicine system;

"(4) to improve data collection and retention; or

"(5) to increase education, training, and technical assistance opportunities, such as training and continuing education in the management of emergency medical services accessible to emergency medical personnel in rural areas through telehealth, home studies, and other methods.

"(c) PREFERENCE.—In selecting among States, political subdivisions, and consortia of States or political subdivisions for purposes of making grants under this section, the Secretary shall give preference to applicants that—

"(1) have developed a process, using national standards, for designating trauma centers;

"(2) recognize protocols for the delivery of seriously injured patients to trauma centers;

"(3) implement a process for evaluating the performance of the trauma system; and

"(4) agree to participate in information systems described in section 1202 by collecting, providing, and sharing information.

"(d) PRIORITY.—In making grants under this section, the Secretary shall give priority to applicants that will use the grants to focus on improving access to trauma care systems.

"(e) SPECIAL CONSIDERATION.—In awarding grants under this section, the Secretary shall give special consideration to projects that demonstrate strong State or local support, including availability of non-Federal contributions."

**SEC. 6. REQUIREMENT OF MATCHING FUNDS FOR FISCAL YEARS SUBSEQUENT TO FIRST FISCAL YEAR OF PAYMENTS.**

Section 1212 of the Public Health Service Act (42 U.S.C. 300d-12) is amended to read as follows:

**“SEC. 1212. REQUIREMENT OF MATCHING FUNDS FOR FISCAL YEARS SUBSEQUENT TO FIRST FISCAL YEAR OF PAYMENTS.**

**“(a) NON-FEDERAL CONTRIBUTIONS.—**

**“(1) IN GENERAL.—**The Secretary may not make payments under section 1211(a) unless the State involved agrees, with respect to the costs described in paragraph (2), to make available non-Federal contributions (in cash or in kind under subsection (b)(1)) toward such costs in an amount that—

**“(A)** for the second and third fiscal years of such payments to the State, is not less than \$1 for each \$1 of Federal funds provided in such payments for such fiscal years; and

**“(B)** for the fourth and subsequent fiscal years of such payments to the State, is not less than \$2 for each \$1 of Federal funds provided in such payments for such fiscal years.

**“(2) PROGRAM COSTS.—**The costs referred to in paragraph (1) are—

**“(A)** the costs to be incurred by the State in carrying out the purpose described in section 1211(b); or

**“(B)** the costs of improving the quality and availability of emergency medical services in rural areas of the State.

**“(3) INITIAL YEAR OF PAYMENTS.—**The Secretary may not require a State to make non-Federal contributions as a condition of receiving payments under section 1211(a) for the first fiscal year of such payments to the State.

**“(b) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—**With respect to compliance with subsection (a) as a condition of receiving payments under section 1211(a)—

**“(1)** a State may make the non-Federal contributions required in such subsection in cash or in kind, fairly evaluated, including plant, equipment, or services; and

**“(2)** the Secretary may not, in making a determination of the amount of non-Federal contributions, include amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government.”.

**SEC. 7. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF ALLOTMENTS.**

Section 1213 of the Public Health Service Act (42 U.S.C. 300d-13) is amended to read as follows:

**“SEC. 1213. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF ALLOTMENTS.**

**“(a) TRAUMA CARE MODIFICATIONS TO STATE PLAN FOR EMERGENCY MEDICAL SERVICES.—**With respect to the trauma care component of a State plan for the provision of emergency medical services, the modifications referred to in section 1211(b) are such modifications to the State plan as may be necessary for the State involved to ensure that the plan provides for access to the highest possible quality of trauma care, and that the plan—

**“(1)** specifies that the modifications required pursuant to paragraphs (2) through (11) will be implemented by the principal State agency with respect to emergency medical services or by the designee of such agency;

**“(2)** specifies a public or private entity that will designate trauma care regions and trauma centers in the State;

**“(3)** subject to subsection (b), contains national standards and requirements of the American College of Surgeons or another appropriate entity for the designation of level I and level II trauma centers, and in the case

of rural areas level III trauma centers (including trauma centers with specified capabilities and expertise in the care of pediatric trauma patient), by such entity, including standards and requirements for—

**“(A)** the number and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury;

**“(B)** the resources and equipment needed by such centers; and

**“(C)** the availability of rehabilitation services for trauma patients;

**“(4)** contains standards and requirements for the implementation of regional trauma care systems, including standards and guidelines (consistent with the provisions of section 1867 of the Social Security Act) for medically directed triage and transportation of trauma patients (including patients injured in rural areas) prior to care in designated trauma centers;

**“(5)** subject to subsection (b), contains national standards and requirements, including those of the American Academy of Pediatrics and the American College of Emergency Physicians, for medically directed triage and transport of severely injured children to designated trauma centers with specified capabilities and expertise in the care of the pediatric trauma patient;

**“(6)** utilizes a program with procedures for the evaluation of designated trauma centers (including trauma centers described in paragraph (5)) and trauma care systems;

**“(7)** provides for the establishment and collection of data in accordance with data collection requirements developed in consultation with surgical, medical, and nursing specialty groups, State and local emergency medical services directors, and other trained professionals in trauma care, from each designated trauma center in the State of a central data reporting and analysis system—

**“(A)** to identify the number of severely injured trauma patients and the number of deaths from trauma within trauma care systems in the State;

**“(B)** to identify the cause of the injury and any factors contributing to the injury;

**“(C)** to identify the nature and severity of the injury;

**“(D)** to monitor trauma patient care (including prehospital care) in each designated trauma center within regional trauma care systems in the State (including relevant emergency-department discharges and rehabilitation information) for the purpose of evaluating the diagnosis, treatment, and treatment outcome of such trauma patients;

**“(E)** to identify the total amount of uncompensated trauma care expenditures for each fiscal year by each designated trauma center in the State; and

**“(F)** to identify patients transferred within a regional trauma system, including reasons for such transfer and the outcomes of such patients;

**“(8)** provides for the use of procedures by paramedics and emergency medical technicians to assess the severity of the injuries incurred by trauma patients;

**“(9)** provides for appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers, and to provide periodic reviews of the transfers and the auditing of such transfers that are determined to be appropriate;

**“(10)** conducts public education activities concerning injury prevention and obtaining access to trauma care;

**“(11)** coordinates planning for trauma systems with State disaster emergency planning and bioterrorism hospital preparedness planning; and

**“(12)** with respect to the requirements established in this subsection, provides for coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area.

**“(b) CERTAIN STANDARDS WITH RESPECT TO TRAUMA CARE CENTERS AND SYSTEMS.—**

**“(1) IN GENERAL.—**The Secretary may not make payments under section 1211(a) for a fiscal year unless the State involved agrees that, in carrying out paragraphs (3) through (5) of subsection (a), the State will adopt standards for the designation of trauma centers, and for triage, transfer, and transportation policies, and that the State will, in adopting such standards—

**“(A)** take into account national standards concerning that outline resources for optimal care of the injured patient;

**“(B)** consult with medical, surgical, and nursing specialty groups, hospital associations, emergency medical services State and local directors, concerned advocates and other interested parties;

**“(C)** conduct hearings on the proposed standards after providing adequate notice to the public concerning such hearing; and

**“(D)** beginning in fiscal year 2008, take into account the model plan described in subsection (c).

**“(2) QUALITY OF TRAUMA CARE.—**The highest quality of trauma care shall be the primary goal of State standards adopted under this subsection.

**“(3) APPROVAL BY THE SECRETARY.—**The Secretary may not make payments under section 1211(a) to a State if the Secretary determines that—

**“(A)** in the case of payments for fiscal year 2008 and subsequent fiscal years, the State has not taken into account national standards, including those of the American College of Surgeons, the American College of Emergency Physicians, and the American Academy of Pediatrics, in adopting standards under this subsection; or

**“(B)** in the case of payments for fiscal year 2008 and subsequent fiscal years, the State has not, in adopting such standards, taken into account the model plan developed under subsection (c).

**“(c) MODEL TRAUMA CARE PLAN.—**

**“(1) IN GENERAL.—**Not later than 1 year after the date of the enactment of the Trauma Care Systems Planning and Development Act of 2007, the Secretary shall update the model plan for the designation of trauma centers and for triage, transfer, and transportation policies that may be adopted for guidance by the State. Such plan shall—

**“(A)** take into account national standards, including those of the American College of Surgeons, American College of Emergency Physicians, and the American Academy of Pediatrics;

**“(B)** take into account existing State plans;

**“(C)** be developed in consultation with medical, surgical, and nursing specialty groups, hospital associations, emergency medical services State directors and associations, and other interested parties; and

**“(D)** include standards for the designation of rural health facilities and hospitals best able to receive, stabilize, and transfer trauma patients to the nearest appropriate designated trauma center, and for triage, transfer, and transportation policies as they relate to rural areas.

**“(2) APPLICABILITY.—**Standards described in paragraph (1)(D) shall be applicable to all rural areas in the State, including both non-metropolitan areas and frontier areas that

have populations of less than 6,000 per square mile.

“(d) **RULE OF CONSTRUCTION WITH RESPECT TO NUMBER OF DESIGNATED TRAUMA CENTERS.**—With respect to compliance with subsection (a) as a condition of the receipt of a grant under section 1211(a), such subsection may not be construed to specify the number of trauma care centers designated pursuant to such subsection.”.

**SEC. 8. REQUIREMENT OF SUBMISSION TO SECRETARY OF TRAUMA PLAN AND CERTAIN INFORMATION.**

Section 1214 of the Public Health Service Act (42 U.S.C. 300d-14) is amended to read as follows:

**“SEC. 1214. REQUIREMENT OF SUBMISSION TO SECRETARY OF TRAUMA PLAN AND CERTAIN INFORMATION.**

“(a) **IN GENERAL.**—For each fiscal year, the Secretary may not make payments to a State under section 1211(a) unless, subject to subsection (b), the State submits to the Secretary the trauma care component of the State plan for the provision of emergency medical services, including any changes to the trauma care component and any plans to address deficiencies in the trauma care component.

“(b) **INTERIM PLAN OR DESCRIPTION OF EFFORTS.**—For each fiscal year, if a State has not completed the trauma care component of the State plan described in subsection (a), the State may provide, in lieu of such completed component, an interim component or a description of efforts made toward the completion of the component.

“(c) **INFORMATION RECEIVED BY STATE REPORTING AND ANALYSIS SYSTEM.**—The Secretary may not make payments to a State under section 1211(a) unless the State agrees that the State will, not less than once each year, provide to the Secretary the information received by the State pursuant to section 1213(a)(7).

“(d) **AVAILABILITY OF EMERGENCY MEDICAL SERVICES IN RURAL AREAS.**—The Secretary may not make payments to a State under section 1211(a) unless—

“(1) the State identifies any rural area in the State for which—

“(A) there is no system of access to emergency medical services through the telephone number 911;

“(B) there is no basic life-support system; or

“(C) there is no advanced life-support system; and

“(2) the State submits to the Secretary a list of rural areas identified pursuant to subparagraph (A) or, if there are no such areas, a statement that there are no such areas.”.

**SEC. 9. RESTRICTIONS ON USE OF PAYMENTS.**

Section 1215 of the Public Health Service Act (42 U.S.C. 300d-15) is amended to read as follows:

**“SEC. 1215. RESTRICTIONS ON USE OF PAYMENTS.**

“(a) **IN GENERAL.**—The Secretary may not, except as provided in subsection (b), make payments under section 1211(a) for a fiscal year unless the State involved agrees that the payments will not be expended—

“(1) for any purpose other than developing, implementing, and monitoring the modifications required by section 1211(b) to be made to the State plan for the provision of emergency medical services;

“(2) to make cash payments to intended recipients of services provided pursuant to this section;

“(3) to purchase or improve real property (other than minor remodeling of existing improvements to real property);

“(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

“(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

“(b) **WAIVER.**—The Secretary may waive a restriction under subsection (a) only if the Secretary determines that the activities outlined by the State plan submitted under section 1214(a)(1) by the State involved cannot otherwise be carried out.”.

**SEC. 10. REQUIREMENTS OF REPORTS BY STATES.**

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by striking section 1216.

**SEC. 11. REPORT BY SECRETARY.**

Section 1222 of the Public Health Service Act (42 U.S.C. 300d-22) is amended to read as follows:

**“SEC. 1222. REPORT BY SECRETARY.**

“Not later than October 1, 2008, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 1211. Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to trauma care.”.

**SEC. 12. FUNDING.**

Section 1232 of the Public Health Service Act (42 U.S.C. 300d-32) is amended to read as follows:

**“SEC. 1232. FUNDING.**

“(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out parts A and B, there are authorized to be appropriated \$12,000,000 for fiscal year 2008, \$10,000,000 for fiscal year 2009, and \$8,000,000 for each of the fiscal years 2010 through 2012.

“(b) **RESERVATION OF FUNDS.**—If the amount appropriated under subsection (a) for a fiscal year is equal to or less than \$1,000,000, such appropriation is available only for making grants under part A. If the amount so appropriated is greater than \$1,000,000, 50 percent of such appropriation shall be made available for grants under part A and 50 percent shall be made available for grants under part B.

“(c) **ALLOCATION OF FUNDS BY SECRETARY.**—

“(1) **GENERAL AUTHORITY.**—For the purpose of carrying out part A, the Secretary shall make available 10 percent of the amounts appropriated for a fiscal year under subsection (a).

“(2) **RURAL GRANTS.**—For the purpose of carrying out section 1202, the Secretary shall make available 10 percent of the amounts appropriated for a fiscal year under subsection (a).”.

**SEC. 13. INSTITUTE OF MEDICINE STUDY.**

Part E of title XII of the Public Health Service Act (20 U.S.C. 300d-51 et seq.) is amended by adding at the end the following:

**“SEC. 1254. INSTITUTE OF MEDICINE STUDY.**

“(a) **IN GENERAL.**—The Secretary shall enter into a contract with the Institute of Medicine of the National Academy of Sciences, or another appropriate entity, to conduct a study on the state of trauma care and trauma research.

“(b) **CONTENT.**—The study conducted under subsection (a) shall—

“(1) examine and evaluate the state of trauma care and trauma systems research (including the role of Federal entities in trauma research) on the date of enactment of this section, and identify trauma research priorities;

“(2) examine and evaluate the clinical effectiveness of trauma care and the impact of trauma care on patient outcomes, with special attention to high-risk groups, such as children, the elderly, and individuals in rural areas;

“(3) examine and evaluate trauma systems development and identify obstacles that prevent or hinder the effectiveness of trauma systems and trauma systems development;

“(4) examine and evaluate alternative strategies for the organization, financing, and delivery of trauma care within an overall systems approach; and

“(5) examine and evaluate the role of trauma systems and trauma centers in preparedness for mass casualties.

“(c) **REPORT.**—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the appropriate committees of Congress a report containing the results of the study conducted under this section.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$750,000 for fiscal year 2008.”.

**SEC. 14. RESIDENCY TRAINING PROGRAMS IN EMERGENCY MEDICINE.**

Section 1251 of the Public Health Service Act (42 U.S.C. 300d-51) is amended to read as follows:

**“SEC. 1251. RESIDENCY TRAINING PROGRAMS IN EMERGENCY MEDICINE.**

“(a) **IN GENERAL.**—The Secretary may make grants to public and nonprofit private entities for the purpose of planning and developing approved residency training programs in emergency medicine.

“(b) **IDENTIFICATION AND REFERRAL OF DOMESTIC VIOLENCE.**—The Secretary may make a grant under subsection (a) only in the applicant involved agrees that the training programs under subsection (a) will provide education and training in identifying and referring cases of domestic violence.

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there is authorized to be appropriated \$400,000 for each of the fiscal years 2008 through 2012.”.

**SEC. 15. STATE GRANTS FOR CERTAIN PROJECTS.**

Section 1252 of the Public Health Service Act (42 U.S.C. 300d-52) is amended in the section heading by striking “**DEMONSTRATION**”.

By Mrs. CLINTON (for herself, Ms. SNOWE, and Mr. COCHRAN):

S. 661. A bill to establish kinship navigator programs, to establish guardianship assistance payments for children, and for other purposes; to the Committee on Finance.

Mrs. CLINTON. Mr. President, I am pleased to re-introduce the Kinship Caregiver Support Act today with my friend and colleague, Senator OLYMPIA SNOWE. The growth of kinship care is a phenomenon that is quietly changing the face of the American family and creating new challenges for our Nation's child welfare system. This bill would be a huge help to kinship caregivers in New York and across the country.

Nationwide, now more than ever children are living in households headed by grandparents and other relatives. In New York City alone, there are over 245,000 adolescents already living in grandparent households. Nationwide, an estimated 20,000 children living in foster care could leave the system if Congress made subsidized guardianship available to their families.

As caregivers who often become parents unexpectedly, these generous family members face unique challenges to



successfully raising children. These challenges are physical, emotional and of course, financial. Grandparents and other relatives raising children often encounter a variety of unnecessary barriers, including difficulties enrolling children in school, authorizing medical treatment, maintaining their public housing leases, obtaining affordable legal services, and accessing a variety of Federal benefits and services. Almost one-fifth of grandparents responsible for their grandchildren live in poverty.

The Kinship Caregiver Support Act attempts to address the full range of difficulties facing kinship caregivers, by allowing relatives to become formal guardians while receiving some financial assistance. This bill will provide relative caregivers with the information and assistance they need to thrive as non-traditional families.

First, the Act contains a "subsidized guardianship provision", which will give States the option to use their Title IV-E funds to provide payments to grandparents and other relatives who have assumed legal guardianship of children they have cared for as foster parents.

The Act also establishes the Kinship Navigator Program, which will provide families with the guidance they need to learn how to obtain health care coverage for the children in their care, apply for housing assistance, locate childcare, enroll children in school, and gain access to other services.

Finally, this legislation will require States to notify grandparents and other close relatives when children enter the foster care system. Unfortunately, grandparents and other relatives often do not know when their grandchildren or nieces and nephews come under the care of the State. Notifying grandparents and other relatives when children enter the foster care system will make it easier for families to stay together.

So many grandparents and other relatives are making great personal sacrifices to provide safe and loving homes for the children in their care. It is my hope that my colleagues will join Senator SNOWE and me as we continue this fight for children and families.

By Mr. McCAIN:

S. 663. A bill to amend title 10, United States Code, to repeal the statutory designation of beneficiaries of the \$100,000 death gratuity under section 1477 of title 10, United States Code, and to permit members of the Armed Forces to designate in writing their beneficiaries of choice in the event of their death while serving on active duty; to the Committee on Armed Services.

Mr. McCAIN. Mr. President, today I am introducing legislation to fix a serious problem that has recently come to light with respect to the administration of the so-called Death Gratuity. The legislation is designed to ensure that a service member can designate to

whom a death gratuity benefit is awarded.

Today's Washington Post includes an informative yet troubling article describing the plight of the mother of Petty Officer Second Class Jaime S. Jaenke, U. S. Navy, who died in Iraq in June 2006 as a result of an IED attack. Petty Officer Jaenke was a member of the Navy Reserve and a medic assigned to a Seabee Construction Battalion. She left behind a young daughter, Kayla, who is in the care of Kayla's grandmother, Susan Jaenke.

Regrettably, because of the manner in which death benefits are administered, a hardship situation has been created for Mrs. Jaenke. The article spells out that while the insurance proceeds have been set aside by the State court for the benefit of Kayla, they have not yet been made available. So in the meantime her grandmother is left trying to make ends meet because she is not allowed to receive the gratuity benefit that her daughter thought she would be providing, should the service member's unfortunate death occur.

The article describes a very difficult situation for the person on who Petty Officer Jaenke depended. The financial difficulties Mrs. Jaenke is experiencing is due in part by confusion about how the death gratuity benefit—a sum of \$100,000—is being administered under law.

Under current law, the recipient of the \$100,000 is dictated by the statute. It provides that a benefit is first awarded to an existing spouse. If there is no spouse, it then is provided to the children, and so on. It's a scheme that was set up to permit speedy resolution of what used to be a very modest benefit. In today's world, however, with the complex needs of service members, it does not comport with the realities of many of our service members and their families. It needs to be changed.

The legislation I am introducing would replace the statutory order of beneficiaries with provisions identical to that used to select beneficiaries under the Servicemembers' Group Life Insurance—SGLI. The bill would give service members the power to select precisely who will receive the \$100,000 death gratuity. It would require the Secretary of Defense to, no later than April 1, 2007, to prepare regulations and create election forms that will enable service members to designate who will receive this benefit.

I hope we can move this legislation quickly and ensure that the intentions of our service members regarding the well being of their children and families can be carried out. We owe at least that much to those who are giving their lives for our nation.

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. 633

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

**SECTION 1. MODIFICATION OF SCHEME FOR PAYMENT OF DEATH GRATUITY PAYABLE WITH RESPECT TO MEMBERS OF THE ARMED FORCES.**

(a) FINDINGS.—Congress makes the following findings:

(1) The death gratuity authorized under sections 1475 to 1480 of title 10, United States Code, was intended, when originally enacted to provide an immediate cash payment to assist survivors of deceased members of the Armed Forces to meet their financial needs during the period immediately following a member's death and before other survivor benefits become available.

(2) The death gratuity, when first implemented in 1908, amounted to six months of a service member's pay and, until 1991, could not exceed \$3,000.

(3) However, following the attacks of September 11, 2001, and the initiation of Operation Enduring Freedom and Operation Iraqi Freedom, Congress determined that the death benefits available to survivors of members of the Armed Forces should be substantially increased.

(4) The National Defense Authorization Act for Fiscal Year 2006, which was enacted on January 6, 2006, as Public Law 109-163, increased the amount of the death gratuity to \$100,000, effective retroactively to October 7, 2001.

(5) Under section 1477 of title 10, United States Code, the law authorizing the death gratuity, those living relatives of deceased members of the Armed Forces who shall receive the death gratuity are specifically designated. Service members are not provided with the opportunity to make an election choosing a beneficiary other than those set forth in section 1477 of title 10, United States Code.

(6) The increased death gratuity, in combination with benefits available under the Servicemembers' Group Life Insurance program, the Survivor Benefit Plan, and Dependency and Indemnity Compensation provide significant support and compensation to the next of kin of deceased members of the Armed Forces. Individual members are best qualified to determine who the beneficiaries for death benefits should be and should be afforded the opportunity to make these selections at appropriate times throughout military service and particularly prior to mobilization or deployment to a combat zone.

(7) Under the current system, many members of the Armed Forces have designated individuals as beneficiaries for the death gratuity in a manner not provided for by law. In these cases, the wishes of these members regarding the disposition of the death gratuity has in many cases not been implemented, to the detriment of their children and other loved ones.

(b) SENSE OF CONGRESS.—It is the sense of Congress that all members of the Armed Forces should be given the opportunity to affirmatively select who shall receive the death gratuity and that the Secretary of Defense and the Secretaries of the military departments should take prompt action to afford members the opportunity to make an election in writing about the disposition of the death gratuity proceeds and to provide appropriate and timely counseling about the manner in which the proceeds of the death gratuity and other forms of insurance will be administered.

(c) MODIFICATION.—

(1) IN GENERAL.—Subsection (a) of section 1477 of title 10, United States Code, is amended by striking all that follows "on the following list:" and inserting the following:

“(1) To any individual designated by the person in writing.

“(2) If there is no person so designated, to the surviving spouse of the person.

“(3) If there is none of the above, to the children (as prescribed by subsection (b)) of the person and the descendants of any deceased children by representation.

“(4) If there is none of the above, to the parents (as prescribed by subsection (c)) of the person or the survivor of them.

“(5) If there is none of the above, to the duly appointed executor or administrator of the estate of the person.

“(6) If there is none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.”

(2) CONFORMING AMENDMENTS.—Such section is further amended—

(A) in subsection (b), by striking “Subsection (a)(2)” in the matter preceding paragraph (1) and inserting “Subsection (a)(3)”;

(B) by striking (c) and inserting the following new subsection (c):

“(c) For purposes of subsection (a)(4), parents include fathers and mothers through adoption. However, only one father and one mother may be recognized in any case, and preference shall be given to those who exercised a parental relationship on the date, or most nearly before the date, on which the decedent entered a status described in section 1475 or 1476 of this title.”; and

(C) by striking subsection (d).

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

(4) APPLICABILITY.—Notwithstanding paragraph (3), the provisions of section 1477 of title 10, United States Code, as in effect on the day before the date of the enactment of this Act, shall continue to apply to each member of the Armed Forces covered by such section until the earlier of the following—

(A) the date on which such member makes the designation contemplated by paragraph (1) of section 1477(a) of such title (as amended by paragraph (1) of this subsection); or

(B) January 1, 2008.

(d) REGULATIONS.—

(1) IN GENERAL.—Not later than April 1, 2007, the Secretary of Defense shall prescribe regulations to implement the amendments to section 1477 of title 10, United States Code, made by subsection (c).

(2) ELEMENTS.—The regulations required by paragraph (1) shall include forms for the making of the designation contemplated by paragraph (1) of section 1477(a) of title 10, United States Code (as amended by subsection (c)), and instructions for members of the Armed Forces in the filling out of such forms.

By Mr. BOND (for himself and Mrs. CLINTON):

S. 667. A bill to expand programs of early childhood home visitation that increase school readiness, child abuse and neglect prevention, and early identification of developmental and health delays, including potential mental health concerns, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BOND. Mr. President, I ask unanimous consent, on behalf of myself and Senator HILLARY RODHAM CLINTON, that the text of the Education Begins at Home Act 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. 667

*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 “Education Begins at Home Act”.

#### SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) the home is the first and most important learning environment for children, and parents are their children's first and most influential teacher;

(2) through parent education and family support, we can promote parents' ability to enhance their children's development from birth until entry into kindergarten thereby helping parents to prepare their children for success in school;

(3) undiagnosed and unaddressed developmental and health problems can impede overall child development and school readiness;

(4) all parents deserve and can benefit from—

(A) research-based information regarding child development;

(B) enrichment opportunities with their children; and

(C) early opportunities to become involved with their community and schools; and

(5) early childhood home visitation leads to positive outcomes for children and families, including readiness for school, improved child health and development, positive parenting practices, and reductions in child maltreatment.

(b) PURPOSES.—The purposes of this Act are as follows:

(1) To enable States to deliver services under early childhood home visitation programs to pregnant women and parents of children from birth until entry into kindergarten in order to promote parents' ability to support their children's optimal cognitive, language, social-emotional, and physical development.

(2) To improve Early Head Start programs carried out under section 645A of the Head Start Act (42 U.S.C. 9840a).

(3) To expand early childhood home visitation programs so as to more effectively reach and serve families with English language learners.

(4) To expand early childhood visitation programs so as to more effectively reach and serve families serving in the military.

(5) To establish a public education and awareness campaign concerning the importance of the proper care of infants and young children.

(6) To make available for parents of newborn children parenting classes that convey information about the importance of proper care for newborns, including information about symptoms of abusive head and other injuries.

#### SEC. 3. DEFINITIONS.

In this Act:

(1) ELIGIBLE FAMILY.—The term “eligible family” means—

(A) a woman who is pregnant, and the father of the child if the father is available; or

(B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the primary caregiver from birth until entry into kindergarten, including a noncustodial parent during periods in which such noncustodial parent is physically caring for such child.

(2) HOME VISITATION.—The term “home visitation” means services provided in the permanent or temporary residence, or in a mutually agreed upon location in the community, of the individual receiving such services.

(3) INDIAN TRIBE.—The term “Indian tribe” has the meaning given such term in section 4(e) of the Indian Self-Determination and Education Assistance Act (52 U.S.C. 450(b)(e)).

(4) SECRETARY.—Except as provided in section 7, the term “Secretary” means the Secretary of Health and Human Services.

(5) STATE.—The term “State” means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(6) TERRITORIES AND POSSESSIONS.—The term “territories and possessions” means American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the United States Virgin Islands.

(7) TRIBAL ORGANIZATION.—The term “tribal organization” has the meaning given such term in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(1)).

#### SEC. 4. STATE GRANTS FOR EARLY CHILDHOOD HOME VISITATION.

(a) AUTHORIZATION.—The Secretary, in collaboration with the Secretary of Education, shall make grants to States to enable such States to establish or expand quality programs of early childhood home visitation, as specified under subsection (f). Each grant shall consist of the allotment determined for a State under subsection (b).

(b) DETERMINATION OF RESERVATIONS; AMOUNT OF ALLOTMENTS; AUTHORIZATION OF APPROPRIATIONS.—

(1) RESERVATIONS FROM APPROPRIATIONS.—From the total amount made available to carry out this section for a fiscal year, the Secretary shall reserve—

(A) 3 percent for an independent evaluation of the activities carried out under this Act, as specified in section 8;

(B) not more than 3 percent for Federal administrative costs;

(C) 2 percent for training and technical assistance for States;

(D) not more than 2 percent for payments to Indian tribes and tribal organizations with applications approved under this section; and

(E) not more than 0.5 percent for payments to territories and possessions with applications approved under this section.

(2) STATE ALLOTMENTS FOR EARLY CHILDHOOD HOME VISITATION.—

(A) IN GENERAL.—In accordance with subparagraph (B), the Secretary shall allot among each of the eligible States the total amount made available to carry out this section for any fiscal year and not reserved under paragraph (1), to carry out early childhood home visitation in accordance with this section.

(B) DETERMINATION OF STATE ALLOTMENTS.—

(i) IN GENERAL.—Subject to clause (ii), the Secretary shall allot the amount made available under subparagraph (A) for a fiscal year among the States in proportion to the number of children, aged from birth to 5 years, who reside within the State, compared to the number of such individuals who reside in all such States for that fiscal year.

(ii) EXCEPTION.—No State receiving an allotment under clause (i) may receive more than \$20,000,000.

(3) INDIAN TRIBES, TRIBAL ORGANIZATIONS, TERRITORIES AND POSSESSIONS.—

(A) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—From amounts reserved for each fiscal year under paragraph (1)(D), the Secretary shall make payments to each Indian tribe or tribal organizations with an application approved under this section in an amount determined in accordance with the respective needs described in the application.



(B) TERRITORIES AND POSSESSIONS.—From amounts reserved for each fiscal year under paragraph (1)(E), the Secretary shall make payments to each territory and possession with an application approved under this section in an amount determined in accordance with the respective needs described in the application.

(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$400,000,000 for the period of fiscal years 2008 through 2010.

(C) GRANT APPLICATIONS.—

(1) STATE APPLICATIONS.—A State that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. The application shall contain the following information:

(A) An assurance that the Governor of the State has designated a lead State agency, such as the State educational agency or the State health and human services agency, to carry out the activities under this section.

(B) An assurance that the State will reserve 3 percent of such grant for evaluation and will participate in the independent evaluation under section 8.

(C) An assurance that the State will reserve 10 percent of the grant funds for training and technical assistance of staff of programs of early childhood home visitation.

(D) An assurance that the State will authorize child care resource and referral agencies to refer parents seeking home visitation services.

(E) The results of a statewide needs assessment that describes—

(i) the quality and capacity of existing programs of early childhood home visitation in the State;

(ii) the number and types of eligible families who are receiving services under such programs; and

(iii) the gaps in early childhood home visitation in the State.

(F) A State plan containing the following:

(i) A description of the State's strategy to establish or expand quality programs of early childhood home visitation to serve all eligible families in the State.

(ii) A description of the quality programs of early childhood home visitation that will be supported by a grant under this section.

(iii) A description of how the proposed program of early childhood home visitation will promote positive parenting skills and children's early learning and development.

(iv) A description of how the proposed program of early childhood home visitation will incorporate the authorized activities described in subsection (f).

(v) How the lead State agency will build on and promote coordination among existing programs of early childhood home visitation in an effort to promote an array of home visitation that ensures more eligible families are being served and are getting the most appropriate services to meet their needs.

(vi) How the lead State agency will promote channels of communication between staff of programs of early childhood home visitation and staff of other early childhood education programs, such as Head Start programs carried out under the Head Start Act (42 U.S.C. 9831 et seq.) and Early Head Start programs carried out under section 645A of such Act, preschool programs, and child care programs, to facilitate the coordination of services for eligible families.

(vii) How the lead State agency will provide training and technical assistance to staff of programs of early childhood home visitation involved in activities under this section to more effectively meet the needs of the eligible families served with sensitivity to cultural variations in parenting norms

and attitudes toward formal support services.

(viii) How the lead State agency will evaluate the activities supported under this section in order to demonstrate outcomes related to the enhancement of—

(I) parent knowledge of early learning and development;

(II) child health, cognitive, language, social-emotional, and physical development indicators; and

(III) child maltreatment indicators for child abuse and neglect prevention.

(IV) School readiness indicators.

(V) Links to community services.

(ix) A description of how the lead State agency will ensure that the home visitation programs will conduct outreach activities to target both mothers and fathers, and increase father involvement where appropriate.

(x) A description of how the lead State agency will increase home visitation programs participation rates for fathers.

(xi) A description of how the lead State agency will ensure that services are made available under the program to grandparents, other relatives or foster parents, of a child from birth through age 5 who serve as the primary caregiver of the child.

(G) Such other information as the Secretary may require.

(2) INDIAN TRIBES, TRIBAL ORGANIZATIONS, TERRITORIES AND POSSESSIONS.—

(A) IN GENERAL.—An Indian tribe, tribal organization, territory, or possession that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. The application shall contain the information described in paragraph (1) with respect to the applicant entity.

(B) APPROVAL.—The Secretary may approve an application submitted under subparagraph (A) based on the quality of the information contained in the application.

(C) EXEMPTIONS.—The Secretary may exempt an applicant under subparagraph (A) from any requirement of this section if the Secretary determines that the application of such requirements would be inappropriate taking into consideration the resources, needs, and other circumstances of the applicant entity. This subparagraph shall not apply to the requirements described in subsections (f)(1) and (h).

(d) APPROVAL OF APPLICATIONS.—

(1) RECOMMENDATION OF PANEL.—

(A) IN GENERAL.—The Secretary shall approve an application under this section based on the recommendations of a peer review panel, as described in paragraph (2).

(B) SELECTION CRITERIA.—A peer review panel shall determine which applicants to recommend for approval, for purposes of subparagraph (A), based on the quality of the application submitted. Consideration shall be given by the panel to the inclusion of applicants, to the extent practicable, that have the ability to incorporate comparison or control groups in their service delivery model, recognizing that universal access to home visitation services, among other factors, may prevent some quality programs from conducting such evaluation.

(2) PEER REVIEW PANEL.—The peer review panel shall include not less than—

(A) 3 individuals who are experts in the field of home visitation;

(B) 2 individuals who are experts in early childhood development;

(C) 1 individual with experience implementing a statewide program of early childhood home visitation;

(D) 1 individual who is a board certified pediatrician or a developmental pediatrician; and

(E) 1 individual with experience in administering public or private (including community-based) child maltreatment prevention programs.

(e) DURATION OF GRANTS.—Grants made under this section shall be for a period of no more than 3 years.

(f) STATE USES OF FUNDS.—Each State that receives a grant under this section shall—

(1) provide to as many eligible families in the State as practicable, voluntary early childhood home visitation, on not less frequently than a monthly basis with greater frequency of services for those eligible families identified with additional needs, through the implementation of quality programs of early childhood home visitation that—

(A) adopts a clear, consistent model that is grounded in empirically-based knowledge related to home visiting and linked to program-determined outcomes;

(B) employs well-trained and competent staff, as demonstrated by education or training, and the provision of ongoing and specific training on the model being delivered;

(C) maintains high quality supervision to establish home visitor competencies;

(D) demonstrates strong organizational capacity to implement the program involved;

(E) establishes appropriate linkages and referral networks to other community resources and supports;

(F) monitors fidelity of program implementation to ensure that services are delivered pursuant to the specified model;

(G) are research-based, that provide parents with—

(i) knowledge of age appropriate child development in cognitive, language, social-emotional, and motor domains;

(ii) knowledge of realistic expectations of age-appropriate child behaviors;

(iii) knowledge of health and wellness issues for children and parents;

(iv) modeling and consulting services related to parenting;

(v) skills to interact with their child to enhance age-appropriate development;

(vi) skills to recognize and seek help for health issues and developmental delays, and social, emotional, and behavioral skills;

(vii) activities designed to help parents become full partners in the education of their children; and

(viii) relevant information, consistent with State child welfare agency training, concerning child welfare and protective services resources if appropriate;

(H) ascertain which developmental services the family receives and work with service providers to eliminate gaps in services by offering annual health, vision, hearing, and developmental screening for children from birth until entry into kindergarten, when not otherwise provided;

(I) provide referrals for eligible families, as needed, to additional resources available in the community, such as center-based early education programs, child care services, health or mental health services, family literacy programs, employment agencies, social services, and child care resource and referral agencies;

(J) offer group meetings (at the discretion of the program involved) for eligible families that—

(i) further enhance the information, activities, and skill-building addressed during home visitation; and

(ii) offer opportunities for parents to meet with and support each other;

(K) reserve 10 percent of the grant funds to provide training and technical assistance, directly or through contract, to early childhood home visitation and early childhood care and education staff relating to—

(i) effective methods of conducting parent education, home visiting, and promoting quality early childhood development;

(ii) the relationship of health and well-being of pregnant women to prenatal and early childhood development;

(iii) early childhood development with respect to children from birth until entry into kindergarten;

(iv) methods to help parents promote emergent literacy in their children from birth until entry into kindergarten;

(v) health, vision, hearing, and developmental screenings;

(vi) strategies for helping eligible families with special needs or those eligible families coping with crisis;

(vii) recruiting, supervising, and retaining qualified staff;

(viii) increasing services for underserved populations;

(ix) methods to help parents effectively respond to their children's needs and behaviors; and

(x) implementation of ongoing program quality improvement and evaluation of activities and outcomes;

(L) ensure coordination of programs of early childhood home visitation, early childhood education and care, and early intervention, through an existing or created State-level early childhood coordinating body that includes—

(i) representatives from relevant State agencies, including the State agency responsible for carrying out the plan under section 106 of the Child Abuse Prevention and Treatment Act;

(ii) representatives from State Head Start Associations;

(iii) the State official with responsibility for carrying out activities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);

(iv) the State official with responsibility for carrying out activities under section 619 of the Individuals with Disabilities Education Act (20 U.S.C. 1419);

(v) representatives from child care resource and referral State offices;

(vi) representatives from quality programs of early childhood home visitation; and

(vii) a board certified pediatrician or a developmental pediatrician; and

(M) not expend more than 5 percent of the amount of grant funds received under this section for the administration of the grant, including planning, administration, evaluation, and annual reporting.

(g) **MAINTENANCE OF EFFORT.**—A State is entitled to receive its full allotment of funds under this section for any fiscal year if the Secretary finds that the aggregate expenditures within the State for quality programs of early childhood home visitation, for the fiscal year preceding the fiscal year for which the determination is made was not less than 100 percent of such aggregate expenditures for the second fiscal year preceding the fiscal year for which the determination is made.

(h) **REPORTING REQUIREMENTS.**—Each State that receives a grant under this section shall submit an annual report to the Secretary regarding the State's progress in addressing the purposes of this Act. Such report shall include, at a minimum, a description of—

(1) the actual services delivered under the grant, including—

(A) the program characteristics, including descriptive information on the service models used and the actual program performance;

(B) the characteristics of the providers involved, including staff qualifications, work experience, and demographic characteristics; and

(C) the characteristics of the recipient of services under the program, including the number of recipients, their demographic characteristics, and family retention;

(2) recipient outcomes that are consistent with program goals, including, where appropriate based on the outcomes being evaluated a description of—

(A) affected parental practices;

(B) child health, cognitive, language, social-emotional, and physical developmental indicators;

(C) child maltreatment indicators, including prevention strategies;

(D) school readiness indicators; and

(E) links to community services;

(3) the research-based instruction, materials, and activities being used in the activities funded under the grant;

(4) the effectiveness of the training and ongoing professional development provided—

(A) to staff supported under the grant; and

(B) to the broader early childhood community;

(5) beginning at the end of the second year of the grant, the results of evaluations described in subsection (c)(4)(G); and

(6) the annual program implementation costs, including the cost for each family served under the program.

#### SEC. 5. STRENGTHENING EARLY HEAD START HOME VISITATION.

Section 645A of the Head Start Act (42 U.S.C. 9840a) is amended—

(1) in subsection (b)—

(A) in paragraph (4), by striking “provide services to parents to support their role as parents” and inserting “provide additional services to parents to support their role as parents (including training in parenting skills, basic child development, and sensitivity to cultural variations in parenting norms and attitudes toward formal supports)”;

(B) in paragraph (5)—

(i) by inserting “(including home-based services)” after “with services”; and

(ii) by inserting “. and family support services” after “health services”;

(C) by redesignating paragraphs (7), (8), and (9) as paragraphs (9), (10), and (11), respectively; and

(D) by inserting after paragraph (6) the following:

“(7) develop and implement a systematic procedure for transitioning children and parents from an Early Head Start program into a Head Start program or another local early childhood education program;

“(8) establish channels of communication between staff of Early Head Start programs and staff of Head Start programs or other local early childhood education programs, to facilitate the coordination of programs.”;

(2) in subsection (g)(2)(B), by striking clause (iv) and inserting the following:

“(iv) providing professional development and personnel enhancement activities, including the provision of funds to recipients of grants under subsection (a), relating to effective methods of conducting parent education, home visiting, and promoting quality early childhood development.”; and

(3) by adding at the end the following:

“(h) **STAFF QUALIFICATIONS AND DEVELOPMENT.**—

“(1) **HOME VISITOR STAFF.**—

“(A) **STANDARDS.**—In order to further enhance the quality of home visiting services provided to families of children participating in home-based, center-based, or combination program options under this subchapter, the Secretary shall establish standards for training, qualifications, and the conduct of home visits for home visitor staff in Early Head Start programs.

“(B) **CONTENTS.**—The standards for training, qualifications, and the conduct of home visits shall include content related to—

“(i) structured child-focused home visiting that promotes parents' ability to support the child's cognitive, social, emotional, and physical development;

“(ii) effective strengths-based parent education, including methods to encourage parents as their child's first teachers;

“(iii) early childhood development with respect to children from birth through age 3;

“(iv) methods to help parents promote emergent literacy in their children from birth through age 3;

“(v) ascertaining what health and developmental services the family involved receives and working with the service providers to eliminate gaps in services by offering annual health, vision, hearing, and developmental screenings for children from birth through entry into kindergarten, when needed;

“(vi) strategies for helping families coping with crisis; and

“(vii) the relationship of health and well-being of pregnant women to prenatal and early child development.”.

#### SEC. 6. TARGETED GRANTS FOR EARLY CHILDHOOD HOME VISITATION FOR FAMILIES WITH ENGLISH LANGUAGE LEARNERS.

(a) **IN GENERAL.**—The Secretary, in collaboration with the Secretary of Education, shall make grants, on a competitive basis, to eligible applicants to enable such applicants to support and expand local efforts to deliver services under quality programs of early childhood home visitation, to eligible families with English language learners.

(b) **ELIGIBLE APPLICANT.**—In this section, the term “eligible applicant” means—

(1) 1 or more local educational agencies (as defined in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801)); and

(2) 1 or more public or private community-based organizations or agencies that serve eligible families and are capable of establishing and implementing programs of early childhood home visitation.

(c) **APPLICATIONS.**—An eligible applicant that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. The application shall include a description of—

(1) the results of a community wide needs assessment that describes—

(A) community demographics demonstrating the need for outreach and services to eligible families with English language learners;

(B) the quality, capacity, and existing programs of early childhood home visitation for eligible families with English language learners;

(C) the gaps in programs of early childhood home visitation for eligible families with English language learners; and

(D) the type of program of early childhood home visitation necessary to address the gaps identified;

(2) the program of early childhood home visitation that will be supported by the grant under this section;

(3) how the proposed program of early childhood home visitation will promote positive parenting skills and children's early learning and development;

(4) how the proposed program of early childhood home visitation will incorporate the authorized activities described in subsection (f);

(5) how services provided through a grant under this section will use materials that are geared toward eligible families with English language learners;

(6) how the activities under this section will build upon and promote coordination among existing programs of early childhood home visitation, if such programs exist in the community, in an effort to promote an array of home visitation that ensures more eligible families with English language learners are being served and are getting the most appropriate services to meet their needs;

(7) how the program will ensure that—

(A) eligible families with English language learners are linked to schools; and

(B) the activities under this section will support the preparation of children for school;

(8) how channels of communication will be established between staff of programs of early childhood home visitation and staff of other early childhood education programs, such as Head Start programs carried out under the Head Start Act (42 U.S.C. 9831 et seq.) and Early Head Start programs carried out under section 645A of such Act, preschool programs, and child care programs, to facilitate the coordination of services for eligible families with English language learners;

(9) how eligible families with English language learners will be recruited and retained to receive services under this section;

(10) how training and technical assistance will help the staff of programs of early childhood home visitation involved in activities under this section to more effectively serve eligible families with English language learners;

(11) how the eligible applicant will evaluate the activities supported under this section in order to demonstrate outcomes related to the—

(A) increase in number of eligible families with English language learners served by programs of early childhood home visitation;

(B) enhancement of participating parents' knowledge of early learning and development;

(C) enhancement of positive parenting practices related to early learning and development; and

(D) enhancement of children's cognitive, language, social-emotional, and physical development; and

(12) such other information as the Secretary may require.

(d) APPROVAL OF APPLICATIONS.—

(1) IN GENERAL.—The Secretary shall select applicants for funding under this section based on the quality of the applications and the recommendations of a peer review panel, as described in paragraph (2).

(2) PEER REVIEW PANEL.—The peer review panel shall include not less than—

(A) 2 individuals who are experts in the field of home visitation;

(B) 2 individuals who are experts in early childhood development;

(C) 2 individuals who are experts in serving eligible families with English language learners;

(D) 1 individual who is a board certified pediatrician or a developmental pediatrician; and

(E) 1 individual with experience in administering public or private (including community-based) child maltreatment prevention programs.

(e) DURATION OF GRANTS.—Grants made under this section shall be for a period of no more than 3 years.

(f) AUTHORIZED ACTIVITIES.—Each eligible applicant that receives a grant under this section shall carry out the following activities:

(1) Providing to as many eligible families with English language learners as practicable, voluntary early childhood home visitation, on not less frequently than a monthly basis, through the implementation of

other quality programs of early childhood home visitation that are research-based, that provide parents with—

(A) knowledge of age appropriate child development in cognitive, language, social-emotional, and motor domains;

(B) knowledge of realistic expectations of age-appropriate child behaviors;

(C) knowledge of health and wellness issues for children and parents;

(D) modeling, consulting, and coaching on parenting practices;

(E) skills to interact with their child to enhance age-appropriate development;

(F) skills to recognize and seek help for health issues and developmental delays, and social, emotional, and behavioral skills; and

(G) activities designed to help parents become full partners in the education of their children.

(2) Activities to ascertain what health and developmental services families receive and working with service providers to eliminate gaps in service by offering an annual health, vision, hearing, and developmental screening for children from birth through their entry into kindergarten.

(3) Providing referrals for participating eligible families with English language learners, as needed, to additional resources available in the community, such as center-based early education programs, child care services, health or mental health services, family literacy programs, employment agencies, social services, and child care resource and referral agencies.

(4) Offering group meetings (at program discretion), on not less frequently than a monthly basis, for eligible families with English language learners that—

(A) further enhance the information, activities, and skill-building addressed during home visitation;

(B) offer opportunities for parents to meet with and support each other; and

(C) address challenges facing eligible families with English language learners.

(5) Providing training and technical assistance to early childhood home visitation and early childhood care and education staff relating to—

(A) effective service to eligible families with English language learners, including skills to address challenges facing English language learners;

(B) effective methods of implementing parent education, conducting home visitation, and promoting quality early childhood development, with sensitivity to cultural variations in parenting norms and attitudes toward formal support services;

(C) the relationship of health and well-being of pregnant women to prenatal and early child development;

(D) early childhood development with respect to children from birth until entry into kindergarten;

(E) methods to help parents promote emergent literacy in their children from birth until entry into kindergarten;

(F) implementing strategies for helping eligible families with English language learners coping with a crisis;

(G) recruiting, supervising, and retaining qualified staff;

(H) increasing services for underserved eligible families with English language learners;

(I) methods to help parents effectively respond to their children's needs and behaviors; and

(J) implementation of ongoing program quality improvement and evaluation of activities and outcomes.

(6) Coordinating existing programs of early childhood home visitation in order to effectively and efficiently meet the needs of more

eligible families with English language learners.

(g) REPORTING REQUIREMENTS.—The recipient of a grant under this section shall submit to the Secretary an annual report concerning the progress of the program conducted by the recipient in addressing the purposes of this Act. Each such report shall, at a minimum, include a description of—

(1) the actual service delivery provided for under the grant, including—

(A) program characteristics that include descriptive information on the service model used under the program and actual program performance;

(B) the characteristics of service providers under the program that include staff qualifications, work experience, and demographic characteristics;

(C) the characteristics of recipients of services under the program that include the number, demographic characteristics, and family retention under the program; and

(D) an estimate of the annual program implementation costs;

(2) with respect to recipients of services under the program, whether such services were provided in a manner consistent with program goals including, where appropriate—

(A) parental practices;

(B) child health and development indicators;

(C) child maltreatment indicators;

(D) school readiness indicators; and

(E) links to community services;

(3) the research-based instruction, materials, and activities being used in the activities conducted under the program; and

(4) the effectiveness of the training and ongoing professional development provided—

(A) to the staff supported under the program; and

(B) to the affected early childhood community.

(h) SUPPLEMENT NOT SUPPLANT.—Grant funds provided under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section.

(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$50,000,000 for the period of fiscal years 2008 through 2010.

## SEC. 7. TARGETED GRANTS FOR EARLY CHILDHOOD HOME VISITATION FOR MILITARY FAMILIES.

(a) IN GENERAL.—The Secretary of Defense, in collaboration with the Secretary of Education, shall make grants, on a competitive basis, to eligible applicants to enable such applicants to support and expand efforts to deliver services under quality programs of early childhood home visitation, to eligible families with a family member in the Armed Forces.

(b) ELIGIBLE APPLICANT.—In this section, the term "eligible applicant" means any of the following:

(1) A local educational agency that receives payments under title VIII of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7701 et seq.).

(2) A school of the defense dependents' education system under the Defense Dependents' Education Act of 1978 (20 U.S.C. 921 et seq.).

(3) A school established under section 2164 of title 10, United States Code.

(4) A community-based organization serving families with a family member in the Armed Forces.

(c) APPLICATIONS.—An eligible applicant that desires to receive a grant under this section shall submit an application to the Secretary of Defense at such time, in such manner, and containing such information as the Secretary of Defense may require. The application shall include a description of—

(1) the results of a community wide needs assessment that describes—

(A) community demographics demonstrating the need for outreach and services to eligible families with a family member in the Armed Forces;

(B) the quality, capacity, and existing programs of early childhood home visitation for eligible families with a family member in the Armed Forces;

(C) the gaps in programs of early childhood home visitation for eligible families with a family member in the Armed Forces; and

(D) the type of program of early childhood home visitation necessary to address the gaps identified;

(2) the program of early childhood home visitation that will be supported by the grant under this section;

(3) how the proposed program of early childhood home visitation will promote positive parenting skills and children's early learning and development;

(4) how the proposed program of early childhood home visitation will incorporate the authorized activities described in subsection (f);

(5) how services provided through a grant under this section will use materials that are geared toward eligible families with a family member in the Armed Forces;

(6) how the activities under this section will build on and promote coordination with existing programs of early childhood home visitation, if such programs exist in the community, in an effort to promote an array of home visitation that ensures more eligible families with a family member in the Armed Forces are being served and are getting the most appropriate services to meet their needs;

(7) how the program will ensure that—

(A) eligible families with a family member in the Armed Forces are linked to schools; and

(B) the activities under this section will support the preparation of children for school;

(8) how channels of communication will be established between staff of programs of early childhood home visitation and staff of other early childhood education programs, such as Head Start programs carried out under the Head Start Act (42 U.S.C. 9831 et seq.) and Early Head Start programs carried out under section 645A of such Act, preschool programs, family support programs, and child care programs, to facilitate the coordination of services for eligible families with a family member in the Armed Forces;

(9) how eligible families with a family member in the Armed Forces will be recruited and retained to receive services under this section;

(10) how training and technical assistance will help staff of programs of early childhood home visitation involved in activities under this section to more effectively serve eligible families with a family member in the Armed Forces;

(11) how the eligible applicant will evaluate the activities supported under this section in order to demonstrate outcomes related to the—

(A) increase in number of eligible families with a family member in the Armed Forces served by programs of early childhood home visitation;

(B) enhancement of participating parents' knowledge of early learning and development;

(C) enhancement of positive parenting practices related to early learning and development; and

(D) enhancement of children's cognitive, language, social-emotional, and physical development; and

(12) such other information as the Secretary of Defense may require.

(d) APPROVAL OF LOCAL APPLICATIONS.—

(1) IN GENERAL.—The Secretary of Defense shall select applicants for funding under this section based on the quality of the applications and the recommendations of a peer review panel, as described in paragraph (2).

(2) PEER REVIEW PANEL.—The peer review panel shall include not less than—

(A) 2 individuals who are experts in the field of home visitation;

(B) 2 individuals who are experts in early childhood development;

(C) 2 individuals who are experts in family support for military families;

(D) 1 individual who is a board certified pediatrician; and

(E) 1 individual with expertise in administering public or private (including community-based) child maltreatment prevention programs; and

(e) DURATION OF GRANTS.—Grants made under this section shall be for a period of no more than 3 years.

(f) AUTHORIZED ACTIVITIES.—Each eligible applicant that receives a grant under this section shall carry out the following activities:

(1) Providing to as many eligible families with a family member in the Armed Forces as practicable, voluntary early childhood home visitation, on not less frequently than a monthly basis, through the implementation of quality programs of early childhood home visitation that are research-based, that provide parents with—

(A) knowledge of age appropriate child development in cognitive, language, social-emotional, and motor domains;

(B) knowledge of realistic expectations of age-appropriate child behaviors;

(C) knowledge of health and wellness issues for children and parents;

(D) modeling, consulting, and coaching on parenting practices;

(E) skills to interact with their child to enhance age-appropriate development;

(F) skills to recognize and seek help for health issues and developmental delays, and social, emotional, and behavioral skills; and

(G) activities designed to help parents become full partners in the education of their children.

(2) Ascertaining what health and development services the family receives under the program and working with service providers to eliminate gaps in service by offering annual health, vision, hearing, and developmental screening for participating children.

(3) Providing referrals for participating eligible families with a family member in the Armed Forces, as needed, to additional resources available in the community, such as center-based early education programs, child care services, health or mental health services, family literacy programs, employment agencies, social services, and child care resource and referral agencies.

(4) Offering group meetings (at the discretion of the program), on not less frequently than a monthly basis, for eligible families with a family member in the Armed Forces that—

(A) further enhance the information, activities, and skill-building addressed during home visitation;

(B) offer opportunities for parents to meet with and support each other; and

(C) address challenges facing eligible families with a family member in the Armed Forces.

(5) Providing training and technical assistance to early childhood home visitation and early childhood care and education staff relating to—

(A) effective service to eligible families with a family member in the Armed Forces;

(B) effective methods of conducting parent education, home visiting, and promoting quality early childhood development, with sensitivity to cultural variations in parenting norms and attitudes toward formal support services;

(C) the relationship of health and well-being of pregnant women to prenatal and early child development;

(D) early childhood development with respect to children from birth until entry into kindergarten;

(E) methods to help parents promote emergent literacy in their children from birth until entry into kindergarten;

(F) implementing strategies for helping eligible families with a family member in the Armed Forces coping with crisis;

(G) recruiting, supervising, and retaining qualified staff;

(H) increasing services for underserved eligible families with a family member in the Armed Forces;

(I) methods to help parents effectively respond to their children's needs and behaviors; and

(J) implementation of ongoing program quality improvement and evaluation of activities and outcomes.

(6) Coordinating existing programs of early childhood home visitation in order to effectively and efficiently meet the needs of more eligible families with a family member in the Armed Forces.

(g) REPORTING REQUIREMENTS.—The recipient of a grant under this section shall submit to the Secretary an annual report concerning the progress of the program conducted by the recipient in addressing the purposes of this Act. Each such report shall, at a minimum, include a description of—

(1) the actual service delivery provided for under the grant, including—

(A) program characteristics that include descriptive information on the service model used under the program and actual program performance;

(B) the characteristics of service providers under the program that include staff qualifications, work experience, and demographic characteristics;

(C) the characteristics of recipients of services under the program that include the number, demographic characteristics, and family retention under the program; and

(D) an estimate of the annual program implementation costs;

(2) with respect to recipients of services under the program, whether such services were provided in a manner consistent with program goals including, where appropriate—

(A) parental practices;

(B) child health and development indicators;

(C) child maltreatment indicators;

(D) school readiness indicators; and

(E) links to community services;

(3) the research-based instruction, materials, and activities being used in the activities conducted under the program; and

(4) the effectiveness of the training and ongoing professional development provided—

(A) to the staff supported under the program; and

(B) to the affected early childhood community.

(h) SUPPLEMENT NOT SUPPLANT.—Grant funds provided under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section.

(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$50,000,000 for the period of fiscal years 2008 through 2010.

**SEC. 8. EVALUATION.**

(a) **IN GENERAL.**—From funds reserved under section 6(b)(1)(A), the Secretary shall conduct an independent evaluation of the effectiveness of this Act.

**(b) REPORTS.**

(1) **INTERIM REPORT.**—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit an interim report on the evaluation conducted pursuant to subsection (a) to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives.

(2) **FINAL REPORT.**—Not later than 3 years after the date of enactment of this Act, the Secretary shall submit a final report on the evaluation conducted pursuant to subsection (a) to the committees described in paragraph (1).

(c) **CONTENTS.**—The reports submitted under subsection (b) shall include information on the following:

(1) How the grant funds have expanded access to early childhood home visitation in a manner that demonstrates that programs under this Act reflect the quality indicators under this Act.

(2) How the States are documenting compliance with the service delivery indicators under this Act across all entities carrying out programs under this Act with emphasis on the number of families served and the level of service received.

(3) How the services provided under State programs affect outcomes consistent with programs goals, including, where appropriate based on the program being evaluated, parenting practices, child health and development, child maltreatment, school readiness, and links to community services.

(4) The effectiveness of early childhood home visitation on different populations, including the extent to which variability exists in program ability to improve outcomes across programs and populations, such as families with English language learners and families with a family member in the Armed Forces.

(5) The effectiveness of the training and technical assistance activities funded under this Act, including the effects of training and technical assistance activities on program performance and agency-level collaboration.

(6) Recommendations on strengthening or modifying this Act.

**SEC. 9. SUPPORTING NEW PARENTS THROUGH HOSPITAL EDUCATION.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall develop and implement a public information and educational campaign to inform the public and new parents about the importance of proper care for infants and children under 5 years of age, including healthy parent-child relationships, the demands and stress associated with caring for infants, positive responses to infants’ challenging behaviors including awareness of their social, emotional, and physical needs, awareness of the vulnerability of young children to abusive practices, and the signs and treatment of postpartum depression.

**(b) ELEMENTS.**

(1) **IN GENERAL.**—The campaign developed under subsection (a) shall include the following elements:

(A) The dissemination of educational and informational materials in print, audio, video, electronic, and other media

(B) The use of public service announcements and advertisements

(C) The dissemination of effective child abuse prevention practices and techniques, including information about research-based home visiting programs, respite care, crisis

nurseries, and patent support networks, to parents, caregivers, maternity hospitals, children’s hospitals, pediatricians, child care centers, organizations providing prenatal and postnatal care, and organizations providing parenting education and support services.

(D) Connection to existing parental involvement programs.

(2) **PREVENTION PRACTICES.**—In carrying out paragraph (1)(C) through the campaign under subsection (a), the Secretary shall ensure that every hospital, military hospital, and birth center receiving these materials requests that each maternity patient and father of a newborn child, if available, participate in a single session parenting class, that is approved by the Secretary, on the vulnerabilities of their infant to abusive practices, as well as the importance of proper care for infants and young children, and the symptoms of abusive head and other injuries, and strategies for caring for infants’ social, emotional, and physical needs. After participating in the class, the hospital or birth center shall request that such patient or father sign a form stating that they have participated or refused to participate in the parenting class.

(3) **EXISTING PROGRAMS.**—The implementation and execution of the public information and educational campaign under this section should seek collaboration with and referrals to existing parental involvement programs that specialize in strengthening children’s cognitive skills, early literacy skills, social or emotional and physical development and existing prenatal and early childhood home visit programs.

(4) **EXISTING STATE REQUIREMENTS.**—The implementation and execution of the public information and educational campaign under this section should encourage the Secretary to work with pre-existing State requirements to ensure that no unnecessary burdens are placed on hospitals, military hospitals, and birth centers receiving educational materials.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section for fiscal year 2008.

By Mr. REED (for himself and Mr. ISAKSON):

S. 668. A bill to require the Food and Drug Administration to conduct consumer testing to determine the appropriateness of the current labeling requirements for indoor tanning devices and determine whether such requirements provide sufficient information to consumers regarding the risks that the use of such devices pose for the development of irreversible damage to the skin, including skin cancer, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today I join Senator ISAKSON in introducing the Tanning Accountability and Notification (TAN) Act.

Approximately 1 in 5 Americans will develop skin cancer in their lifetime. While the decline in cancer deaths reported earlier this year is an indication that we are starting to turn the corner on our fight against cancer, approximately 1 million people will be diagnosed with skin cancer and 10,850 are expected to die in 2007 alone.

There are many factors that contribute to these startling figures. In re-

cent years efforts have been undertaken by various organizations to better inform the public about the risk of sun exposure and ways to decrease the chance of developing skin cancer. One area, however, where better information is sorely needed is on the use of indoor tanning salons.

Every day approximately 1 million people visit a tanning salon. It is a practice particularly popular among teens, the group that seems most at risk from the effects of indoor tanning. The American Academy of Dermatology, the Food and Drug Administration, FDA, the National Institutes of Health, NIH, the Centers for Disease Control and Prevention, CDC, and the World Health Organization, WHO, all discourage the use of indoor tanning equipment.

This message and the current information about the risks of indoor tanning I fear are not being adequately passed on to consumers. The FDA has not updated its warnings on tanning beds since 1979. Regular users of indoor tanning beds deserve to be fully informed.

The TAN Act calls upon the FDA to revisit the current label on indoor tanning beds and determine through a process of public hearings and consumer testing what kind of labeling requirements would convey important information on the risks of indoor tanning.

This legislation is not about introducing new regulations but ensuring that the current FDA regulations remain effective in communicating accurate, current, and clear information to consumers about indoor tanning salons.

I look forward to working with my colleagues toward passage of this bipartisan legislation. I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 668

*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 “Tanning Accountability and Notification Act of 2007”.

**SEC. 2. REPORT BY FOOD AND DRUG ADMINISTRATION REGARDING LABELING INFORMATION ON RELATIONSHIP BETWEEN USE OF INDOOR TANNING DEVICES AND DEVELOPMENT OF SKIN CANCER OR OTHER SKIN DAMAGE.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Commissioner of Food and Drugs, shall determine—

(1) whether the labeling requirements for indoor tanning devices, including the positioning requirements, provide sufficient information to consumers regarding the risks that the use of such devices pose for the development of irreversible damage to the eyes and skin, including skin cancer; and

(2)(A) whether adding the warning suggested by the American Academy of Dermatology to the current warning label, or any

other additional warning, would communicate the risks of indoor tanning more effectively; or

(B) whether there is no warning that would be capable of adequately communicating such risks.

(b) CONSUMER TESTING.—In making the determinations under subsection (a), the Secretary shall conduct appropriate consumer testing, using the best available methods for determining consumer understanding of label warnings.

(c) PUBLIC HEARINGS; PUBLIC COMMENT.—The Secretary shall hold public hearings and solicit comments from the public in making the determinations under subsection (a).

(d) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to the Congress a report that provides the determinations under subsection (a). In addition, the Secretary shall include in the report the measures being implemented by the Secretary to significantly reduce the risks associated with indoor tanning devices.

By Mr. AKAKA (for himself, Mr. REID, Mr. INOUE, Mrs. BOXER, Ms. CANTWELL, and Mr. KENNEDY):

S. 671. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas; to the Committee on the Judiciary.

Mr. AKAKA. Mr. President. I rise today with my distinguished colleagues Senators HARRY REID, DANIEL INOUE, BARBARA BOXER, MARIA CANTWELL, and EDWARD KENNEDY to introduce a bill which will award special immigrant status to the children of naturalized Filipino veterans who fought in World War II thereby allowing these veterans to become reunited with their families.

With the passage of the Immigration Act of 1990, the courage of many Filipino soldiers who fought alongside our troops during World War II was finally honored and acknowledged by our government and they were offered the opportunity to obtain U.S. citizenship. However, the Act did not extend this opportunity to the sons and daughters of these veterans. As a result, many of the brave men who defended this Nation may spend the last years of their lives without the comfort and care of their families.

For over twenty years, many of the sons and daughters of these soldiers have been waiting to obtain immigrant visas. While some have been fortunate enough to have their visas approved, other are still waiting because of a backlog. This is unacceptable. My legislation will finally allow them to reunite with their elderly parents.

I urge my Senate colleagues to honor the sacrifices of these brave men by supporting this bill and allowing those who have served our country so valiantly to have their families by their side for the remainder of their years.

By Mr. SALAZAR (for himself and Mr. SMITH):

S. 672. A bill to amend the Internal Revenue Code of 1986 to provide tax-exempt financing for qualified renewable energy facilities, and for other purposes; to the Committee on Finance.

By Mr. SALAZAR (for himself, Mr. SMITH, Mr. DORGAN, and Mr. CRAIG):

S. 673. A bill to amend the Internal Revenue Code of 1986 to provide credits for the installation of wind energy property, including by rural homeowners, farmers, ranchers, and small businesses, and for other purposes; to the Committee on Finance.

Mr. SALAZAR. Mr. President, today I am introducing two bills that will help drive the renewable energy revolution that is currently underway in our rural communities. The Rural Community Renewable Energy Bonds Act, which I am introducing with Senator SMITH, and the Rural Wind Energy Development Act, which I am introducing with Senators SMITH, DORGAN and CRAIG, will help spur much needed private investment in renewable energy infrastructure in rural areas.

I have spoken countless times about the great possibilities that rural America holds for our Nation's energy future. I have also expressed my alarm at how our rising dependence on foreign oil is undermining our security and our interests around the world.

How do we build a more energy secure economy—one that is less vulnerable to wild swings in oil prices, political instability, and supply disruptions? Unfortunately, we don't have the resources in this country to drill our way to energy independence. We do, however, have the most productive lands in the world, and the most productive farmers, ranchers, engineers and entrepreneurs in the world. If we give them the right tools, they can build a new, clean energy economy that will rely heavily on biofuels, wind power, solar energy, and alternative sources.

If you spend time in places like Prowers County or Alamosa County, you see that a clean energy revolution is already underway in our heartland. In these rural communities, like so many across the country, people are banding together to build small biofuels plants, solar farms, and wind turbines. These projects are already underway, and they are the seeds for a full-blown clean energy revolution in rural America.

The farmers, ranchers, and entrepreneurs who are behind these projects want to be a part of the solution to our Nation's energy challenges. They also understand that home-grown energy can revitalize the Main Streets that have been boarded up in the last few years.

The bills I am introducing today provide tools that rural communities can use to build a renewable energy economy.

The first bill, the Renewable Energy Bonds Act, provides incentives for investment in wind and other renewable energy projects by giving private developers access to tax-exempt bond markets.

Currently, the Federal tax code only allows municipal and public entities

access to tax-exempt bond markets for wind and other renewable energy projects. Private developers, who are more likely to invest in smaller projects and who are currently responsible for nearly 75 percent of current renewable energy development, are not eligible to use these federally tax-exempt bonds.

This is unfortunate because these are the same small developers who don't benefit much from the production tax credit, as their Federal tax liabilities usually aren't big enough to reap the tax credit's benefits.

Renewable energy bonds make sense for these small developers and, because they cost the Federal Government less than the production tax credit, they also make sense from a fiscal perspective. This bill may actually save the Government money.

The second bill I am introducing, the Rural Wind Energy Development Act, would extend the production tax credit to include small wind systems. We have made great strides in wind development over the last few years, as evidenced by wind energy's growing availability to Colorado consumers.

The trouble is that the existing production tax credit only benefits larger producers that want to build wind farms with million-dollar turbines. Small businesses, towns, farms, and families aren't given the same incentive to produce their own renewable power from smaller, more affordable turbines.

This is unfortunate because the National Renewable Energy Lab in Golden, Colorado, and others are making great strides in the development of small wind systems that can be installed on homes and businesses. The system now available costs around \$50,000 for 10kW of capacity.

That's a steep investment for any family or any business. But our bill, by providing a tax incentive for their purchase, would not only reduce the cost, but it would create more market certainty for manufacturers of small wind systems. With more systems in production, costs will fall further and small wind will be a real option for more people.

The bill is simple: it creates a five year tax credit of \$1500 per half-kW. There is no cap for the purchase and installation of small wind systems, so long as they are smaller than 100kW. It will put more small wind systems on the market and it will give consumers more choices of how to power their homes and businesses.

I'm proud to introduce these bills with my colleagues because they represent two more building blocks for a new, clean energy economy and because they will help revitalize a rural America that has been forgotten for too long.

I hope we can move these straightforward, bipartisan solutions through as quickly as possible.

By Mr. HARKIN (for himself, Mr. GRASSLEY, Mr. COCHRAN, Mr.



DODD, Mr. DURBIN, Mr. KERRY, Mr. KOHL, Mrs. MURRAY, Mr. ROCKEFELLER, Ms. SNOWE, and Ms. STABENOW):

S. 675. A bill to provide competitive grants for training court reporters and closed captioners to meet requirements for realtime writers under the Telecommunications Act of 1996, and for other purposes; to the Committee on Commerce, Science, and Transportation.

Mr. HARKIN. Mr. President, today I am introducing legislation, the Training for Realtime Writers Act of 2007, on behalf of myself and my colleagues, Senators GRASSLEY, COCHRAN, DODD, DURBIN, KERRY, KOHL, MURRAY, ROCKEFELLER, SNOWE and STABENOW.

The 1996 Telecom Act required that all television broadcasts were to be captioned by 2006 and all Spanish language programming was to be captioned by 2010. This was a much needed reform that has helped millions of deaf and hard-of-hearing Americans to be able to take full advantage of television programming. And now the first deadline has passed. On January 1, the Federal Communications Commission (FCC) began fining stations for not captioning.

Unfortunately, the United States has fallen behind in training captioners. We must jump start training programs to supply captioning for the many broadcasters just realizing their obligation now. And looking forward, we need to get students in the pipeline now to begin to address the need for Spanish language broadcasting.

This is an issue that I feel very strongly about because my late brother, Frank, was deaf. I know personally that access to culture, news, and other media was important to him and to others in achieving a better quality of life. More than 30 million Americans are considered deaf or hard of hearing and many require captioning services to participate in mainstream activities. In 1990, I authored legislation that required all television sets to be equipped with a computer chip to decode closed captioning. This bill completes the promise of that technology, affording deaf and hard of hearing Americans the same equality and access that captioning provides.

With baby boomers aging, the percentage of the population with hearing loss is increasing dramatically and will continue to outpace population growth for the next decade. But let me emphasize that the deaf and hard of hearing population is only one of a number of groups that will benefit from the legislation. The audience for captioning also includes individuals seeking to acquire or improve literacy skills, including approximately functionally illiterate adults, immigrants learning English as a second language, and children learning to read. Empirical research studies have been conducted repeatedly since 1988 to demonstrate that captions improve the performance of individuals learning to read English.

I see people using closed captioning to stay informed everywhere—from the gym to the airport. Here in the Senate, I would wager that many individuals on our staff have the captioning turned on right now to follow what is happening on the Senate floor while they go about conducting the meetings and phone calls that advance legislation. Captioning helps people educate themselves and helps all of us stay informed and entertained when audio isn't the most appropriate medium.

Although the 2006 deadline has passed, our nation is facing a serious shortage of captioners. The rate of job placement upon graduation nears 100 percent. In addition, the majority of closed captioners are independent contractors. They are the small businesses that run the American economy and we should do everything we can to promote the creation and support of those businesses.

That is why my colleagues and I are re-introducing this vital piece of legislation. The Training for Realtime Writers Act of 2007 would establish competitive grants to be used toward training real time captioners. This is necessary to ensure that we meet the promises we made in the 1996 Telecom Act.

The Senate Commerce Committee reported this bill unanimously in the last two sessions, the full Senate has passed this Act without objection three times now, and we stand here today, once again at the beginning of the process. I am hopeful that this will be the Congress moves our country forward on this accessibility issue. I ask my colleagues to join us once again in support of this legislation and join us in our effort to win its passage into law.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 85—EX-PRESSING THE SENSE OF THE SENATE REGARDING THE CREATION OF REFUGEE POPULATIONS IN THE MIDDLE EAST, NORTH AFRICA, AND THE PERSIAN GULF REGION AS A RESULT OF HUMAN RIGHTS VIOLATIONS

Mr. LAUTENBERG (for himself, Mr. LOTT, Mr. DURBIN, and Mr. COLEMAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 85

Whereas armed conflicts in the Middle East have created refugee populations numbering in the hundreds of thousands and comprised of peoples from many ethnic, religious, and national backgrounds;

Whereas Jews and other ethnic groups have lived mostly as minorities in the Middle East, North Africa, and the Persian Gulf region for more than 2,500 years;

Whereas the United States has long voiced its concern about the mistreatment of minorities and the violation of human rights in the Middle East and elsewhere;

Whereas the United States continues to play a pivotal role in seeking an end to con-

flict in the Middle East and continues to promote a peace that will benefit all the peoples of the region;

Whereas a comprehensive peace in the Middle East region will require the resolution of all outstanding issues through bilateral and multilateral negotiations involving all concerned parties;

Whereas the United States has demonstrated interest and concern about the mistreatment, violation of rights, forced expulsion, and expropriation of assets of minority populations in general, and in particular, former Jewish refugees displaced from Arab countries, as evidenced by—

(1) a statement made by President William J. Clinton in an interview after Camp David II in July 2000, at which the issue of Jewish refugees displaced from Arab lands was discussed, where he said that “[t]here will have to be some sort of international fund set up for the refugees. There is, I think, some interest, interestingly enough, on both sides, in also having a fund which compensates the Israelis who were made refugees by the war, which occurred after the birth of the State of Israel. Israel is full of people, Jewish people, who lived in predominantly Arab countries who came to Israel because they were made refugees in their own land.”;

(2) a statement made by President Carter after negotiating the Camp David Accords, the Framework for Peace in the Middle East, where he stated in a press conference on October 27, 1977, that “Palestinians have rights . . . obviously there are Jewish refugees . . . they have the same rights as others do”;

(3) section 620 of H.R. 3100, 100th Congress, which states that Congress finds that “with the notable exceptions of Morocco and Tunisia, those Jews remaining in Arab countries continue to suffer deprivations, degradations, and hardships, and continue to live in peril” and that Congress calls upon the governments of those Arab countries where Jews still maintain a presence to guarantee their Jewish citizens full civil and human rights, including the right to lead full Jewish lives, free of fear, with freedom to emigrate if they so choose; and

(4) Senate Resolution 76, 85th Congress, introduced by Senator William E. Jenner on January 29, 1957, which—

(A) noted that individuals in Egypt who are tied by race, religion, or national origin with Israel, France, or the United Kingdom have been subjected to arrest, denial or revocation of Egyptian citizenship, expulsions, forced exile, sequestration and confiscation of assets and property, and other punishments without being charged with a crime; and

(B) requested the President to instruct the chief delegate to the United Nations to urge the prompt dispatch of a United Nations observer team to Egypt with the objective of obtaining a full factual report concerning the violation of rights;

Whereas the international definition of a refugee clearly applies to Jews who fled the persecution of Arab regimes, where a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country” (Convention relating to the Status of Refugees, done at Geneva July 28, 1951, and entered into force April 22, 1954 (189 UNTS 150));

Whereas the United Nations High Commissioner for Refugees (UNHCR) determined that Jews fleeing from Arab countries were refugees that fell within the mandate of the UNHCR, namely—