

AMENDMENT NO. 508

At the request of Mr. HATCH, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of amendment No. 508 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 510

At the request of Mr. SMITH, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of amendment No. 510 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

At the request of Mr. KERRY, his name was added as a cosponsor of amendment No. 510 proposed to S. Con. Res. 21, supra.

AMENDMENT NO. 518

At the request of Mr. SMITH, the names of the Senator from Nebraska (Mr. HAGEL), the Senator from Washington (Ms. CANTWELL), the Senator from Tennessee (Mr. CORKER), the Senator from Ohio (Mr. BROWN) and the Senator from Illinois (Mr. OBAMA) were added as cosponsors of amendment No. 518 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 518 proposed to S. Con. Res. 21, supra.

AMENDMENT NO. 528

At the request of Mr. BIDEN, the names of the Senator from Massachusetts (Mr. KERRY) and the Senator from Rhode Island (Mr. WHITEHOUSE) were added as cosponsors of amendment No. 528 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 528 proposed to S. Con. Res. 21, supra.

AMENDMENT NO. 529

At the request of Mr. BIDEN, the names of the Senator from Connecticut (Mr. LIEBERMAN), the Senator from New York (Mrs. CLINTON), the Senator from Colorado (Mr. SALAZAR), the Senator from Illinois (Mr. OBAMA), the Senator from Wisconsin (Mr. KOHL), the Senator from Iowa (Mr. HARKIN), the Senator from California (Mrs. BOXER), the Senator from Massachusetts (Mr. KERRY), the Senator from Rhode Island (Mr. WHITEHOUSE), the

Senator from North Dakota (Mr. DORGAN), the Senator from Connecticut (Mr. DODD) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of amendment No. 529 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 529 proposed to S. Con. Res. 21, supra.

AMENDMENT NO. 542

At the request of Mrs. LINCOLN, the names of the Senator from Delaware (Mr. BIDEN), the Senator from Nebraska (Mr. HAGEL), the Senator from Colorado (Mr. SALAZAR) and the Senator from Maine (Ms. COLLINS) were added as cosponsors of amendment No. 542 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 544

At the request of Mr. DORGAN, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of amendment No. 544 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 548

At the request of Mr. GRASSLEY, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of amendment No. 548 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 574

At the request of Mrs. FEINSTEIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of amendment No. 574 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 587

At the request of Mr. BINGAMAN, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of amendment No. 587 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

etary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 596

At the request of Mr. MENENDEZ, his name was added as a cosponsor of amendment No. 596 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 600

At the request of Mr. BINGAMAN, the names of the Senator from Indiana (Mr. BAYH) and the Senator from Arkansas (Mrs. LINCOLN) were added as cosponsors of amendment No. 600 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 607

At the request of Mr. CHAMBLISS, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of amendment No. 607 intended to be proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 615

At the request of Mr. DURBIN, his name was added as a cosponsor of amendment No. 615 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

AMENDMENT NO. 616

At the request of Mr. KERRY, the names of the Senator from Connecticut (Mr. LIEBERMAN), the Senator from Arkansas (Mr. PRYOR), the Senator from Washington (Ms. CANTWELL) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of amendment No. 616 proposed to S. Con. Res. 21, an original concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. OBAMA (for himself and Mr. BURR):

S. 976. A bill to secure the promise of personalized medicine for all Americans by expanding and accelerating genomic research and initiatives to improve the accuracy of disease diagnosis, increase the safety of drugs, and identify novel treatments; to the Committee on Health, Education, Labor, and Pensions.

Mr. OBAMA. Mr. President, I rise today joined by my colleague Senator RICHARD BURR, to reintroduce the Genomics and Personalized Medicine Act of 2007. This bill will expand and accelerate scientific advancement in the field of genomics, which is already beginning to change the paradigm of medical practice as we know it, and has profound implications for health and health care in this nation.

The “miracles of medicine” have been demonstrated since early man. Many of the traditional medicines used today, such as aspirin and morphine, are derivatives of plants ancient people used to treat illnesses and injuries centuries ago. Since those ancient times, our knowledge of medicine and disease has expanded tremendously. Today, modern breakthroughs in the fields of genetics and genomics have uncovered another layer of complexity in the way we treat and prevent disease.

Over the past decade, we have unlocked many of the mysteries about DNA and RNA, their structure, and how their code is translated into the proteins that make up the tissues and organs of the human body. Researchers have also made discoveries about the various functions of DNA such as replication, genetic recombination and regulation, just to name a few, and have developed the necessary technologies to do all of this work.

This knowledge isn’t just sitting in books on the shelf nor is it confined to the work benches of laboratories. We have used these research findings to pinpoint the causes of many diseases, such as sickle cell anemia, cystic fibrosis, and chronic myelogenous leukemia. Moreover, scientists have translated this genetic knowledge into several treatments and therapies prompting a bridge between the laboratory bench and the patient’s bedside.

We’ve made so many achievements and come a long way in our understanding and application of genetics knowledge. And yet, we are just beginning to realize the full potential of this science to predict the onset of disease, diagnose earlier, and develop therapies that can treat or cure Americans from so many afflictions.

Just 4 years ago, scientists at the National Institutes of Health and the Department of Energy reached another major landmark, with the completion of the sequencing of the entire human genome, our genetic blueprint described by many as the Holy Grail of biology and hailed as one of the greatest scientific achievements to date.

The completion of the Human Genome Project has paved the way for a more sophisticated understanding of disease causation. The HGP has expanded focus from the science of genetics, which refers to the study of single genes, to include genomics, which describes the study of all the genes in an individual, as well as the interactions of those genes with each other. The role environmental factors play in promoting disease and the potential influ-

ence they have at the genetic level is also an area of interest.

We know that all human beings are 99.9 percent identical in genetic make-up, but differences in the remaining 0.1 percent hold important clues about the causes of disease and response to drugs. Simply put, the study of genomics will help us learn why some people get sick and others do not, and use this information to better prevent and treat disease.

The relatively new field of genomics is key to the practice of personalized medicine. Personalized medicine is the use of genomic and molecular data to better target the delivery of health care, facilitate the discovery and clinical testing of new products, and help determine a patient’s predisposition to a particular disease or condition. Personalized medicine represents a revolutionary and exciting change in the fundamental approach and practice of medicine.

Pharmacogenomics, or the study of how genes affect a person’s response to drugs, is a critical component of personalized medicine. Currently, so-called blockbuster drugs are typically effective in only 40 to 60 percent of patients who take them. Other studies have found that up to 15 percent of hospitalized patients experience a serious adverse drug reaction, causing an estimated 100,000 deaths each year. Pharmacogenomics has the potential to dramatically increase the effectiveness and safety of drugs, both of which are major health care concerns.

We have a growing number of examples of how pharmacogenomics research has helped to save lives. For example, the chemotherapy Purinethol is a lifesaver for kids with leukemia, but in some cases, patients suffer severe, sometimes fatal, side effects. In the 1990’s, researchers identified the gene variant that prevents affected patients from properly breaking down Purinethol, allowing doctors to screen patients and adjust dosages for safer use of the drug.

Herceptin, another example, is a breast cancer drug that initially failed in clinical trials. However, researchers discovered that 1 in 4 breast cancers have too many copies of a certain gene, which helps cells grow, divide and repair themselves. Extra copies of this gene cause uncontrolled and rapid growth resulting in tumor formation. As it turns out, Herceptin is an effective drug for patients with this type of cancer, with significantly improved survival for affected women. Herceptin offers a clear illustration of the power of personalized medicine and highlights the importance of incorporating genetic analysis in the development and application of new therapies.

Realizing the promise of personalized medicine will require continued Federal leadership and agency collaboration; expansion and acceleration of genomics research; a capable genomics workforce; incentives to encourage development of genomic tests and ther-

pies; and greater attention to the quality of genetic tests, direct-to-consumer advertising and use of personal genomic information.

The Genomics and Personalized Medicine Act of 2007 will address many of these issues. The bill requires the Secretary of the Department of Health and Human Services to establish the Genomics and Personalized Medicine Interagency Working Group to expand and accelerate genomics research through enhanced communication, collaboration and integration of relevant activities.

Genetic and genomics research will be expanded, to increase the collection of data that will advance both fields, through the support of the biobanking initiative aimed at increasing and improving genomic screening tools, diagnostics and therapeutics. The Secretary will also establish a national distributed database so data finding can be shared.

This bill requests that the Secretary support efforts to improve the adequacy of genetics and genomics training through modernized curricula and review of relevant certifications, and by identifying alternative education options such as distance or on-line learning programs. In addition, the Secretary will promote initiatives to increase the integration of genetics and genomics into all aspects of medical and public health practice, with specific focus on training and guideline development for providers without expertise or experience in the field of genomics.

This bill also requests the National Academies of Science to formally study the development of companion diagnostic tests and to provide expert guidance about the level of incentives and potential approaches to really move this area forward.

Last but not least, the bill focuses on the safety, efficacy and availability of information about genetic tests, including pharmacogenetic and pharmacogenomics tests. The Secretary will contract with the Institute of Medicine to conduct a study and make recommendations regarding Federal oversight and regulation of genetic tests. After this study is complete, the Secretary will develop a decision matrix to help determine which types of tests require review and the level of review needed for such tests as well as the responsible agency. The Secretary will also establish a specialty area for molecular and biochemical genetics tests at CMS and direct a review by the CDC of direct-to-consumer marketing practices.

In conclusion, we stand at this new and expansive frontier of personalized medicine we must explore and test the hypotheses and innovations in the area of genomics that can protect and promote our health. Genomics holds unparalleled promise for public health and for medicine, and the Genomics and Personalized Medicine Act of 2007 will help us to fulfill this promise. I

urge my colleagues to support me in passing this critical legislation.

By Mr. WYDEN (for himself and Mr. KERRY):

S. 979. A bill to establish a Vote by Mail grant program; to the Committee on Rules and Administration.

Mr. WYDEN. Mr. President, on Election Day 2006 in Tillamook County, OR, 13 inches of rain fell. Roads were closed. Parts of the county became unreachable. Governor Kulongoski declared a state of emergency. And yet—70 percent of the voters in the county still cast their ballots.

Why? Because Oregonians in Tillamook County and all over the State cast their votes by mail.

Even without weather like this, folks in other States around the country had trouble casting their votes.

In Denver, CO, hundreds of voters were turned away when the database of registered voters crashed.

Nearly a quarter of precincts in Indianapolis, IN, resorted to paper ballots when poll workers couldn't figure out how to connect optical scan voting machines with the new touch-screen models.

In Johnson County, KS, poll workers used hand lotion to prevent the county's touch-screen voting machines from spitting out cards.

In Missouri, poll workers were demanding photo identification despite a court ruling barring the practice.

In Shaker Heights, OH, voters were turned from the polls when electronic voting machines failed to work.

Voters in Washington State received phone calls instructing them to vote at the wrong precinct.

A polling location in New Mexico received 150 ballots instead of 1,500.

The list goes on and on.

The point is, vote by mail has worked in Oregon and not just in this election, but in every election it has been used.

It's a pretty simple system. Voters get their ballots in the mail. Wherever and whenever they would like, right up to Election Day, voters complete their ballots and return them.

Vote by mail makes polling place problems a thing of the past—no more polls opening late and no more long lines.

There's no more confusion about whether you are on the voter rolls. Either you get the ballot in the mail, or you don't and if you don't, you have ample time to contact your election officials to sort it out.

Vote by mail dramatically reduces the chance of voter fraud. Trained election officials match the signature on each ballot against the signature on each voter's registration card and no ballot is processed or counted until officials are satisfied that the two signatures match.

Vote by mail ensures a paper trail—each voter marks up their ballot and sends it in. That ballot is counted and then becomes the paper record used in the event of a recount.

There's less risk of voter intimidation and that's why a 2003 study of Oregon voters showed that those groups that would likely be most vulnerable to coercion, including the elderly, actually prefer vote by mail.

Vote by mail leads to more educated voters. Because folks get their ballots weeks before the election, they have the time they need to get educated about the candidates and the issues, and deliberate in a way not possible at a polling place.

And vote by mail generates costs savings that can be spent on other priorities like education, law enforcement and roads. Because there is no longer any need to transport equipment to polling stations and to hire and train poll workers, Oregon has reduced its election-related costs by 30 percent since implementing vote by mail.

I think the Oregon experience can be copied elsewhere and that's why I am introducing my Vote by Mail Act of 2007 today, which creates a three year, \$18 million grant program to help states adopt vote by mail election systems like the one that Oregon voters have been successfully using for some time now.

To participate in the grant program, States must demonstrate that the vote by mail system they intend to implement includes the same elements that have made Oregon's system so successful, including a system for recording electronically each voter's registration and signature and a process for ensuring that the signature on each VBM ballot is verified against that voter's electronically recorded signature. States that decide to participate in the program have the option of adopting vote by mail State-wide, within a group of selected counties, or even in a single county. States transitioning to vote by mail State-wide will receive \$2 million. States transitioning to VBM less than State-wide will receive \$1 million.

I think that vote by mail will improve the elections in every State that adopts it. But to be sure, my bill instructs the Government Accountability Office to evaluate the benefits of vote by mail and to produce a study comparing traditional voting methods and vote by mail.

I urge my colleagues to lend their support to the Vote by Mail Act of 2007. I believe it can help ensure hassle-free elections and help rebuild confidence in our election system.

Because right now, some folks feel like they are so powerless to do anything to fix things that they throw their hands in the air and walk away. And society suffers. For democracies to work there needs to be public engagement. But that requires a sense of investedness—unless I think of the government as my government, which means it's considering my interests and, more importantly, trying to solve them, it's pretty hard to stay invested.

The sense of resignation, of frustration, even dislocation, expressed by

some folks troubles me. And I consider it my job to foster a greater sense of public investment. This means making sure that the government works for everyone and that there are tangible results that you can show people so that they understand that it's their government and that it works for them.

I think election reform like my vote by mail bill accomplishes this goal at the most basic level. Without fair, trouble-free elections, you've got serious problems. You don't even get past go. The public can't have confidence in its government if it doesn't have confidence in the system that elected that government. As we saw in 2000 in Florida, it is extremely difficult to untangle problems after Election Day so you really have to get it right the first time. Vote by mail helps ensures this.

I am pleased to have my esteemed colleague from Massachusetts, Senator KERRY as an original co-sponsor. I am also pleased that Congresswoman SUSAN DAVID of California is introducing the House companion bill. I am also happy to announce that the American Association of People with Disabilities, the American Postal Workers Union, Common Cause, and the National Association of Postal Supervisors are publicly supporting this bill.

I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 979

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 "Vote by Mail Act of 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The Supreme Court declared in *Reynolds v. Sims* that "[i]t has been repeatedly recognized that all qualified voters have a constitutionally protected right to vote . . . and to have their votes counted."

(2) In the 2000 and 2004 presidential elections, voting technology failures and procedural irregularities deprived some Americans of their fundamental right to vote.

(3) In 2000, faulty punch card ballots and other equipment failures prevented accurate vote counts nationwide. A report by the Caltech/MIT Voting Technology Project estimates that approximately 1,500,000 votes for president were intended to be cast but not counted in the 2000 election because of equipment failures.

(4) In 2004, software errors, malfunctioning electronic voting systems, and long lines at the polls prevented accurate vote counts and prevented some people from voting. For instance, voters at Kenyon College in Gambier, Ohio waited in line for up to 12 hours because there were only 2 machines available for 1,300 voters.

(5) In 2006, election day problems plagued voters in a number of States as well. For instance, in Denver, Colorado, hundreds of voters were turned away when the database of registered voters crashed. In Allegheny County, Pennsylvania, malfunctioning machines and an inadequate number of provisional ballots generated long lines, causing many voters to leave without casting a vote.

(6) Under the Oregon Vote by Mail system, election officials mail ballots to all registered voters at least 2 weeks before election day. Voters mark their ballots, seal the ballots in both unmarked secrecy envelopes and signed return envelopes, and return the ballots by mail or to secure drop boxes. Once a ballot is received, election officials scan the bar code on the ballot envelope, which brings up the voter's signature on a computer screen. The election official compares the signature on the screen and the signature on the ballot envelope. Only if the signature on the ballot envelope is determined to be authentic is the ballot forwarded on to be counted.

(7) Oregon's Vote by Mail system has deterred voter fraud because the system includes numerous security measures such as the signature authentication system. Potential misconduct is also discouraged by the power of the State to punish those who engage in voter fraud with up to five years in prison, \$100,000 in fines, and the loss of their vote.

(8) Oregon's Vote by Mail system promotes uniformity and strict compliance with Federal and State voting laws because ballot processing is centralized in county clerk's offices, rather than at numerous polling places.

(9) Vote by Mail is one factor making voter turnout in Oregon consistently higher than the average national voter turnout. For example, Oregon experienced a record voting-age-eligible population turnout of 70.6 percent in the 2004 presidential election, compared to 58.4 percent nationally. Oregon's turnout of registered voters for that election was 86.48 percent.

(10) Women, younger voters, and home-makers also report that they vote more often using Vote by Mail.

(11) Vote by Mail reduces election costs by eliminating the need to transport equipment to polling stations and to hire and train poll workers. Oregon has reduced its election-related costs by 30 percent since implementing Vote by Mail.

(12) Vote by Mail allows voters to educate themselves because they receive ballots well before election day, which provides them with ample time to research issues, study ballots, and deliberate in a way that is not possible at a polling place.

(13) Vote by Mail is accurate—at least 2 studies comparing voting technologies show that absentee voting methods, including Vote by Mail systems, result in a more accurate vote count.

(14) Vote by Mail results in more up-to-date voter rolls, since election officials use forwarding information from the post office to update voter registration.

(15) Vote by Mail allows voters to visually verify that their votes were cast correctly and produces a paper trail for recounts.

(16) In a survey taken 5 years after Oregon implemented the Vote by Mail system, more than 8 in 10 Oregon voters said they preferred voting by mail to traditional voting.

SEC. 3. DEFINITIONS.

In this Act:

(1) ELECTION.—The term “election” means any general, special, primary, or runoff election.

(2) PARTICIPATING STATE.—The term “participating State” means a State receiving a grant under the Vote by Mail grant program under section 4.

(3) RESIDUAL VOTE RATE.—The term “residual vote rate” means the sum of all votes that cannot be counted in an election (overvotes, undervotes, and otherwise spoiled ballots) divided by the total number of votes cast.

(4) STATE.—The term “State” means a State of the United States, the District of

Columbia, the Commonwealth of Puerto Rico, or a territory or possession of the United States.

(5) VOTING SYSTEM.—The term “voting system” has the meaning given such term under section 301(b) of the Help America Vote Act of 2002 (42 U.S.C. 15481(b)).

SEC. 4. VOTE BY MAIL GRANT PROGRAM.

(a) ESTABLISHMENT.—Not later than 270 days after the date of enactment of this Act, the Election Assistance Commission shall establish a Vote by Mail grant program (in this section referred to as the “program”).

(b) PURPOSE.—The purpose of the program is to make implementation grants to participating States solely for the implementation of procedures for the conduct of all elections by mail at the State or local government level.

(c) LIMITATION ON USE OF FUNDS.—In no case may grants made under this section be used to reimburse a State for costs incurred in implementing mail-in voting for elections at the State or local government level if such costs were incurred prior to the date of enactment of this Act.

(d) APPLICATION.—A State seeking to participate in the program under this section shall submit an application to the Election Assistance Commission containing such information, and at such time, as the Election Assistance Commission may specify.

(e) AMOUNT AND AWARDING OF IMPLEMENTATION GRANTS; DURATION OF PROGRAM.—

(1) AMOUNT OF IMPLEMENTATION GRANTS.—

(A) IN GENERAL.—Subject to subparagraph (B), the amount of an implementation grant made to a participating State shall be, in the case of a State that certifies that it will implement all elections by mail in accordance with the requirements of subsection (f), with respect to—

(i) the entire State, \$2,000,000; or

(ii) any single unit or multiple units of local government within the State, \$1,000,000.

(B) EXCESS FUNDS.—

(i) IN GENERAL.—To the extent that there are excess funds in either of the first 2 years of the program, such funds may be used to award implementation grants to participating States in subsequent years.

(ii) EXCESS FUNDS DEFINED.—For purposes of clause (i), the term “excess funds” means any amounts appropriated pursuant to the authorization under subsection (h)(1) with respect to a fiscal year that are not awarded to a participating State under an implementation grant during such fiscal year.

(C) CONTINUING AVAILABILITY OF FUNDS AFTER APPROPRIATION.—An implementation grant made to a participating State under this section shall be available to the State without fiscal year limitation.

(2) AWARDING OF IMPLEMENTATION GRANTS.—

(A) IN GENERAL.—The Election Assistance Commission shall award implementation grants during each year in which the program is conducted.

(B) ONE GRANT PER STATE.—The Election Assistance Commission shall not award more than 1 implementation grant to any participating State under this section over the duration of the program.

(3) DURATION.—The program shall be conducted for a period of 3 years.

(f) REQUIREMENTS.—

(1) REQUIRED PROCEDURES.—A participating State shall establish and implement procedures for conducting all elections by mail in the area with respect to which it receives an implementation grant to conduct such elections, including the following:

(A) A process for recording electronically each voter's registration information and signature.

(B) A process for mailing ballots to all eligible voters.

(C) The designation of places for the deposit of ballots cast in an election.

(D) A process for ensuring the secrecy and integrity of ballots cast in the election.

(E) Procedures and penalties for preventing election fraud and ballot tampering, including procedures for the verification of the signature of the voter accompanying the ballot through comparison of such signature with the signature of the voter maintained by the State in accordance with subparagraph (A).

(F) Procedures for verifying that a ballot has been received by the appropriate authority.

(G) Procedures for obtaining a replacement ballot in the case of a ballot which is destroyed, spoiled, lost, or not received by the voter.

(H) A plan for training election workers in signature verification techniques.

(I) Plans and procedures to ensure that voters who are blind, visually-impaired, or otherwise disabled have the opportunity to participate in elections conducted by mail and to ensure compliance with the Help America Vote Act of 2002. Such plans and procedures shall be developed in consultation with disabled and other civil rights organizations, voting rights groups, State election officials, voter protection groups, and other interested community organizations.

(J) Plans and procedures to ensure the translation of ballots and voting materials in accordance with section 203 of the Voting Rights Act of 1965 (42 U.S.C. 1973aa-1a)).

(g) BEST PRACTICES, TECHNICAL ASSISTANCE, AND REPORTS.—

(1) IN GENERAL.—The Election Assistance Commission shall—

(A) develop, periodically issue, and, as appropriate, update best practices for conducting elections by mail;

(B) provide technical assistance to participating States for the purpose of implementing procedures for conducting elections by mail; and

(C) submit to the appropriate committees of Congress—

(i) annual reports on the implementation of such procedures by participating States during each year in which the program is conducted; and

(ii) upon completion of the program conducted under this section, a final report on the program, together with recommendations for such legislation or administrative action as the Election Assistance Commission determines to be appropriate.

(2) CONSULTATION.—In developing, issuing, and updating best practices, developing materials to provide technical assistance to participating States, and developing the annual and final reports under paragraph (1), the Election Assistance Commission shall consult with interested parties, including—

(A) State and local election officials;

(B) the United States Postal Service;

(C) the Postal Regulatory Commission established under section 501 of title 39, United States Code; and

(D) voting rights groups, voter protection groups, groups representing the disabled, and other civil rights or community organizations.

(h) AUTHORIZATION OF APPROPRIATIONS.—

(1) GRANTS.—There are authorized to be appropriated to award grants under this section, for each of fiscal years 2007 through 2009, \$6,000,000, to remain available without fiscal year limitation until expended.

(2) ADMINISTRATION.—There are authorized to be appropriated to administer the program under this section, \$200,000 for the period of fiscal years 2007 through 2009, to remain available without fiscal year limitation until expended.

(i) RULE OF CONSTRUCTION.—Nothing in this Act may be construed to authorize or require

conduct prohibited under any of the following laws, or to supersede, restrict, or limit the application of such laws:

(1) The Help America Vote Act of 2002 (42 U.S.C. 15301 et seq.).

(2) The Voting Rights Act of 1965 (42 U.S.C. 1973 et seq.).

(3) The Voting Accessibility for the Elderly and Handicapped Act (42 U.S.C. 1973ee et seq.).

(4) The Uniformed and Overseas Citizens Absentee Voting Act (42 U.S.C. 1973ff et seq.).

(5) The National Voter Registration Act of 1993 (42 U.S.C. 1973gg et seq.).

(6) The Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(7) The Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.).

SEC. 5. STUDY ON IMPLEMENTATION OF MAIL-IN VOTING FOR ELECTIONS.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study evaluating the benefits of broader implementation of mail-in voting in elections, taking into consideration the annual reports submitted by the Election Assistance Commission under section 4(g)(1)(C)(i) before November 1, 2009.

(2) SPECIFIC ISSUES STUDIED.—The study conducted under paragraph (1) shall include a comparison of traditional voting methods and mail-in voting with respect to—

(A) the likelihood of voter fraud and misconduct;

(B) the accuracy of voter rolls;

(C) the accuracy of election results;

(D) voter participation in urban and rural communities and by minorities, language minorities (as defined in section 203 of the Voting Rights Act of 1965 (42 U.S.C. 1973aa-la)), and individuals with disabilities and by individuals who are homeless or who frequently change their official residences;

(E) public confidence in the election system;

(F) the residual vote rate, including such rate based on voter age, education, income, race, or ethnicity or whether a voter lives in an urban or rural community, is disabled, or is a language minority (as so defined); and

(G) cost savings.

(3) CONSULTATION.—In conducting the study under paragraph (1), the Comptroller General shall consult with interested parties, including—

(A) State and local election officials;

(B) the United States Postal Service;

(C) the Postal Regulatory Commission established under section 501 of title 39, United States Code; and

(D) voting rights groups, voter protection groups, groups representing the disabled, and other civil rights or community organizations.

(b) REPORT.—Not later than November 1, 2009, the Comptroller General shall prepare and submit to the appropriate committees of Congress a report on the study conducted under subsection (a), together with such recommendations for legislation or administrative action as the Comptroller General determines to be appropriate.

By Mrs. FEINSTEIN (for herself and Mr. SESSIONS):

S. 980. A bill to amend the Controlled Substances Act to address online pharmacies; to the Committee on the Judiciary.

Mrs. FEINSTEIN. Mr. President, I am pleased to join with Senator SESSIONS to re-introduce the Online Pharmacy Consumer Protection Act. Our legislation protects the safety of con-

sumers who wish to fill legitimate prescriptions over the Internet, while holding accountable those who operate unregistered pharmacies.

This legislation imposes basic, commonsense requirements on an industry that presents both promise and peril.

First, this bill establishes disclosure standards for Internet pharmacies.

Second, this bill prohibits an Internet pharmacy from dispensing or selling a controlled substance without an in-person examination by a physician.

Third, it allows a State Attorney General to bring a civil action in a federal district court to enjoin a pharmacy operating in violation of the law, and to enforce compliance with the provisions of this law.

The disclosure requirements contained in this bill will allow patients to differentiate between shady off-shore pharmacies and legitimate licensed ones. Under this legislation, pharmacies must clearly disclose: the name and address of the pharmacy. Contact information for the pharmacist-in-charge. A list of States in which the pharmacy is licensed to operate.

They must also clearly post a statement that they comply with the requirements in this legislation.

The bill states that pharmacies can dispense to patients only if they have a valid prescription from a practitioner who has performed an in-person examination. This requirement will ensure that doctors can verify the health status of a patient and ensure that the drug he or she will receive from the pharmacy is medically appropriate.

This legislation recognizes that in the case of an emergency, a patient may not always be able to see his or her typical physician. For that reason, it allows a doctor to designate a covering practitioner to write a valid prescription if he or she is not available.

Finally, this bill contains real penalties to hold accountable those who continue to operate pharmacies in violation of these requirements.

First, for Internet sales of controlled substances, the bill makes clear that such activities are subject to the current Federal laws against illegal distributions and the same penalties applicable to hand-to-hand sales.

Second, the bill increases the penalties for illegal distributions of controlled substances categorized by the DEA as Schedule III, IV and V substances, with new penalties if death or serious bodily injury results, and longer periods of supervised release available after convictions.

The bill also allows a State’s Attorney General to file a Federal motion to stop these pharmacies from operating illegally, no matter where the entity is headquartered. Previously, this type of enforcement would require a filing in every state.

Prescription drug abuse is a growing front on the War on Drugs, with 15.1 million adults admitting to abuse of prescription drugs in a 2003 study. That’s a 94 percent increase in the last decade.

Last month, the Centers for Disease Control and Prevention reported that deaths from accidental drug overdoses nearly doubled from 1999 to 2004, increasing from 11,155 in 1999 to 19,838 in 2004. Accidental drug overdoses are now the Nation’s second-leading cause of accidental death, behind automobile crashes.

The CDC attributed the rise in drug overdose deaths to a higher use of prescription painkillers and increasing numbers of overdoses of cocaine and prescription sedatives. These increases did not occur in our inner cities; instead, the increase was described as being fueled by prescription drug abuse in middle-class, rural America—with overdose death rates doubling in 23 States, mostly in the South and Midwest.

Ready access to controlled substances over the Internet is helping to fuel these addictions. A study conducted by the National Center on Addiction and Substance Abuse at Columbia University found at least 344 websites offering controlled substances.

89 percent of these pharmacies do not require a prescription from a physician, accepting either an online consultation or no prescription at all.

38 percent of these pharmacies claim their drugs are shipping within the United States, putting them within the reach of U.S. law enforcement.

We also know that internet pharmacies fill a disproportionate number of prescriptions for controlled substances. According to data from the National Community Pharmacy Association (NCPA)-Pfizer Digest, controlled substances account for only 11 percent of the business at community “brick and mortar” pharmacies. 89 percent of their business consists of non-controlled prescription drugs. In contrast, approximately 95 percent of the business done by internet pharmacies is controlled substances.

To understand how many of these Internet pharmacy websites exist, just visit any Internet search engine. Type in the name of any controlled substance, like Vicodin, Oxycontin, codeine, or even anabolic steroids. Several websites will appear, offering to sell you these drugs without a prescription and without a medical examination. Some of these websites simply ask patients to send copies of medical records, with no verification of their validity. Patients use these pharmacies to obtain addictive drugs like Vicodin and Oxycontin. They can receive these dangerous drugs without a doctor performing a physical exam to ensure that an underlying health condition will not cause a dangerous side effect. Often, a credit card is all that is required.

Law enforcement officials are well aware of this growing problem but face many challenges in trying to find and prosecute rogue pharmacy operators. Last year, Attorney General Alberto Gonzales appeared before the Senate Judiciary Committee and warned at

that time how “the purchase of . . . controlled pharmaceuticals on the Internet is of great concern.” He said that the Internet’s wide accessibility and anonymity “give drug abusers the ability to circumvent the law, as well as sound medical practice, a[s] they dispense potentially dangerous controlled pharmaceuticals,” and said that, with “no identifying . . . information on these websites, it is very difficult for law enforcement to track any of the individuals behind them.”

In January of this year, Attorney General Alberto Gonzales again appeared before the Senate Judiciary Committee. The problem had only grown worse. He described the non-medicinal use of controlled substance prescription drugs as “the fastest rising category of drug abuse in recent years.” He noted how “[r]ogue pharmacies operating illicitly through the Internet increasingly have become a source for the illegal supply of controlled substances,” and offered to work with Congress to try to adopt additional enforcement tools that may be appropriate.

I believe that the bill I introduce today will address many of these problems that the Attorney General has identified.

At the same time, receiving medications from a legitimate, licensed Internet pharmacy is one of the new conveniences ushered in by the Internet age. This bill preserves the ability of well run pharmacies and well intentioned patients to access controlled substances by means of the Internet.

In closing, I want to share with you the story of Ryan T. Haight of La Mesa, CA. Ryan was an 18-year-old honor student from La Mesa, CA, when he died in his home on February 12, 2001.

His parents found a bottle of Vicodin in his room with a label from an out-of-state pharmacy.

It turns out that Ryan had been ordering addictive drugs online and paying with a debit card his parents gave him to buy baseball cards on eBay.

Without a physical exam or his parents’ consent, Ryan had been obtaining controlled substances, some from an Internet site in Oklahoma. It only took a few months before Ryan’s life was ended by an overdose on a cocktail of painkillers.

Ryan’s story is just one of many. Internet pharmacies are making it increasingly easy for teens like Ryan to access deadly prescription drugs. That is why I support this legislation. It creates sensible requirements for Internet pharmacy websites that will not impact access to convenient, oftentimes cost-saving drugs.

I urge my colleagues to join me in supporting this legislation and I ask unanimous consent that the text of the legislation be printed in the RECORD.

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

S. 980

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 “Online Pharmacy Consumer Protection Act of 2007”.

SEC. 2. AMENDMENTS TO THE CONTROLLED SUBSTANCES ACT RELATING TO THE DELIVERY OF CONTROLLED SUBSTANCES BY MEANS OF THE INTERNET.

(a) IN GENERAL.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end the following:

“(47) The term ‘Internet’ means collectively the myriad of computer and telecommunications facilities, including equipment and operating software, which comprise the interconnected worldwide network of networks that employ the Transmission Control Protocol/Internet Protocol, or any predecessor or successor protocol to such protocol, to communicate information of all kinds by wire or radio.

“(48) The term ‘deliver, distribute, or dispense by means of the Internet’ refers, respectively, to any delivery, distribution, or dispensing of a controlled substance that is caused or facilitated by means of the Internet.

“(49) The term ‘online pharmacy’—

“(A) means a person, entity, or Internet site, whether in the United States or abroad, that delivers, distributes, or dispenses, or offers to deliver, distribute, or dispense, a controlled substance by means of the Internet; and

“(B) does not include—

“(i) manufacturers or distributors registered under subsection (a), (b), (c), or (d) of section 303 who do not dispense controlled substances;

“(ii) nonpharmacy practitioners who are registered under section 303(f);

“(iii) mere advertisements that do not attempt to facilitate an actual transaction involving a controlled substance; or

“(iv) a person, entity, or Internet site which is not in the United States and does not facilitate the delivery, distribution, or dispensing of a controlled substance by means of the Internet to any person in the United States.

“(50) The term ‘homepage’ means the first page of the website of an online pharmacy that is viewable on the Internet.”.

(b) REGISTRATION REQUIREMENTS.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following new subsection:

“(i) DISPENSER OF CONTROLLED SUBSTANCES BY MEANS OF THE INTERNET.—(1) A pharmacy that seeks to deliver, distribute, or dispense by means of the Internet a controlled substance shall obtain a registration specifically authorizing such activity, in accordance with regulations promulgated by the Attorney General. In determining whether to grant an application for such registration, the Attorney General shall apply the factors set forth in subsection (f).

“(2) Registration under this subsection shall be in addition to, and not in lieu of, registration under subsection (f).

“(3) This subsection does not apply to pharmacies that merely advertise by means of the Internet but do not attempt to facilitate an actual transaction involving a controlled substance by means of the Internet.”.

(c) REPORTING REQUIREMENTS.—Section 307(d) of the Controlled Substances Act (21 U.S.C. 827(d)) is amended by—

(1) designating the text as paragraph (1); and

(2) inserting after paragraph (1), as so designated by this Act, the following new paragraph:

“(2) A pharmacy registered under section 303(i) shall report to the Attorney General the controlled substances dispensed under such registration, in such manner and accompanied by such information as the Attorney General by regulation shall require.”.

(d) ONLINE PRESCRIPTION REQUIREMENT.—Section 309 of the Controlled Substances Act (21 U.S.C. 829) is amended by adding at the end the following new subsection:

“(e) CONTROLLED SUBSTANCES DISPENSED BY MEANS OF THE INTERNET.—(1) As used in this subsection—

“(A) the term ‘valid prescription’ means a prescription that is issued for a legitimate medical purpose in the usual course of professional practice that is based upon a qualifying medical relationship by a practitioner registered by the Attorney General under this part;

“(B) the term ‘qualifying medical relationship’—

“(i) means a medical relationship that exists when the practitioner—

“(I) has conducted at least one medical evaluation with the user in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals; or

“(II) conducts a medical evaluation of the patient as a covering practitioner and is not prescribing a controlled substance in schedule II, III, or IV; and

“(ii) shall not be construed to imply that one medical evaluation described in clause (i) demonstrates that a prescription has been issued for a legitimate medical purpose within the usual course of professional practice; and

“(C) the term ‘covering practitioner’ means, with respect to a patient, a practitioner who conducts a medical evaluation, without regard to whether the medical evaluation of the patient involved is an in-person evaluation, at the request of a practitioner who has conducted at least one in-person medical evaluation of the patient and is temporarily unavailable to conduct the evaluation of the patient.

“(2) In addition to the requirements of subsections (a) through (c), no controlled substance may be delivered, distributed, or dispensed by means of the Internet without a valid prescription.

“(3) Nothing in this subsection shall apply to—

“(A) the dispensing of a controlled substance pursuant to telemedicine practices sponsored by—

“(i) a hospital that has in effect a provider agreement under title XVIII of the Social Security Act; or

“(ii) a group practice that has not fewer than 100 physicians who have in effect provider agreements under such title; or

“(B) the dispensing or selling of a controlled substance pursuant to practices as determined by the Attorney General by regulation.”.

(e) ONLINE PRESCRIPTION REQUIREMENTS.—The Controlled Substances Act is amended by adding after section 310 (21 U.S.C. 830) the following:

“ONLINE PHARMACY LICENSING AND DISCLOSURE REQUIREMENTS

“SEC. 311. (a) IN GENERAL.—An online pharmacy shall display in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances and shall at all times display on the homepage of its Internet site a declaration of compliance in accordance with this section.

“(b) LICENSURE.—Each online pharmacy shall comply with the requirements of State law concerning the licensure of pharmacies

in each State from which it, and in each State to which it, delivers, distributes, or dispenses or offers to deliver, distribute, or dispense controlled substances by means of the Internet.

“(c) COMPLIANCE.—No online pharmacy or practitioner shall deliver, distribute, or dispense by means of the Internet a controlled substance without a valid prescription (as defined in section 309(e)) and each online pharmacy shall comply with all applicable requirements of Federal and State law.

“(d) INTERNET SITE DISCLOSURE INFORMATION.—Each online pharmacy site shall post in a visible and clear manner on the homepage of its Internet site or on a page directly linked from its homepage the following:

“(1) The name of the owner, street address of the online pharmacy's principal place of business, telephone number, and email address.

“(2) A list of the States in which the online pharmacy, and any pharmacy which dispenses, delivers, or distributes a controlled substance on behalf of the online pharmacy, is licensed to dispense controlled substances or prescription drugs and any applicable license number.

“(3) For each pharmacy identified on its license in each State in which it is licensed to engage in the practice of pharmacy and for each pharmacy which dispenses or ships controlled substances on behalf of the online pharmacy:

“(A) The name of the pharmacy.

“(B) The street address of the pharmacy.

“(C) The name, professional degree, and licensure of the pharmacist-in-charge.

“(D) The telephone number at which the pharmacist-in-charge can be contacted.

“(E) A certification that each pharmacy which dispenses or ships controlled substances on behalf of the online pharmacy is registered under this part to deliver, distribute, or dispense by means of the Internet controlled substances.

“(4) The name, address, professional degree, and licensure of practitioners who provide medical consultations through the website for the purpose of providing prescriptions.

“(5) A telephone number or numbers at which the practitioners described in paragraph (4) may be contacted.

“(6) The following statement, unless revised by the Attorney General by regulation: ‘This online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner, which includes at least one prior in-person medical evaluation. This online pharmacy complies with section 309(e) of the Controlled Substances Act (21 U.S.C. 829(e)).’.

“(e) NOTIFICATION.—(1) Thirty days prior to offering a controlled substance for sale, delivery, distribution, or dispensing, the online pharmacy shall notify the Attorney General, in the form and manner as the Attorney General shall determine, and the State boards of pharmacy in any States in which the online pharmacy offers to sell, deliver, distribute, or dispense controlled substances.

“(2) The notification required under paragraph (1) shall include—

“(A) the information required to be posted on the online pharmacy's Internet site under subsection (d) and shall notify the Attorney General and the applicable State boards of pharmacy, under penalty of perjury, that the information disclosed on its Internet site under to subsection (d) is true and accurate;

“(B) the online pharmacy's Internet site address and a certification that the online pharmacy shall notify the Attorney General of any change in the address at least 30 days in advance; and

“(C) the Drug Enforcement Administration registration numbers of any pharmacies and practitioners referred to in subsection (d), as applicable.

“(3) An online pharmacy that is already operational as of the effective date of this section, shall notify the Attorney General and applicable State boards of pharmacy in accordance with this subsection not later than 30 days after the effective date of this section.

“(f) DECLARATION OF COMPLIANCE.—On and after the date on which it makes the notification under subsection (e), each online pharmacy shall display on the homepage of its Internet site, in such form as the Attorney General shall by regulation require, a declaration that it has made such notification to the Attorney General.

“(g) REPORTS.—Any statement, declaration, notification, or disclosure required under this section shall be considered a report required to be kept under this part.”.

“(f) OFFENSES INVOLVING CONTROLLED SUBSTANCES IN SCHEDULES III, IV, AND V.—Section 401(b) of the Controlled Substances Act (21 U.S.C. 841(b)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (C), by striking “1 gram of” before “flunitrazepam”;

(B) in subparagraph (D), by striking “or in the case of any controlled substance in schedule III (other than gamma hydroxybutyric acid), or 30 milligrams of flunitrazepam”; and

(C) by inserting at the end the following:

“(E)(i) In the case of any controlled substance in schedule III, such person shall be sentenced to a term of imprisonment of not more than 10 years and if death or serious bodily injury results from the use of such substance shall be sentenced to a term of imprisonment of not more than 20 years, a fine not to exceed the greater of that authorized in accordance with the provisions of title 18, or \$500,000 if the defendant is an individual or \$2,500,000 if the defendant is other than an individual, or both.

“(ii) If any person commits such a violation after a prior conviction for a felony drug offense has become final, such person shall be sentenced to a term of imprisonment of not more than 20 years and if death or serious bodily injury results from the use of such substance shall be sentenced to a term of imprisonment of not more than 30 years, a fine not to exceed the greater of twice that authorized in accordance with the provisions of title 18, or \$1,000,000 if the defendant is an individual or \$5,000,000 if the defendant is other than an individual, or both.

“(iii) Any sentence imposing a term of imprisonment under this subparagraph shall, in the absence of such a prior conviction, impose a term of supervised release of at least 2 years in addition to such term of imprisonment and shall, if there was such a prior conviction, impose a term of supervised release of at least 4 years in addition to such term of imprisonment”;

(2) in paragraph (2) by—

(A) striking “3 years” and inserting “5 years”;

(B) striking “6 years” and inserting “10 years”;

(C) striking “after one or more prior convictions” and all that follows through “have become final,” and inserting “after a prior conviction for a felony drug offense has become final,”; and

(3) in paragraph (3) by—

(A) striking “2 years” and inserting “6 years”;

(B) striking “after one or more convictions” and all that follows through “have become final,” and inserting “after a prior conviction for a felony drug offense has become final,”; and

(C) adding at the end the following “Any sentence imposing a term of imprisonment under this paragraph may, if there was a prior conviction, impose a term of supervised release of not more than 1 year, in addition to such term of imprisonment.”

“(g) OFFENSES INVOLVING DISPENSING OF CONTROLLED SUBSTANCES BY MEANS OF THE INTERNET.—Section 401 of the Controlled Substances Act (21 U.S.C. 841) is amended by adding at the end the following:

“(g) OFFENSES INVOLVING DISPENSING OF CONTROLLED SUBSTANCES BY MEANS OF THE INTERNET.—(1) Except as authorized by this title, it shall be unlawful for any person to knowingly or intentionally cause or facilitate the delivery, distribution, or dispensing by means of the Internet of a controlled substance.

“(2) Violations of this subsection include—

“(A) delivering, distributing, or dispensing a controlled substance by means of the Internet by a pharmacy not registered under section 303(i);

“(B) writing a prescription for a controlled substance for the purpose of delivery, distribution, or dispensing by means of the Internet in violation of subsection 309(e);

“(C) serving as an agent, intermediary, or other entity that causes the Internet to be used to bring together a buyer and seller to engage in the dispensing of a controlled substance in a manner not authorized by sections 303(i) or 309(e); and

“(D) making a material false, fictitious, or fraudulent statement or representation in the submission to the Attorney General under section 311.

“(3) This subsection does not apply to—

“(A) the delivery, distribution, or dispensation of controlled substances by nonpractitioners to the extent authorized by their registration under this title;

“(B) the placement on the Internet of material that merely advocates the use of a controlled substance or includes pricing information without attempting to propose or facilitate an actual transaction involving a controlled substance; or

“(C) any activity that is limited to—

“(i) the provision of a telecommunications service, or of an Internet access service or Internet information location tool (as those terms are defined in section 231 of the Communications Act of 1934 (47 U.S.C. 231)); or

“(ii) the transmission, storage, retrieval, hosting, formatting, or translation (or any combination thereof) of a communication, without selection or alteration of the content of the communication, except that deletion of a particular communication or material made by another person in a manner consistent with section 230(c) of the Communications Act of 1934 (47 U.S.C. 230(c)) shall not constitute such selection or alteration of the content of the communication.

“(4) Any person who knowingly or intentionally violates this subsection shall be sentenced in accordance with subsection (b) of this section.”.

“(h) PUBLICATION.—Section 403(c) of the Controlled Substances Act (21 U.S.C. 843(c)) is amended by—

(1) designating the text as paragraph (1); and

(2) adding at the end the following:

“(2)(A) It shall be unlawful for any person to use the Internet, or cause the Internet to be used, to advertise the sale of, or to offer to sell, distribute, or dispense, a controlled substance except as authorized by this title.

“(B) Violations of this paragraph include causing the placement on the Internet of an advertisement that refers to or directs prospective buyers to Internet sellers of controlled substances who are not registered under section 303(i).

“(C) This paragraph does not apply to material that either—

“(i) advertises the distribution of controlled substances by nonpractitioners to the extent authorized by their registration under this title; or

“(ii) merely advocates the use of a controlled substance or includes pricing information without attempting to facilitate an actual transaction involving a controlled substance.”.

(i) INJUNCTIVE RELIEF.—Section 512 of the Controlled Substances Act (21 U.S.C. 882) is amended by adding to the end of the section the following new subsection:

“(C) STATE CAUSE OF ACTION PERTAINING TO ONLINE PHARMACIES.—(1) In any case in which the State has reason to believe that an interest of the residents of that State has been or is being threatened or adversely affected by the action of a person, entity, or Internet site that violates the provisions of section 303(i), 309(e), or 311, the State may bring a civil action on behalf of such residents in a district court of the United States with appropriate jurisdiction—

“(A) to enjoin the conduct which violates this section;

“(B) to enforce compliance with this section;

“(C) to obtain damages, restitution, or other compensation, including civil penalties under section 402(b); and

“(D) to obtain such other legal or equitable relief as the court may find appropriate.

(2) (A) Prior to filing a complaint under paragraph (1), the State shall serve a copy of the complaint upon the Attorney General and upon the United States Attorney for the judicial district in which the complaint is to be filed. In any case where such prior service is not feasible, the State shall serve the complaint on the Attorney General and the appropriate United States Attorney on the same day that the State's complaint is filed in Federal district court of the United States. Such proceedings shall be independent of, and not in lieu of, criminal prosecutions or any other proceedings under this title or any other laws of the United States.

(B)(i) Not later than 120 days after the later of the date on which a State's complaint is served on the Attorney General and the appropriate United States Attorney, or the date on which the complaint is filed, the United States shall have the right to intervene as a party in any action filed by a State under paragraph (1).

(ii) After the 120-day period described in clause (i) has elapsed, the United States may, for good cause shown, intervene as a party in an action filed by a State under paragraph (1).

(iii) Notice and an opportunity to be heard with respect to intervention shall be afforded the State that filed the original complaint in any action in which the United States files a complaint in intervention under clause (i) or a motion to intervene under clause (ii).

(iv) The United States may file a petition for appeal of a judicial determination in any action filed by a State under this section.

(C) Service of a State's complaint on the United States as required in this paragraph shall be made in accord with the requirements of Federal Rule of Civil Procedure 4(i)(1).

(3) For purposes of bringing any civil action under paragraph (1), nothing in this Act shall prevent an attorney general of a State from exercising the powers conferred on the attorney general of a State by the laws of such State to conduct investigations or to administer oaths or affirmations or to compel the attendance of witnesses or the production of documentary or other evidence.

(4) Any civil action brought under paragraph (1) in a district court of the United States may be brought in the district in

which the defendant is found, is an inhabitant, or transacts business or wherever venue is proper under section 1391 of title 28, United States Code. Process in such action may be served in any district in which the defendant is an inhabitant or in which the defendant may be found.

(5) No private right of action is created under this subsection.”.

(j) FORFEITURE OF FACILITATING PROPERTY IN DRUG CASES.—Section 511(a)(4) of the Controlled Substances Act (21 U.S.C. 881(a)(4)) is amended to read as follows:

“(4) Any property, real or personal, tangible or intangible, used or intended to be used to commit, or to facilitate the commission, of a violation of this title or title III, and any property traceable thereto.”.

(k) IMPORT AND EXPORT ACT.—Section 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended—

(1) in paragraph (4) by—

(A) striking “or any quantity of a controlled substance in schedule III, IV, or V, (except a violation involving flunitrazepam and except a violation involving gamma hydroxybutyric acid)”;

(B) inserting “, or” before “less than one kilogram of hashish oil”; and

(C) striking “imprisoned” and all that follows through the end of the paragraph and inserting “sentenced in accordance with section 401(b)(1)(D) of this title (21 U.S.C. 841(b)(1)(E))”;

(2) by adding at the end the following:

“(5) In the case of a violation of subsection (a) of this section involving a controlled substance in schedule III, such person shall be sentenced in accordance with section 401(b)(1)(E).

“(6) In the case of a violation of subsection (a) of this section involving a controlled substance in schedule IV (except a violation involving flunitrazepam), such person shall be sentenced in accordance with section 401(b)(2).

“(7) In the case of a violation of subsection (a) of this section involving a controlled substance in schedule V, such person shall be sentenced in accordance with section 401(b)(3).”; and

(3) in paragraph (3), by striking “, nor shall a person so sentenced be eligible for parole during the term of such a sentence” in the final sentence.

(l) EFFECTIVE DATE.—The amendments made by this Act shall become effective 60 days after the date of enactment of this Act.

(m) GUIDELINES AND REGULATIONS.—

(1) IN GENERAL.—The Attorney General may promulgate and enforce any rules, regulations, and procedures which may be necessary and appropriate for the efficient execution of functions under this subtitle, including any interim rules necessary for the immediate implementation of this Act, on its effective date.

(2) SENTENCING GUIDELINES.—The United States Sentencing Commission, in determining whether to amend, or establish new, guidelines or policy statements, to conform the guidelines and policy statements to this Act and the amendments made by this Act, may not construe any change in the maximum penalty for a violation involving a controlled substance in a particular schedule as requiring an amendment to, or establishing a new, guideline or policy statement.

Mr. SESSIONS. Mr. President, after working together with Senator FEINSTEIN, I am pleased to help introduce the Online Pharmacy Consumer Protection Act of 2007. I have worked to take the lead in protecting consumers specifically as it relates to the sale and distribution of controlled substances

over the internet and holding liable those who do so via unregistered online pharmacies. I commend Senator FEINSTEIN for her leadership on this issue and look forward to working with her to pass this important piece of legislation.

This bill would prohibit the distribution of controlled substances by means of the Internet without a valid prescription and provides for the legitimate online distribution of those drugs in certain circumstances. This past January, Attorney General Gonzalez testified to the Judiciary Committee that abuse of controlled substances is being fed by “the proliferation of illicit Web sites that offer controlled substances for sale, requiring little more than a cursory online questionnaire and charging double the normal price.” Gonzales further testified that “[w]e must preserve legitimate access to medications over the Internet while preventing online drug dealers from using cyberspace as a haven for drug trafficking. I look forward to working with the Congress to ensure that controlled substances are dispensed over the Internet only for legitimate medical purposes.” The sale and distribution of controlled pharmaceuticals on the Internet of great concern because it gives those who abuse drugs the ability to circumvent the law, and sound medical practice. This bill would go a long way in addressing the concerns expressed by Attorney General Gonzalez by reigning in a practice that has gone unregulated for far too long.

Recently, there has been an explosion in the number of online pharmacies that provide controlled substances to users without valid prescriptions. Most illegal drug abuse involving prescription drugs is associated with Internet purchases, where users are given a prescription without ever seeing a doctor. The most prominent abuse occurs with regard to controlled substances such as Hydrocodone, Valium, Xanax, OxyContin, and Vicodin.

A 2006 study reported that “a staggering 89 percent of sites selling controlled prescription drugs have no prescription requirements.” According to the study, 15.1 million adults admitted to abusing prescription drugs, including 2.3 million abusers between the ages of 12 and 17. Currently, there is no way to police this illegal activity.

The ease with which consumers may purchase controlled substances from online pharmacies without a prescription is shocking. Often consumers can obtain a prescription from physicians employed by the online pharmacy by simply filling out a brief questionnaire on the pharmacy's website. Most online pharmacies have no way to verify that the consumer ordering the prescription is actually who they claim to be, or that the medical condition the consumer describes actually exists. Thus, drug addicts and minor children can easily order controlled substances and prescription drugs over the internet simply by providing false identities or

describing non-existent medical conditions.

In 2001, Ryan Haight, a California high school honors student and athlete, died from an overdose of the painkiller hydrocodone that he purchased from an online pharmacy. The doctor prescribing hydrocodone had never met or personally examined Ryan. Ryan simply filled out the pharmacy's online questionnaire, and described himself as a 25-year-old male suffering from chronic back pain. Ryan's death could have been avoided. I believe that Congress is in the best position to help prevent teenagers from purchasing controlled substances and prescription drugs from online rogue pharmacies.

I also believe that Congress has the ability to help prevent adult prescription drug abuse by making it harder to purchase these drugs online without a valid prescription. The Online Pharmacy Consumer Protection Act would: (1) provide criminal penalties for those who knowingly or intentionally (unlawfully) dispense controlled substances over the Internet, (2) give state attorneys general a civil cause of action against anyone who violates the Act if they have reason to believe that the violation affects the interests of their state's residents, and (3) allow the Federal Government to take possession of any tangible or intangible property used illegally by online pharmacies.

The Online Pharmacy Consumer Protection Act would also require online pharmacies to: (1) file a registration statement with the Attorney General and meet additional registration requirements promulgated by him/her, (2) report to the Attorney General any controlled substances dispensed over the Internet, and (3) comply with licensing and disclosure requirements.

The Online Pharmacy Consumer Protection Act of 2007 takes a substantial step towards plugging a loophole in our drug laws by regulating the practice of distributing controlled substances via the internet.

By holding unregistered online pharmacies accountable for their activity, we are ensuring that those who seek to purchase prescription drugs by using the internet are protected from those engaged in reprehensible business practices.

Once again I thank Senator FEINSTEIN for her leadership in addressing this serious issue. I commend this bill to my colleagues for study and I urge them to support this important legislation.

By Mrs. CLINTON (for herself, Ms. COLLINS, Mr. BINGAMAN, and Ms. MIKULSKI):

S. 982. A bill to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. CLINTON. Mr. President, today, Senator COLLINS and I are reintro-

ducing the Positive Aging Act, to improve the accessibility and quality of mental health services for our rapidly growing population of older Americans. I want to thank Senator COLLINS for her leadership on aging issues, and for partnering with me on numerous pieces of legislation and initiatives related to these and other important health issues.

We are pleased to be reintroducing this important legislation in anticipation of reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA).

I want to acknowledge and thank our partners from the mental health and aging community who have collaborated with us and have been working diligently on these issues for many years, including the American Psychological Association, the American Association for Geriatric Psychiatry, the National Association of Social Workers, the Alzheimer's Association, the New York City Chapter of the Alzheimer's Association, the American Association of Homes and Services for the Aging, the American Academy of Child and Adolescent Psychiatry, the American Mental Health Counselors Association, the American Society on Aging, the Depression and Bipolar Support Alliance, the Geriatric Mental Health Alliance of New York, the Gerontological Society of America, Mental Health America, the National Association of State Mental Health Program Directors, the National Council on Aging, Psychologists in Long Term Care, the Older Women's League, the Society of Clinical Geropsychology, the Suicide Prevention Action Network USA, and all the other groups who have lent their support.

American society today has benefited tremendously from advances in medical science that are helping us to live longer than ever before. In New York State alone, there are an estimated two and a half million citizens aged 65 or older. And this population will only continue to grow as the first wave of Baby Boomers turns 65 in less than ten years.

According to a December 2006 report from the U.S. Census Bureau, the number of older Americans aged 65 and over is expected to double over the next 25 years, and nearly 20 percent of citizens will be 65 years or older by the year 2030. Further, the fastest growing segment of the U.S. population is the age group of Americans who are 85 and older.

Although it is encouraging that our Nation's citizens are living longer than ever before, mental and behavioral health challenges accompany this increased longevity. So as we look forward to leading longer lives, we must also acknowledge the challenges that we face related to the quality of life as we age.

Although most older adults enjoy good mental health, it is estimated that nearly 20 percent of Americans age 55 or older experience a mental dis-

order. In New York State alone, there are an estimated 366,000 adults aged 55 or older with mental health or substance abuse disorders. Nationally, it is anticipated that the number of seniors with mental and behavioral health problems will almost quadruple, from 4 million in 1970 to 15 million in 2030.

Among the most prevalent mental health concerns older adults encounter are anxiety, depression, cognitive impairment, and substance abuse. When left untreated, these problems can have severe physical and psychological implications. In fact, men age 85 and older have the highest rates of suicide in our country and depression is the foremost risk factor.

The physical consequences of mental health disorders can be both expensive and debilitating. Depression has a powerful negative impact on ability to function, resulting in high rates of disability. The World Health Organization projects that by the year 2020, depression will remain a leading cause of disability, second only to cardiovascular disease. Even mild depression lowers immunity and may compromise a person's ability to fight infections and cancers. Research indicates that 50–70 percent of all primary care medical visits are related to psychological factors such as anxiety, depression, and stress. Further, evidence suggests that an estimated 75 percent of seniors who commit suicide have visited a primary care professional within a month of their death.

Mental disorders do not have to be a part of the aging process because we have effective treatments for these conditions. But despite these effective treatments, too many American seniors go without the services they need and deserve because of poor integration of physical and mental health care. As of 2006, only 37 percent of New Yorkers who suffer from depression had obtained mental health treatment.

The current divide in our country between health care and mental health care manifests itself in many ways. Too often physicians and other health professionals fail to recognize the signs and symptoms of mental health problems. Even more troubling, knowledge about treatment is simply not accessible to many primary care practitioners. As a whole, we have failed to fully integrate mental health screening and treatment into our health service systems.

These missed opportunities to diagnose and treat mental health disorders are taking a tremendous toll on seniors and increasing the burden on their families and our health care system.

It is within our power and our responsibility to bridge the gap between physical and mental health care and help promote the well-being of older Americans.

In last year's reauthorization of the Older Americans Act, Senator COLLINS and I successfully enacted Title I of the Positive Aging Act of 2005, which authorized grants for the delivery of mental health screening and treatment

services for older adults and grants to promote awareness and reduce stigma regarding mental disorders in later life.

While this took an important step toward improving mental health services for older adults, significant efforts are necessary to ensure comprehensive geriatric mental health care.

That is why I am reintroducing the Title II provisions of the Positive Aging Act of 2005 as the Positive Aging Act of 2007 with my cosponsor Senator COLLINS. This legislation would amend the Public Health Service Act to improve access to mental health services for our nation's seniors by integrating mental health services into primary care and community settings.

Specifically, the Positive Aging Act of 2007 would fund demonstration projects to support integration of mental health services in primary care settings.

It would fund grants for community-based mental health treatment outreach teams to improve older Americans' access to mental health services.

This legislation would also ensure that these geriatric mental health programs have proper attention and oversight by: mandating the designation of a Deputy Director for Older Adult Mental Health Services in the Center for Mental Health Services; including representatives of older Americans or their families and geriatric mental health professionals on the Advisory Council for the Center for Mental Health Services; and requiring state plans under Community Mental Health Services Block Grants to include descriptions of the states' outreach to and services for older individuals.

And because substance-related disorders require the same attention as mental health conditions, the Positive Aging Act of 2007 will target substance abuse in older adults in projects of national significance.

Today, we are fortunate to have a variety of effective treatments to address the mental health needs of American seniors. I believe that we owe it to older adults in this country to do all that we can to ensure that they have access to high quality mental health care, so they can enjoy their golden years.

The Positive Aging Act of 2007 takes a critical step in this direction, and I look forward to working with my colleagues to enact this legislation during the upcoming SAMHSA reauthorization.

Mr. President, I ask unanimous consent that letters of support be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

NATIONAL ASSOCIATION
OF SOCIAL WORKERS,
Washington, DC, March 23, 2007
SENATOR HILLARY RODHAM CLINTON,
Russell Senate Office Building
Washington, DC.
Senator SUSAN M. COLLINS,
Dirksen Senate Office Building,
Washington, DC.

DEAR SENATORS CLINTON AND COLLINS: The National Association of Social Workers (NASW) is the largest professional social work organization, with 150,000 members nationwide. NASW promotes, develops, and protects the practice of social work and social workers, while enhancing the well-being of individuals, families, and communities through its work, service, and advocacy.

NASW fully supports the Positive Aging Act of 2007, which you are introducing today, along with Representatives Patrick Kennedy (D-MA) and Ileana Ros-Lehtinen (R-FL). Many older adults are currently unable to obtain much-needed mental health services for a variety of reasons, including lack of access and the stigma attached to mental illness. The Positive Aging Act of 2007 will help integrate primary care with mental health care for older adults, particularly those with low incomes, living in community settings.

Social workers are aware of the problems older people encounter in obtaining necessary mental health care. Frequently, they are called upon to address older adults' mental health needs only after crises arise, when the emotional toll on clients and their families is much higher, and the costs to Medicare are much more significant.

Clinical social workers assess and treat many older Americans with mental health needs. In fact, more than 39,000 social workers now participate in Medicare, delivering mental health services and enabling many thousands of older beneficiaries to lead more fulfilling and healthier lives.

NASW is particularly supportive of the multidisciplinary teams of mental health professionals envisioned in this bill as an integral part of primary care services. These teams, which include professional social workers, will have the training and competence to meet older Americans' diverse physical and behavioral health needs. The Association commends the senators and representatives for raising these vital health issues, and urges Congress to move quickly to enact this legislation.

Thank you for your leadership on this vital health care issue.

Sincerely,

CAROLYN POLOWY,
General Counsel.

AMERICAN PSYCHOLOGICAL ASSOCIATION,
March 23, 2007
Hon. HILLARY RODHAM CLINTON,
U.S. Senate,
Washington, DC.
Hon. SUSAN M. COLLINS,
U.S. Senate,
Washington, DC.

DEAR SENATORS CLINTON AND COLLINS: On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), I am writing to applaud your ongoing commitment to the mental and behavioral health needs of older Americans and express our strong support for the Positive Aging Act of 2007. This important legislation will improve access to vital mental and behavioral health care for older adults by supporting the integration of mental health services into primary care and community settings.

An estimated 20 percent of community-based older adults in the U.S. have a mental health problem. These disorders can have a significant impact on both physical and men-

tal health, often leading to increases in disease, disability, and mortality. Evidence suggests that up to 75 percent of older adults who commit suicide have visited a primary care professional within 30 days of their death. Although effective treatments exist, the mental health needs of many older Americans go unrecognized and untreated because of poorly integrated systems of care to address the physical and mental health needs of seniors.

The Positive Aging Act of 2007 takes an important step toward improving access to quality mental and behavioral health care for older adults by integrating mental health services into primary care and community settings where older adults reside and receive services. By supporting collaboration between interdisciplinary teams of mental health professionals and other providers of health and social services, this legislation promotes an integrated approach to addressing the health and well being of our nation's growing older adult population.

We commend you for your leadership and commitment to the mental and behavioral health needs of older adults and look forward to working with you to ensure enactment of the Positive Aging Act. If we can be of further assistance, please feel free to contact Diane Elmore, Ph.D., in our Government Relations Office at (202) 336-6104 or delmore@apa.org.

Sincerely,

GWENDOLYN PURYEAR KEITA,
Executive Director,
Public Interest Directorate.

POSITIVE AGING ACT OF 2007 ORGANIZATIONAL
SUPPORTERS—MARCH 2007

Alzheimer's Association; Alzheimer's Association, New York City Chapter; American Academy of Child and Adolescent Psychiatry; American Association for Geriatric Psychiatry; American Association of Homes and Services for the Aging; American Association of Pastoral Counselors; American Group Psychotherapy Association; American Mental Health Counselors Association; American Occupational Therapy Association; American Psychological Association; American Psychotherapy Association; American Society on Aging; Anxiety Disorders Association of America; Association for Ambulatory Behavioral Healthcare; Bazelon Center for Mental Health Law; Clinical Social Work Association; Clinical Social Work Guild 49, OPEIU; Depression and Bipolar Support Alliance; Geriatric Mental Health Alliance of New York; Gerontological Society of America.

Kansas Mental Health and Aging Coalition; Mental Health America; Mental Health and Aging Coalition of Eastern Kansas; National Alliance for Caregiving; National Association for Children's Behavioral Health; National Association of Mental Health Planning and Advisory Councils; National Association of Psychiatric Health Systems; National Association of Social Workers; National Association of State Mental Health Program Directors; National Council on Aging; Oklahoma Mental Health and Aging Coalition; Older Adult Consumers Alliance; Older Women's League; Pennsylvania Behavioral Health and Aging Coalition; Psychologists in Long Term Care; Society of Clinical Geropsychology; Suicide Prevention Action Network USA.

AMERICAN ASSOCIATION
FOR GERIATRIC PSYCHIATRY,
Bethesda, MD, March 20, 2007.

Hon. HILLARY RODHAM CLINTON,
U.S. Senate,
Washington, DC.

DEAR SENATOR CLINTON: The American Association for Geriatric Psychiatry (AAGP) is

S. CON. RES. 24

*Resolved by the Senate (the House of Representatives concurring),***SECTION 1. AUTHORIZATION OF USE OF CAPITOL GROUNDS FOR LIVE EARTH CONCERT.**

(a) IN GENERAL.—The Live Earth organization and the Alliance for Climate Protection (in this resolution referred to as the “sponsors”) may sponsor the Live Earth Concert (in this resolution referred to as the “event”) on the Capitol Grounds.

(b) DATE OF EVENT.—The event shall be held on July 7, 2007, or on such other date as the Speaker of the House of Representatives and the Committee on Rules and Administration of the Senate jointly designate.

SEC. 2. TERMS AND CONDITIONS.

(a) IN GENERAL.—Under conditions to be prescribed by the Architect of the Capitol and the Capitol Police Board, the event shall be—

- (1) free of admission charge and open to the public; and
- (2) arranged not to interfere with the needs of Congress.

(b) EXPENSES AND LIABILITIES.—The sponsors shall assume full responsibility for all expenses and liabilities incident to all activities associated with the event.

SEC. 3. EVENT PREPARATIONS.

(a) STRUCTURES AND EQUIPMENT.—Subject to the approval of the Architect of the Capitol, the sponsors may cause to be placed on the Capitol grounds such stage, seating, booths, sound amplification and video devices, and other related structures and equipment as may be required for the event, including equipment for the broadcast of the event over radio, television, and other media outlets.

(b) ADDITIONAL ARRANGEMENTS.—The Architect of the Capitol and the Capitol Police Board may make any additional arrangements as may be required to carry out the event.

SEC. 4. SECURITY AND ENFORCEMENT OF RESTRICTIONS.

(a) IN GENERAL.—Subject to subsection (b), the Capitol Police Board shall provide for—

- (1) all security related needs at the event, and

(2) enforcement of the restrictions contained in section 5104(c) of title 40, United States Code, concerning sales, displays, advertisements, and solicitations on the Capitol Grounds, as well as other restrictions applicable to the Capitol Grounds in connection with the event.

(b) AGREEMENT FOR REIMBURSEMENT OF SECURITY RELATED COSTS.—

(1) IN GENERAL.—The sponsors shall enter into an agreement with the Architect of the Capitol and the Capitol Police Board under which the sponsors agree to—

(A) reimburse the United States Capitol Police for all costs incurred (including additional personnel costs and overtime) in meeting the security related needs at the event, and

(B) comply with the requirements of this section.

(2) FAILURE TO ENTER INTO AGREEMENT.—If the sponsors fail, or are unable, to enter into the agreement under paragraph (1) before the date which is 14 days before the scheduled date of the event, the authority under section 1 to hold the event on the Capitol Grounds is revoked.

(3) TREATMENT OF REIMBURSED AMOUNTS.—Any amounts received by the Capitol Police for reimbursement under paragraph (1) shall be credited to the accounts established for the expenses that are being reimbursed and shall be available to carry out the purposes of such accounts.

pleased to endorse the “Positive Aging Act of 2007.”

The “Positive Aging Act” will improve the accessibility and quality of mental health services for the rapidly growing population of older Americans. Through projects administered by the Substance Abuse and Mental Health Services Administration, this legislation will integrate mental health services with other primary care services in community settings that are easily accessible to the elderly.

Dementia, depression, anxiety and substance abuse among Americans over age 65 are growing problems that result in functional dependence, longterm institutional care and reduced quality of life. Missed opportunities to diagnose and treat mental diseases are taking a tremendous toll on the elderly and increasing the burden on families and the health care system. The “Positive Aging Act” will increase opportunities for effective diagnosis and treatment of mental disorders among the elderly.

AAGP is a professional membership organization dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental disorders. AAGP’s membership consists of 2,000 geriatric psychiatrists, as well as other health professionals who focus on the mental health problems faced by senior citizens. In addition, AAGP has an active Foundation which focuses on reducing the stigma of mental disorders in the aging population.

AAGP appreciates your leadership in addressing the mental health needs of older Americans, and we look forward to working with you on this legislation.

Sincerely,

CHRISTINE DEVRIES,
Executive Director.

SUBMITTED RESOLUTIONS**SENATE RESOLUTION 121—TO DIRECT THE SENATE LEGAL COUNSEL TO APPEAR AS AMICUS CURIAE IN THE NAME OF THE SENATE IN SUPPORT OF THE APPELLEE IN OFFICE OF SENATOR MARK DAYTON V. BRAD HANSON**

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

S. RES. 121

Whereas, in the case of Office of Senator Mark Dayton v. Brad Hanson, No. 06-618, pending in the Supreme Court of the United States, the application of the Speech or Debate Clause, Article I, section 6, clause 1 of the Constitution to suits brought under the Congressional Accountability Act, Pub. L. No. 104-1,109 Stat. 3 (1995), has been placed in issue; and

Whereas, pursuant to sections 703(c), 706(a), and 713(a) of the Ethics in Government Act of 1978, 2 U.S.C. 288bc(c), 288e(a), and 288f(a), the Senate may direct its counsel to appear as amicus curiae in the name of the Senate in any legal action in which the powers and responsibilities of Congress under the Constitution are placed in issue: Now, therefore, be it

Resolved, That the Senate Legal Counsel is directed to appear as amicus curiae on behalf of the Senate in support of Appellee Brad Hanson in Office of Senator Mark Dayton v. Brad Hanson, to protect the Senate’s interest in the proper application of the Speech or Debate Clause to civil actions brought under the Congressional Accountability Act.

SENATE RESOLUTION 122—COMMEMORATING THE 25TH ANNIVERSARY OF THE CONSTRUCTION AND DEDICATION OF THE VIETNAM VETERANS MEMORIAL

Mr. HAGEL (for himself, Mr. MCCAIN, Mr. KERRY, Mr. WARNER, Mr. ALLARD, Mr. BIDEN, Mr. GRASSLEY, Ms. LANDRIEU, Mr. LUGAR, Mr. HARKIN, Mr. INHOFE, Mrs. CLINTON, Ms. COLLINS, Mr. DODD, Mr. ROBERTS, Mr. REED, Mr. DOMENICI, Mr. SALAZAR, Mr. VOINOVICH, Mr. LEVIN, Mr. VITTER, Ms. MIKULSKI, Mr. BURR, Mr. NELSON of Nebraska, Mr. BINGAMAN, Mr. LIEBERMAN, Mr. FEINGOLD, Mr. SCHUMER, Ms. CANTWELL, Mr. BROWN, Mr. DURBIN, Ms. MURKOWSKI, Mr. KENNEDY, Mr. SPECTER, Mrs. McCASKILL, Mr. BROWNBACK, Mr. OBAMA, Mr. CRAPO, Mr. PRYOR, Mr. STEVENS, Mr. NELSON of Florida, Mr. SUNUNU, Mr. TESTER, Mr. CRAIG, Mr. CONRAD, Mr. GRAHAM, Mr. BYRD, Mr. LAUTENBERG, Mr. INOUYE, Mr. AKAKA, Mr. BAUCUS, Mrs. FEINSTEIN, Mrs. BOXER, Mr. COLEMAN, Mr. CHAMBLISS, Mr. ENSIGN, Mr. CORKER, Mr. MCCONNELL, Ms. STABENOW, Mr. LOTT, Mr. CARDIN, Ms. SNOWE, Mr. DORGAN, Mr. ENZI, Mr. ALEXANDER, and Mr. BUNNING) submitted the following resolution; which was considered and agreed to:

S. RES. 122

Whereas 2007 marks the 25th anniversary of the construction and dedication of the Vietnam Veterans Memorial in Washington, D.C.;

Whereas the memorial displays the names of more than 58,000 men and women who lost their lives between 1956 and 1975 in the Vietnam combat area or are still missing in action;

Whereas every year millions of people in the United States visit the monument to pay their respects to those who served in the Armed Forces;

Whereas the Vietnam Veterans Memorial has been a source of comfort and healing for Vietnam veterans and the families of the men and women who died while serving their country; and

Whereas the memorial has come to represent a legacy of healing and demonstrates the appreciation of the people of the United States for those who made the ultimate sacrifice: Now, therefore, be it

Resolved, That the Senate—

(1) expresses its support and gratitude for all of the men and women who served honorably in the Armed Forces of the United States in defense of freedom and democracy during the Vietnam War;

(2) extends its sympathies to all people in the United States who suffered the loss of friends and family in Vietnam;

(3) encourages the people of the United States to remember the sacrifices of our veterans; and

(4) commemorates the 25th anniversary of the construction and dedication of the Vietnam Veterans Memorial.

SENATE CONCURRENT RESOLUTION 24—AUTHORIZING THE USE OF CAPITOL GROUNDS FOR THE LIVE EARTH CONCERT

Mr. REID (for himself and Ms. SNOWE) submitted the following concurrent resolution; which was referred to the Committee on Rules and Administration: