S. 883

At the request of Mrs. FEINSTEIN, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 883, a bill to amend the Higher Education Act of 1965 to extend loan forgiveness for certain loans to Head Start teachers.

S. 923

At the request of Mr. KERRY, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 923, a bill to amend the National Trails System Act to designate the New England National Scenic Trail, and for other purposes.

S. 958

At the request of Mr. SESSIONS, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 958, a bill to establish an adolescent literacy program.

S. 961

At the request of Mr. NELSON of Nebraska, the names of the Senator from California (Mrs. BOXER), the Senator from New Jersey (Mr. MENENDEZ) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 961, a bill to amend title 46, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II, and for other purposes.

S. 970

At the request of Mr. SMITH, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 970, a bill to impose sanctions on Iran and on other countries for assisting Iran in developing a nuclear program, and for other purposes.

S. 974

At the request of Ms. COLLINS, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of S. 974, a bill to amend title VII of the Tariff Act of 1930 to provide that the provisions relating to countervailing duties apply to nonmarket economy countries, and for other purposes.

S. 991

At the request of Mr. DURBIN, the names of the Senator from Missouri (Mr. BOND), the Senator from Pennsylvania (Mr. CASEY) and the Senator from Texas (Mr. CORNYN) were added as cosponsors of S. 991, a bill to establish the Senator Paul Simon Study Abroad Foundation under the authorities of the Mutual Educational and Cultural Exchange Act of 1961.

S. 1013

At the request of Mr. HARKIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1013, a bill to amend title XIX of the Social Security Act to encourage States to provide pregnant women enrolled in the Medicaid program with access to comprehensive tobacco cessation services.

S. 1018

At the request of Mr. DURBIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1018, a bill to address security risks posed by global climate change and for other purposes.

S. 1062

At the request of Mr. DURBIN, the name of the Senator from North Carolina (Mrs. DOLE) was added as a cosponsor of S. 1062, a bill to establish a congressional commemorative medal for organ donors and their families.

S. 1065

At the request of Mrs. CLINTON, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1065, a bill to improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs, and for other purposes.

S. 1088

At the request of Ms. STABENOW, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 1088, a bill to amend the Federal Food, Drug, and Cosmetic Act with respect to market exclusivity for certain drugs, and for other purposes.

S. RES. 82

At the request of Mr. HAGEL, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. Res. 82, a resolution designating August 16, 2007 as ''National Airborne Day''.

S. RES. 92

At the request of Mrs. CLINTON, the names of the Senator from Louisiana (Mr. VITTER) and the Senator from Connecticut (Mr. DODD) were added as cosponsors of S. Res. 92, a resolution calling for the immediate and unconditional release of soldiers of Israel held captive by Hamas and Hezbollah.

At the request of Ms. COLLINS, her name was added as a cosponsor of S. Res. 92, supra.

S. RES. 122

At the request of Mr. HAGEL, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. Res. 122, a resolution commemorating the 25th anniversary of the construction and dedication of the Vietnam Veterans Memorial.

S. RES. 130

At the request of Mr. THOMAS, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. Res. 130, a resolution designating July 28, 2007, as ''National Day of the American Cowboy''.

S. RES. 132

At the request of Mr. STEVENS, the names of the Senator from Georgia (Mr. ISAKSON), the Senator from Nebraska (Mr. HAGEL) and the Senator from Virginia (Mr. WEBB) were added as cosponsors of S. Res. 132, a resolution recognizing the Civil Air Patrol for 65 years of service to the United States.

S. RES. 141

At the request of Mrs. CLINTON, the names of the Senator from New Jersey (Mr. MENENDEZ), the Senator from Wisconsin (Mr. FEINGOLD), the Senator from Florida (Mr. NELSON) and the Senator from Oregon (Mr. SMITH) were added as cosponsors of S. Res. 141, a resolution urging all member countries of the International Commission of the International Tracing Service who have yet to ratify the May 2006 amendments to the 1955 Bonn Accords to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DORGAN (for himself, Mr. HAGEL, Mr. JOHNSON, Mr. BROWNBACK, Mr. DURBIN, Mr. CONRAD, Mr. SALAZAR, Mr. ROCKEFELLER, Mr. COLEMAN, Ms. LANDRIEU, Mrs. LINCOLN, Mr. HARKIN, and Mr. PRYOR):

S. 1093. A bill to reward the hard work and risk of individuals who choose to live in and help preserve America's small, rural towns, and for other purposes; to the Committee on Finance.

Mr. DORGAN. Mr. President, I am pleased to be joined by Senators HAGEL, JOHNSON, BROWNBACK and nine of our colleagues today in re-introducing the New Homestead Act of 2007. This legislation will help address a serious threat to the economic future of rural America—the loss of its residents and Main Street businesses.

I have previously described to my Senate colleagues the severe economic and social hardships that population out-migration has had on America's Heartland when businesses are shuttered up, schools and churches are consolidated or closed altogether. Hundreds of thousands of people have left small towns in rural areas throughout the Great Plains. If you are a business owner, mayor, school board member, minister or resident of one of these rural communities, you know firsthand about this problem. People who are from these areas know that you simply can't grow or run a business in an environment where the overall economy is shrinking, current and potential customers are leaving, and public and private investment is falling. Too many communities in North Dakota and other rural States lack the critical mass of people and resources it takes to keep a community alive and growing.

Rural counties in North Dakota and heartland States have experienced massive net out-migration in recent decades and this trend is continuing today. Forty-seven of North Dakota's fifty-three counties suffered net population losses between 2000 and 2005. My home county, Hettinger, saw its population dwindle from 4,257 in 1980 to just 2,715 in 2000. Its population is projected to drop to just 1,877 by 2020.

However, this out-migration problem isn't limited to North Dakota. Nearly all of America's Heartland is facing significant population losses. Over the past fifty years or so, nearly two-thirds of rural counties in the Great Plains lost at least one third of their population.

One of the major problems caused by chronic out-migration is the dwindling workforce of young people. A recent analysis and report prepared by Dr. Richard Rathge at the North Dakota State Data Center highlighted this concern. His report revealed that the steady out-migration of young adults over the last half century or so has significantly reduced the proportion of individuals age 20 to 34 in our rural counties. The report predicts that between 2000 and 2020, the prime working age population in North Dakota, those aged 35 to 54, will decline from 183,435 to 146,717, a loss of nearly 37,000 people. If this trend continues as predicted, there will be more elderly North Dakotans age 65 and older in the year 2020 than individuals who are in their prime working years. As the report concluded, this dwindling labor pool could have a devastating economic impact on rural communities that are already struggling from a loss of residents, businesses and investments needed to survive.

We believe the bipartisan New Homestead Act will help reverse the depopulation of our rural communities by giving people who are willing to commit to live and work in high out-migration areas for 5 years tax and other financial rewards to help them to buy a home, pay for college, build a nest egg, and start a business. These incentives include repaying up to $10,000 of a college loan, offering a $5,000 tax credit for the purchase of a new home, protecting home values by allowing losses in home value to be deducted from Federal income taxes, and establishing Individual Homestead Accounts that will help people build savings and have access to credit.

It also provides tax incentives to encourage businesses to move to or expand their operations in high out-migration rural counties, including tax credits for investments in rural buildings and to offset the cost of equipment purchases and operating expenses of small businesses with five or fewer employees. Very little, if any, private venture capital is invested in out-migration rural counties, so the New Homestead Act also establishes a new $3 billion venture capital fund with state and local governments as partners to ensure that entrepreneurs and companies in these areas get the capital they need to start and grow their businesses.

The United States Senate has previously passed parts of the New Homestead Act, but those and other provisions in the bill have not yet been signed into law. But there is good reason to think we will make significant progress on the New Homestead Act in the 110th Congress.

In March, the Senate passed S. Con. Res. 21, to establish a budget plan for fiscal year 2008. This resolution allows for Senate action on the kinds of policies provided in the New Homestead Act. Specifically, Section 306 of the budget authorizes the Budget Committee Chairman to revise the levels in the resolution by $15 billion for revenue-neutral legislation that would, among other things, provide rural development investment incentives for counties impacted by high rates of out-migration.

The Senate's action on the budget signals that Federal policy makers in the U.S. Senate do understand that rural out-migration is a serious threat to the economic well-being of the Nation's Heartland. My colleagues and I will work closely with the leaders of the Budget Committee and the tax-writing Senate Finance Committee to secure passage of New Homestead Act provisions in the coming year.

I urge my colleagues to support the New Homestead Act in the 110th Congress by cosponsoring it and helping us move this important bill forward in the legislative process.

By Mr. CORNYN (for himself, Mr. CRAIG, Mr. AKAKA, and Mrs. HUTCHISON):

S. 1096. A bill to amend title 38, United States Code, to provide certain housing benefits to disabled members of the Armed Forces, to expand certain benefits for disabled veterans with severe burns, and for other purposes; to the Committee on Veterans' Affairs.

Mr. CORNYN. Mr. President, for the past several months, our Nation has focused on the tragic stories of the shameful conditions our wounded soldiers have faced as outpatients in Building 18 at Walter Reed Army Medical Center, and the stories of the difficulty they faced as they tried to navigate the military and veterans health care and benefits systems following their return from Afghanistan and Iraq.

This morning, the chairman of the Senate Armed Services Committee and the ranking member—the committee on which I serve—as well as the Veterans' Affairs Committee had further hearings and detailed the work we have to do to bring down another wall, and that is the wall that separates our wounded warriors from the benefits they have earned by their noble service.

Today I introduce the Veterans Housing Benefits Enhancement Act of 2007 that will provide immediate and tangible assistance to our wounded servicemembers and their families by strengthening our current law.

This legislation provides explicit VA housing and automobile grant eligibility to servicemembers and veterans with burn injuries, enhanced eligibility for grant assistance during the Department of Defense-to-Veterans' Administration transition, and requires the Secretary of the Veterans' Administration to report on possible improvements to the current law that would cover others with special disabilities, such as those with traumatic brain injuries.

I am pleased to say the chairman of the Senate Veterans' Affairs Committee, Senator DANNY AKAKA, and the ranking member, Senator LARRY CRAIG of Idaho, have joined me as original cosponsors of this legislation, as well as my senior Senator from Texas, Mrs. HUTCHISON.

I grew up in a military family. My dad served for 31 years in the Air Force. I saw firsthand the importance of treating our veterans in a fair and equitable manner. The sacrifices our men and women in uniform make every day must not be forgotten when they take that uniform off or when they leave their active-duty military service. No veteran should ever be left behind. The fundamental agreement—I would say even sacred covenant—between our men and women in uniform and our Government does not end when a servicemember is wounded or separates from the active-duty military service and becomes a veteran.

Let there be no question about it, the conditions of these outpatient housing facilities at Walter Reed were absolutely unacceptable. But perhaps the story of that unacceptable condition has led us to finding a way to serve our wounded warriors and their families better. The U.S. military and the Department of Veterans Affairs must conduct a top-to-bottom investigation of our entire military health system and take immediate steps to address any and all problems that might exist.

It is sobering to know—as Senator CRAIG quoted during this morning's hearings in the Senate Armed Services Committee and Veterans' Affairs Committee—that the conclusions reached by GEN Omar Bradley some five decades ago were not fundamentally different from those that are tentative conclusions today about how we can improve that transition, and still we know problems exist.

The President's Commission on Care for America's Returning Wounded Veterans, led by Senator Bob Dole and Secretary Donna Shalala, is an important component of this ongoing effort, which will not be a task for the short-winded. We have an obligation and a duty to ensure that the men and women who are serving and who have served in our military are receiving the very best treatment and benefits for themselves and their families. We cannot and we should not tolerate anything less. We have to do whatever it takes, including providing both the necessary resources and cutting the bureaucratic redtape, to best meet the medical and other needs of those who have so nobly defended our Nation's freedom.

In my State of Texas, my home of San Antonio, Brooke Army Medical Center stands at the forefront of modern army medicine, second to none in

the world. Without a doubt—and this is a personal judgment, and I know my colleagues will indulge me—it is Brooke Army Medical Center that is the crown jewel of modern military medicine. I have seen firsthand the magnificent job our men and women are doing at Brooke Army Medical Center to care for our servicemembers, and they deserve all the credit and our firm support.

When I made my most recent visit to Brooke Army Medical Center, on March 10, I had the chance to not only visit soldiers and their families but I chaired a roundtable of hospital administrators, veterans service organizations, and veterans themselves because I wanted to learn from them what we needed to do here in Washington, DC to craft the laws and policies of this Nation to serve them better. I appreciate the strong opinions and advice expressed by these people who participated in the roundtable, and others who have been a source of information and feedback to me as I try to do what I can in my capacity as their elected representative to accomplish these goals. The care and support our Nation provides to these wounded warriors is a direct reflection of the level of respect we have for both our military, our military families, and our veterans, and will, in many ways, shape the armed services, the all-volunteer services, for many years to come. They depend not only on recruitment but retention.

In conjunction with my most recent visit to Brooke Army Medical Center, I heard from many soldiers, families, and veterans about their individual experiences, as I know the current occupant of the chair has when he has traveled back to Colorado, and as all of us have when we go back to learn more from our constituents about how we can improve our response. I learned in particular of challenges that burn victims and their families have faced because they have not received enough special care and assistance for that particular type of injury in the area of VA housing grants and automobile enhancements.

In particular, I want to recognize two women, heroes in my eyes, and I am sure in the eyes of their families, people such as Christy Patton, whose husband, U.S. Army SSG Everett Patton, is undergoing treatment at Brooke Army Medical Center. He was wounded and badly burned by an IED, an improvised explosive device, in Iraq while with the 172nd Stryker Brigade from Alaska. The Pattons have five children.

Then there is Rosie Babin, whose son Alan, a corporal, a medic, was shot while serving in the 82nd Airborne combat team in 2003, now medically retired and living at home with his parents outside Austin, TX. These two women—Christy Patton, who sought me out and explained to me the difficult challenges that her husband and her family of five children are having transitioning and dealing with these wounds and transitioning from the military medical care into retirement and the veterans system; as well as Rosie Babin, on behalf of her son Alan—are the most fervent and effective advocates anyone could ever want to have on your side. They have helped me a great deal as I have tried to craft legislation which I have introduced today to help not only them, because I know they didn't come to me advocating just for a solution for their husband or their son, they came to me because they thought we could craft a solution for wounded warriors and their families yet to come. These families, though, are facing unique challenges as they deal with the injuries of their loved ones, and we have a responsibility to ensure they do not go it alone and that they get all the resources and assistance our country can offer them so they can recover to the maximum degree possible.

The intent of the legislation which I have introduced today, along with my cosponsors, is pretty straightforward. Let me describe briefly what it does.

It would strengthen the present code to provide for the specific needs of burn victims for housing and automobile grants. It would ensure that wounded servicemembers and veterans with other specific needs, such as traumatic brain injuries, are also covered by these kinds of grants, if required. It would further strengthen the Department of Defense-to-Veterans' Administration transition.

As the occupant of the chair knows, that has been one of the real problems we have identified early on, is transitioning people from active-duty military service into the Veterans' Administration, with the duplicate bureaucracies and redtape and the different standards for disability determination and the like. But this bill, in particular, would strengthen the Department of Defense-to-Veterans Administration transition by providing partial housing grants for those veterans residing with a family member to cover servicemembers still on active duty awaiting their final VA disability rating.

I have to say a word here about the family members. When I have been to Walter Reed and when I have been to Brooke Army Medical Center in San Antonio, I have seen young spouses, mostly women, who are attending to their injured warrior husbands, or in the case of Rosie Babin, a mother, a loving mother attending to the needs of her son, who was also injured in 2003. It was brought home to me on a very human level what these wounds mean not just to those who receive them but to the family members, who basically sacrifice everything in order to attend to and care for their loved ones. So we ought to do everything we can for our warriors, such as Alan Babin, who are living in their parents' home, to make sure these housing grants will cover servicemembers still on active duty who are awaiting their Veterans' Administration disability rating.

This legislation will also require the Veterans' Administration to report on the need for a permanent housing grant for wounded veterans who reside with family members; and, finally, it will adjust current law to provide home improvements and structural alteration housing grants to Department of Defense servicemembers who are awaiting final VA disability ratings.

As a direct result of the care and concern of military family members, such as Christy Patton and Rosie Babin, we now have a concrete response to the very real concerns they have raised and ways that we can, working together, strengthen the current law. I hope my colleagues will support this legislation so we can work together on a bipartisan basis, in unison, to support our wounded servicemembers and their families better, particularly people such as the Babins and the Pattons. With continued attention to our veterans, we can fashion a revised system that best supports them and their families. I know we all agree that they deserve nothing less. They are the very finest our Nation has to offer.

By Mr. DOMENICI (for himself, Mr. KENNEDY, Mr. BINGAMAN, Mr. HARKIN, Mr. LEAHY, and Mr. SANDERS):

S. 1098. A bill to amend the Public Health Service Act to revise the amount of minimum allotments under the Projects for Assistance in Transition from Homelessness program; to the Committee on Health, Education, Labor, and Pensions.

Mr. DOMENICI. Mr. President, I rise today with my colleagues, Senator KENNEDY, Senator BINGAMAN, Senator HARKIN, Senator LEAHY and Senator SANDERS to introduce a bill that will raise the minimum grant amounts given to States and territories under the PATH program. The PATH program provides services through formula grants of at least $300,000 to each State, the District of Columbia and Puerto Rico and $50,000 to eligible U.S. territories. Subject to available appropriations, this bill will raise the minimum allotments to $600,000 to each State and $100,000 to eligible U.S. territories.

When the PATH program was established in fiscal year 1991 as a formula grant program, Congress appropriated $33 million. That amount has steadily increased over the years with Congress appropriating $55 million this past year. However, despite these increases, States and territories such as New Mexico that have rural and frontier populations, have not received an increase in their PATH funds. Under the formula, as it currently exists, many States and territories will never receive an increase to their PATH program, even with increasing demand and inflation. This problem is occurring in my home State of New Mexico as well as twenty-five other States and territories throughout the United States.

The PATH program is authorized under the Public Health Service Act

and it funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services for people who are homeless and have serious mental illnesses. Program services are provided in a variety of different settings, including clinic sites, shelter-based clinics, and mobile units. In addition, the PATH program takes health care services to locations where homeless individuals are found, such as streets, parks, and soup kitchens.

PATH services are a key element in the plan to end chronic homelessness. Every night, an estimated 600,000 people are homeless in America. Of these, about one-third are single adults with serious mental illnesses. I have worked closely with organizations in New Mexico such as Albuquerque Health Care for the Homeless and I have seen first hand the difficulties faced by the more than 15,000 homeless people in New Mexico, 35 percent of whom are chronically mentally ill or mentally incapacitated.

PATH is a proven program that has been very successful in moving people out of homelessness. PATH has been reviewed by the Office of Management and Budget and has scored significantly high marks in meeting program goals and objectives. Unquestionably, homelessness is not just an urban issue. Rural and frontier communities face unique challenges in serving PATH eligible persons and the PATH program funding mechanisms must account for these differences.

I look forward to working with my colleagues on this important issue.

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

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

S. 1098

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

SECTION 1. MINIMUM ALLOTMENTS UNDER THE PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS PROGRAM.

Section 524 of the Public Health Service Act (42 U.S.C. 290cc–24) is amended to read as follows:

''SEC. 524. DETERMINATION OF AMOUNT OF ALLOTMENT.

''(a) DETERMINATION UNDER FORMULA.—Subject to subsection (b), the allotment required in section 521 for a State for a fiscal year is the product of—

''(1) an amount equal to the amount appropriated under section 535 for the fiscal year; and

''(2) a percentage equal to the quotient of—

''(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

''(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

''(b) MINIMUM ALLOTMENT.—

''(1) IN GENERAL.—Subject to paragraph (2), the allotment for a State under section 521 for a fiscal year shall, at a minimum, be the greater of—

''(A) the amount the State received under section 521 in fiscal year 2006; and

''(B) $600,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $100,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

''(2) CONDITION.—If the funds appropriated in any fiscal year under section 535 are insufficient to ensure that States receive a minimum allotment in accordance with paragraph (1), then—

''(A) no State shall receive less than the amount they received in fiscal year 2006; and

''(B) any funds remaining after amounts are provided under subparagraph (A) shall be used to meet the requirement of paragraph (1)(B), to the maximum extent possible.''.

By Ms. COLLINS (for herself and Mr. HARKIN):

S. 1099. A bill to amend chapter 89 of title 5, United States Code, to make individuals employed by the Roosevelt Campobello International Park Commission eligible to obtain Federal health insurance; to the Committee on Homeland Security and Governmental Affairs.

Ms. COLLINS. Mr. President. I rise to introduce a bill that would solve a serious health-insurance problem for some Americans who work on Campobello Island, Canada, near the Maine border, at a park that honors the memory of President Franklin D. Roosevelt.

Ten residents of the State of Maine are employed on that beautiful island by the Roosevelt Campobello International Park. The park centers on the spacious summer cottage that FDR loved and visited often, from his childhood in the 1880s up to his last trip in 1939. Today, the Roosevelt cottage and the park draw thousands of visitors from around the world.

The Roosevelt Campobello International Park was dedicated in 1964 as a memorial to President Roosevelt, and is funded by both the U.S. and the Canadian Governments under terms of a treaty.

Unfortunately, the drafters of the treaty did not address the need for health insurance for park employees. As a result, the State Department concluded in 1965 that those employees ''shall be subject to the relevant Canadian labor laws.'' Based on that State Department opinion, the U.S. Civil Service Commission—precursor of the Office of Personnel Management—determined that the employees were not eligible for Federal Employee Health Benefits Program coverage.

Meanwhile, even if the employees could join the Canadian health plan, the park's location makes it impractical for them to seek medical treatment in Canada. The closest doctors and hospitals are in Maine, and the only access to the park is from the United States.

Consequently, the employees have relied on a small-group insurance plan negotiated by the Park Commission and have paid for their own insurance. But as with millions of other Americans, drastic increases in premiums have made that small-group plan unaffordable for the Park employees. The result is a genuine hardship for them and their families.

My bill will resolve this problem simply, by making these employees eligible for FEHBP health insurance. This is a matter of equal treatment as well as compassion. Full-time employees of other joint-responsibility parks on the U.S.A.-Canada border, like Glacier National Park, are already eligible for coverage under the FEHBP.

Adding this handful of employees to the rolls is a negligible cost to the government, but a huge relief for these deserving citizens.

I am pleased to be joined in this effort by Senator HARKIN. He serves ably on the Roosevelt Campobello International Park Commission, and so understands the problem faced by my Maine constituents employed at the park.

I hope that our colleagues will join us to support this bill so that the American citizens maintaining a park honoring a great American President will be treated fairly. I ask unanimous concent that the text of the bill be printed in the RECORD.

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

S. 1099

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

SECTION 1. HEALTH INSURANCE.

Section 8901(1) of title 5, United States Code, is amended—

(1) in subparagraph (H), by striking ''and'' at the end;

(2) in subparagraph (I), by inserting ''and'' after the semicolon; and

(3) by inserting before the matter following subparagraph (I) the following:

''(J) an individual who is employed by the Roosevelt Campobello International Park Commission and is a citizen of the United States,''.

By Mr. BINGAMAN (for himself, Mr. SMITH, Mr. KOHL, Ms. SNOWE, Mrs. LINCOLN, and Mr. KERRY):

S. 1102. A bill to amend title XVIII of the Social Security Act to expedite the application and eligibility process for low-income subsidies under the Medicare prescription drug program and to revise the resource standards used to determine eligibility for an income-related subsidy, and for other purposes; to the Committee on Finance.

By Mr. BINGAMAN (for himself, Mr. SMITH, and Mr. KERRY):

S. 1103. A bill to amend title XVIII of the Social Security At to include costs incurred by the Indian Health Service, a Federally qualified health center, an AIDS drug assistance program, certain hospitals, or a pharmaceutical manufacturer patient assistance program in providing prescription drugs toward the annual out of pocket threshold under part D of the Medicare program; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today with my colleague Senator SMITH to introduce two pieces of vitally important, bipartisan legislation that will ensure that low-income seniors have full access to the benefits available to them under the Medicare Drug Benefit. The first piece of legislation makes critical improvements in the Medicare Part D Low-Income Subsidy (LIS) available to assist these individuals in meeting cost sharing, premium, and deductible requirements under Part D. The second will ensure that low-income seniors don't get caught in the Medicare Part D coverage gap, or ''doughnut hole,'' simply because of where they purchase their Part D pharmaceuticals.

These bills were developed in close collaboration with Senator SMITH, who also will be introducing two bills today to achieve other, critical improvements in the Medicare program for low-income seniors. Together, we believe this package of four bills will provide the reforms necessary to ensure that the Medicare program and the LIS function as they were intended, to ensure access to life-saving drug coverage for some of the most vulnerable members of our society.

Data indicates that a shockingly low number of seniors eligible for the LIS benefit are actually receiving the benefit. According to the January 2007 report by the National Council on Aging (NCOA), The Next Steps: Strategies to Improve the Medicare Part D Low-Income Subsidy, only 35 percent to 42 percent of beneficiaries who could have successfully applied for the LIS in 2006 were actually receiving it. Exacerbating this problem, NCOA also reports that overall LIS enrollment rates are slowing. In total for 2007, NCOA estimates that between 3.4 and 4.4 million beneficiaries still must be identified and enrolled in the LIS. Furthermore, data indicates that certain LIS requirements result in many low-income seniors that should be eligible for the benefit being denied enrollment in LIS. I believe the modest policy changes created by the legislation I and Senator SMITH are introducing will ensure that all low-income beneficiaries have access to the LIS.

The single most significant barrier to LIS eligibility is the asset test, which accounts for approximately 41 percent of LIS denials. As reported by NCOA, the asset test penalizes low income retirees who may have very modest savings. For example, approximately half of the people that failed the asset test have excess assets of $35,000 or less. These people tend to be older, female, widowed, and living alone. In addition the asset test is inherently discriminatory against certain categories of people, e.g., people who rent their homes.

My legislation, the Part D Equity for Low-Income Seniors Act, will dramatically improve this inequity by raising the asset test limits to $27,500 for an individual and $55,000 for a couple. This will capture about half of individuals and two-thirds of couples who have been denied LIS because of excess resources.

As recommended by OIG in fall 2006, this legislation also allows the Internal Revenue Service (IRS) to transfer tax filing information to the Social Security Administration (SSA) so they can better target beneficiaries who might be eligible for the LIS. In addition, this legislation creates an expedited LIS application process for pre-screened beneficiaries, prohibits the reporting of retirement account balances, life-insurance policies and in-kind contributions when determining a beneficiary's resource level, and prohibits LIS benefits from being counted as resources for the purposes of determining eligibility for other federal programs.

I also am introducing the Low-Income True Out-Of Pocket (TrOOP) Expense under Part D Assistance bill, which ensures that low-income Americans do not get ''stuck'' in the Part D ''doughnut hole'' simply because of where they choose to purchase Part D pharmaceuticals.

Unbelievably, under current regulation and guidance, individuals who are in the doughnut hole and receive Part D drugs from commercial pharmacies are permitted to count waivers or reductions in Part D cost-sharing to count towards their TrOOP. However, low-income individuals who tend to receive Part D drugs from safety-net pharmacies and other safety-net providers are not permitted to count similar waivers or reductions in Part D cost-sharing by safety-net providers towards their TrOOP. Thus, current law penalizes low-income individuals and makes it easier for them to get stuck in the doughnut hole—never accessing the catastrophic coverage to which they are entitled.

My legislation would undo this inequity and permit waivers and reductions for beneficiaries receiving care from safety-net providers to count towards beneficiaries' TrOOP. Specifically, the legislation will count waivers and reductions by certain safety-net hospitals and pharmacies, Federally Qualified Health Centers (FQHCs), AIDS Drug Assistance Programs (ADAPs), Pharmacy Assistance Programs (PAPs), and the Indian Health Service (IRS) toward TrOOP.

In closing, I would also like to offer my strong support for the two bills on which we worked very closely with Senator Smith and that he is introducing today. The first is the Medicare Part D Outreach and Enrollment Enhancement Act, which creates a permanent 90-day special enrollment period for any beneficiary who becomes eligible for the LIS. It also requires CMS to provide such beneficiaries facilitated enrollment into the plans allowing, within 90 days, the beneficiary to be enrolled into the most appropriate plan for his or her needs. The legislation also waives the late enrollment penalty for LIS beneficiaries, provides a $1 per beneficiary authorization for State Health Insurance Programs, and funds the National Center on Senior Benefits and Outreach, which was created last year in the Older Americans Act.

The second piece of legislation creates important equity between institutionalized Part D beneficiaries dually eligible for Medicare and Medicaid and those dual eligibles who avoid initialization through a Home and Community Based Waiver (HCBW). Currently under Federal law, Part D cost-sharing requirements are waived for dual-eligible individuals that are institutionalized but are not waived for individuals in HCBWs. Senator SMITH's legislation would make an important change to Federal law to all allow cost sharing under Part D to be waived for dual eligibles regardless of whether they are institutionalized or receiving care through HCBWs.

I also would like to express my gratitude for the assistance of several key senior citizen advocates in crafting all four important pieces of legislation, including: Paul Cotton and Kristen Sloan from the American Association of Retired Persons, Howard Bedlin and Sara Duda from the National Council on Aging, Lena O'Rourke and Marc Steinberg from Families USA, Patricia Nemore and Vicki Gottlich from the Center for Medicare Advocacy and Paul Precht, from the Medicare Rights Center. I would also like to thank the Staff at the Social Security Administration (SSA) for their prompt feedback and invaluable assistance.

I urge my colleagues to join me in supporting these important pieces of legislation, which will ensure that life saving pharmaceuticals are available to low-income Americans.

I ask unanimous consent that the National Council on Aging Report, and the text of these bills to be printed in the RECORD.

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

THE NEXT STEPS: STRATEGIES TO IMPROVE THE MEDICARE PART D LOW-INCOME SUBSIDY

The passage of the Medicare Modernization Act (MMA) was the largest expansion of the Medicare program since its inception in 1965 and over 90 percent of Medicare beneficiaries now have prescription drug coverage due to unprecedented efforts by the public and private sectors. However, millions of those in greatest need have still not signed up for the Low-Income Subsidy (LIS or Extra Help) program, which provides generous financial assistance to beneficiaries with limited income and resources, including coverage through the ''donut hole.'' HHS has estimated that at least 75% of the Medicare beneficiaries still without any prescription drug coverage are eligible for the Low-Income Subsidy.

The challenge of finding and enrolling people with limited means in needs-based programs is not new. After forty years, take-up rates remain low for many federal means-tested benefits. As a result of unprecedented efforts by the public, non-profit and private sectors in the first year of the program, NCOA estimates that 35% to 42% of beneficiaries who could have successfully applied for the LIS in 2006 are actually receiving it. While the LIS take-up rate so far is on a par

with historic enrollment rates in other federal, needs-based programs (especially after the first year of effort), there are signs that overall enrollment rates are slowing. We estimate that there are between 3.4 and 4.4 million beneficiaries that we still need to find and sign up for the program in 2007.

These are people who would benefit most from the coverage that Part D and the LIS can offer them. With targeted investments and modest policy changes, significantly higher participation rates can be achieved in 2007.

This paper identifies recommended legislative, administrative, and regulatory reforms that should be made to the LIS to improve access to the program for seniors and people with disabilities with limited means. Some of the key legislative reforms recommended include: (1) eliminating the asset test, as it is the single-most significant barrier to Part D LIS eligibility; (2) enacting legislation to make the LIS Special Enrollment Period (SEP) permanent and eliminate the late enrollment premium penalty for this population; and (3) establishing and funding a dedicated, nationwide network of enrollment centers through the new National Center on Senior Benefits Outreach and Enrollment in order to find and enroll remaining LIS eligibles.

There are also significant administrative and regulatory reforms recommended in this paper. Some of the reforms include having the Social Security Administration (SSA): (1) designate at least one dedicated worker in each field office who is assigned specifically to process LIS applications where practical; (2) amend the LIS application to allow applicants to designate a third party to assist them through the LIS application process and interact with SSA on their behalf; and (3) maintain a link from the online LIS application to a webpage that provides seniors and people with disabilities—as well as their family members, friends, or advocates—with state-specific information on other public benefits for which they may be eligible.

In addition to implementing reforms to the Part D LIS program, Prescription Drug Plans (PDPs) and Medicare Advantage-Prescription Drug plans (MAPDs) should be required to screen their member lists for individuals who are potentially eligible for the Low- Income Subsidy. We estimate that up to 1.1 million more people in plans could enroll in the LIS if they knew they were eligible for the program and received application assistance. PDPs and MA-PDs could partner with nonprofit organizations to help screen their members for LIS eligibility.

We commend CMS for its recent decisions to permit low-income beneficiaries to sign up for LIS and enroll in a plan throughout the remainder of 2007 without penalty. This action is necessary, but not sufficient in itself to achieve higher LIS enrollments in 2007. To reach the remaining LIS eligibles, additional investment in proven strategies that work is needed, along with progress on the other recommendations included in this paper.

With the beginning of the second year of this program, the Access to Benefits Coalition and NCOA call on the Administration, foundations, corporations and advocacy groups to renew their commitment to outreach and enrollment efforts and to invest in effective strategies to help seniors and people with disabilities in greatest need to receive the important benefits available to them.

S. 1102

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 ''Part D Equity for Low-Income Seniors Act of 2007''.

SEC. 2. EXPEDITING LOW-INCOME SUBSIDIES UNDER THE MEDICARE PRESCRIPTION DRUG PROGRAM.

(a) IN GENERAL.—Section 1860D–14 of the Social Security Act (42 U.S.C. 1395w-114) is amended by adding at the end the following new subsection:

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

''(1) EXPEDITED PROCESS.—

''(A) IN GENERAL.—The Commissioner of Social Security shall provide for an expedited process under this subsection for the qualification for low-income assistance under this section through a request to the Secretary of the Treasury as provided in subparagraph (B) for information described in section 6103(l)(21) of the Internal Revenue Code of 1986. Such process shall be conducted in cooperation with the Secretary.

''(B) CURRENTLY ELIGIBLE INDIVIDUALS.—The Commissioner of Social Security shall, as soon as practicable after implementation of subparagraph (A), screen such individual for eligibility for the low-income subsidy provided under this section through such a request to the Secretary of the Treasury.

''(2) NOTIFICATION OF POTENTIALLY ELIGIBLE INDIVIDUALS.—Under such process, in the case of each individual identified under paragraph (1) who has not otherwise applied for, or been determined eligible for, benefits under this section (or who has applied for and been determined ineligible for such benefits based only on excess resources), the Commissioner of Social Security shall send a notification that the individual is likely eligible for low-income subsidies under this section. Such notification shall include the following:

''(A) APPLICATION INFORMATION.—Information on how to apply for such low-income subsidies.

''(B) DESCRIPTION OF THE LIS BENEFIT.—A description of the low-income subsidies available under this section.

''(C) INFORMATION ON STATE HEALTH INSURANCE PROGRAMS.—Information on—

''(i) the State Health Insurance Assistance Program for the State in which the individual is located; and

''(ii) how the individual may contact such Program in order to obtain assistance regarding enrollment and benefits under this part.

''(D) ATTESTATION.—An application form that provides for a signed attestation, under penalty of law, as to the amount of income and assets of the individual and constitutes an application for the low-income subsidies under this section. Such form—

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

''(ii) shall permit the appointment of a personal representative described in paragraph (4); and

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

If a State is doing its own outreach to low-income seniors regarding enrollment and low-income subsidies under this part, such process shall be coordinated with the State's outreach effort.

''(3) HOLD-HARMLESS.—Under such process, if an individual in good faith and in the absence of fraud executes an attestation described in paragraph (2)(D) and is provided low-income subsidies under this section on the basis of such attestation, if the individual is subsequently found not eligible for such subsidies, there shall be no recovery made against the individual because of such subsidies improperly paid.

''(4) USE OF AUTHORIZED REPRESENTATIVE.—Under such process, with proper authorization (which may be part of the attestation form described in paragraph (2)(D)), an individual may authorize another individual to act as the individual's personal representative with respect to communications under this part and the enrollment of the individual under a prescription drug plan (or MA–PD plan) and for low-income subsidies under this section.

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

''(6) CONSTRUCTION.—Nothing in this subsection shall be construed as precluding the Commissioner of Social Security or the Secretary from taking additional outreach efforts to enroll eligible individuals under this part and to provide low-income subsidies to eligible individuals.''.

(b) DISCLOSURE OF RETURN INFORMATION FOR PURPOSES OF DETERMINING INDIVIDUALS ELIGIBLE FOR SUBSIDIES UNDER MEDICARE PART D.—

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

''(21) DISCLOSURE OF RETURN INFORMATION TO CARRY OUT MEDICARE PART D SUBSIDIES.—

''(A) IN GENERAL.—The Secretary shall, upon written request from the Commissioner of Social Security under section 1860D–14(e)(1) of the Social Security Act, disclose to officers and employees of the Social Security Administration return information of a taxpayer who (according to the records of the Secretary) may be eligible for a subsidy under section 1860D–14 of the Social Security Act. Such return information shall be limited to—

''(i) taxpayer identity information with respect to such taxpayer,

''(ii) the filing status of such taxpayer,

''(iii) the gross income of such taxpayer,

''(iv) such other information relating to the liability of the taxpayer as is prescribed by the Secretary by regulation as might indicate the eligibility of such taxpayer for a subsidy under section 1860D–14 of the Social Security Act, and

''(v) the taxable year with respect to which the preceding information relates.

''(B) RESTRICTION ON USE OF DISCLOSED INFORMATION.—Return information disclosed under this paragraph may be used by officers and employees of the Social Security Administration only for the purposes of identifying eligible individuals for, and, if applicable, administering—

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

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

''(C) TERMINATION.—Return information may not be disclosed under this paragraph after the date that is one year after the date of the enactment of this paragraph.''.

(2) CONFORMING AMENDMENTS.—Paragraph (4) of section 6103(p) of the Internal Revenue Code of 1986 is amended—

(A) by striking ''(14) or (17)'' in the matter preceding subparagraph (A) and inserting ''(14), (17), or (21)''; and

(B) by striking ''(15) or (17)'' in subparagraph (F)(ii) and inserting ''(15), (17), or (21)''.

SEC. 3. MODIFICATION OF RESOURCE STANDARDS FOR DETERMINATION OF ELIGIBILITY FOR LOW-INCOME SUBSIDY.

(a) INCREASING THE ALTERNATIVE RESOURCE STANDARD.—Section 1860D–14(a)(3)(E)(i) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)(E)(i)) is amended—

(1) in subclause (I), by striking ''and'' at the end;

(2) in subclause (II)—

(A) by striking ''a subsequent year'' and inserting ''2007'';

(B) by striking ''in this subclause (or subclause (I)) for the previous year'' and inserting ''in subclause (I) for 2006'';

(C) by striking the period at the end and inserting a semicolon; and

(D) by inserting before the flush sentence at the end the following new subclauses:

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

''(IV) for a subsequent year the dollar amounts specified in this subclause (or subclause (III)) for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.''; and

(3) in the flush sentence at the end, by inserting ''or (IV)'' after ''subclause (II)''.

(b) EXEMPTIONS FROM RESOURCES.—Section 1860D–14(a)(3) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)) is amended—

(1) in subparagraph (D), in the matter preceding clause (i), by inserting ''subject to the additional exclusions provided under subparagraph (G)'' before '')'';

(2) in subparagraph (E)(i), in the matter preceding subclause (I), by inserting ''subject to the additional exclusions provided under subparagraph (G)'' before '')''; and

(3) by adding at the end the following new subparagraph:

''(G) ADDITIONAL EXCLUSIONS.—In determining the resources of an individual (and their eligible spouse, if any) under section 1613 for purposes of subparagraphs (D) and (E) the following additional exclusions shall apply:

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

''(ii) IN-KIND CONTRIBUTIONS.—No in-kind contribution shall be taken into account.

''(iii) PENSION OR RETIREMENT PLAN.—No balance in any pension or retirement plan shall be taken into account.''.

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

SEC. 4. INDEXING DEDUCTIBLE AND COST-SHARING ABOVE ANNUAL OUT-OF-POCKET THRESHOLD FOR INDIVIDUALS WITH INCOME BELOW 150 PERCENT OF POVERTY LINE.

(a) INDEXING DEDUCTIBLE.—Section 1860D–14(a)(4)(B) of the Social Security Act (42 U.S.C. 1395w–114(a)(4)(B)) is amended—

(1) in clause (i), by striking ''or'';

(2) in clause (ii)—

(A) by striking ''a subsequent year'' and inserting ''2008'';

(B) by striking ''this clause (or clause (i)) for the previous year'' and inserting ''clause (i) for 2007''; and

(C) by striking ''involved.'' and inserting ''involved; and'';

(3) by adding after clause (ii) the following new clause:

''(iii) for 2008 and each succeeding year, the amount determined under this subparagraph for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.''; and

(4) in the flush sentence at the end, by striking ''clause (i) or (ii)'' and inserting ''clause (i), (ii), or (iii)''.

(b) INDEXING COST-SHARING.—Section 1860D–14(a) of the Social Security Act (42 U.S.C. 1395w–114(a)) is amended–

(1) in paragraph (1)(D)(iii), by striking ''exceed the copayment amount'' and all that follows through the period at the end and inserting ''exceed—

''(I) for 2006 and 2007, the copayment amount specified under section 1860D–2(b)(4)(A)(i)(I) for the drug and year involved; and

''(II) for 2008 and each succeeding year, the amount determined under this subparagraph for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.''; and

(2) in paragraph (2)(E), by striking ''exceed the copayment or coinsurance amount'' and all that follows through the period at the end and inserting ''exceed—

''(i) for 2006 and 2007, the copayment or coinsurance amount specified under section 1860D–2(b)(4)(A)(i)(I) for the drug and year involved; and

''(ii) for 2008 and each succeeding year, the amount determined under this clause for the previous year increased by the annual percentage increase in the consumer price index (all items; U.S. city average) as of September of such previous year.''.

SEC. 5. NO IMPACT ON ELIGIBILITY FOR BENEFITS UNDER OTHER PROGRAMS.

(a) IN GENERAL.—Section 1860D–14(a)(3) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)), as amended by section 3(c)(3), is amended—

(1) in subparagraph (A), in the matter preceding clause (i), by striking ''subparagraph (F)'' and inserting ''subparagraphs (F) and (H)''; and

(2) by adding at the end the following new subparagraph:

''(H) NO IMPACT ON ELIGIBILITY FOR BENEFITS UNDER OTHER PROGRAMS.—The availability of premium and cost-sharing subsidies under this section shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the amount of benefits under, any other Federal program.''.

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

S. 1103

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 ''Helping Fill the Medicare Rx Gap Act of 2007''.

SEC. 2. INCLUDING COSTS INCURRED BY THE INDIAN HEALTH SERVICE, A FEDERALLY QUALIFIED HEALTH CENTER, AN AIDS DRUG ASSISTANCE PROGRAM, CERTAIN HOSPITALS, OR A PHARMACEUTICAL MANUFACTURER PATIENT ASSISTANCE PROGRAM IN PROVIDING PRESCRIPTION DRUGS TOWARD THE ANNUAL OUT OF POCKET THRESHOLD UNDER PART D.

(a) IN GENERAL.—Section 1860D–2(b)(4)(C) of the Social Security Act (42 U.S.C. 1395w–102(b)(4)(C)) is amended—

(1) in clause (i), by striking ''and'' at the end;

(2) in clause (ii)—

(A) by striking ''such costs shall be treated as incurred only if'' and inserting ''subject to clause (iii), such costs shall be treated as incurred if'';

(B) by striking '', under section 1860D–14, or under a State Pharmaceutical Assistance Program'';

(C) by striking ''(other than under such section or such a Program)''; and

(D) by striking the period at the end and inserting ''; and''; and

(3) by inserting after clause (ii) the following new clause:

''(iii) such costs shall be treated as incurred and shall not be considered to be reimbursed under clause (ii) if such costs are borne or paid—

''(I) under section 1860D–14;

''(II) under a State Pharmaceutical Assistance Program;

''(III) by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act);

''(IV) by a Federally qualified health center (as defined in section 1861(aa)(4));

''(V) under an AIDS Drug Assistance Program under part B of title XXVI of the Public Health Service Act;

''(VI) by a subsection (d) hospital (as defined in section 1886(d)(1)(B)) that meets the requirements of clauses (i) and (ii) of section 340B(a)(4)(L) of the Public Health Service Act; or

''(VII) by a pharmaceutical manufacturer patient assistance program, either directly or through the distribution or donation of covered part D drugs, which shall be valued at the negotiated price of such covered part D drug under the enrollee's prescription drug plan or MA–PD plan as of the date that the drug was distributed or donated.''.

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

By Mr. KENNEDY (for himself, Mr. SMITH, Mr. LEAHY, Mr. SPECTER, Ms. MIKULSKI, Ms. COLLINS, Mr. MENENDEZ, Ms. SNOWE, Mr. BROWN, Mr. KERRY, Mr. DURBIN, Mr. LAUTENBERG, Mr. DODD, Mr. NELSON of Nebraska, Mrs. FEINSTEIN, Mr. LEVIN, Mr. HARKIN, Mr. WHITEHOUSE, Ms. STABENOW, Mr. BIDEN, Mrs. MURRAY, Mr. BAYH, Ms. CANTWELL, Mr. CARDIN, Mr. LIEBERMAN, Mr. REED, Mr. SCHUMER, Mr. OBAMA, Mrs. BOXER, Ms. KLOBUCHAR, Mr. AKAKA, Mr. BINGAMAN, Mrs. CLINTON, Ms. LANDRIEU, Mr. ROCKEFELLER, Mrs. LINCOLN, Mr. CASEY, Mrs. MCCASKILL, Mr. INOUYE, Mr. NELSON of Florida, Mr. SALAZAR, and Mr. JOHNSON):

S. 1105. A bill to provide Federal assistance to States, local jurisdictions, and Indian tribes to prosecute hate crimes, and for other purposes; to the Committee on the Judiciary.

Mr. KENNEDY. Mr. President, hate crimes violate everything our country stands for. They send the poisonous message that certain Americans deserve to be victimized solely because of who they are. These are crimes committed against entire communities, the Nation as a whole and the very ideals upon which our country was founded.

The vast majority of Congress agrees. In 2000, 57 Senators voted in support of this bill. In 2002, 54 Senators voted with us, and, in 2004, we had 65 votes. Today, we are re-introducing this bicameral, bipartisan bill with the support of 39 original cosponsors, and we have the

votes to get cloture. We have the votes in the House too. This year, we are going to get it done.

Our legislation is supported by a broad coalition of over 210 law enforcement, civic, religious and civil rights groups, including the International Association of Chiefs of Police, the National Sheriffs Association, the Anti-Defamation League, the Interfaith Alliance, the U.S. Conference of Mayors, the Leadership Conference on Civil Rights, the National District Attorneys Association, and the National Center for Victims of Crime.

Data from the National Crime Victimization Survey are especially disturbing because they indicate that a large number of hate crimes go unreported. The data indicates that an average of 191,000 hate crimes take place every year, but only a small percentage are reported to the police.

We obviously need to strengthen the ability of Federal, State and local governments to investigate and prosecute these vicious and senseless crimes. The existing Federal hate crime statute was passed in 1968, soon after the assassination of Dr. Martin Luther King, Jr. It was such an important step forward at the time, but it is now a generation out of date.

The absence of effective legislation has undoubtedly resulted in the failure to solve many hate-motivated crimes. The recent action of the Justice Department in reopening 40 civil-rights-era murders demonstrates the need for adequate laws. Many of the victims in these cases have been denied justice for decades, and for some, justice will never come.

This bill corrects two major deficiencies in current law—one, the excessive restrictions requiring proof that victims were attacked because they were engaged in certain ''federally protected activities,'' and, two, the limited scope of the law, which covers only hate crimes based on race, religion, or ethnic background, excluding violence committed against persons because of their sexual orientation, gender, gender identity, or disability.

The federally protected activity requirement is outdated, unwise and unnecessary, particularly when we consider the unjust outcomes that result from this requirement. Hate crimes can occur in a variety of circumstances, and citizens are often targeted during routine activities that should be protected.

For example, in June 2003, six Latino teenagers went to a family restaurant on Long Island. They knew one another from their involvement in community activities and were together to celebrate one of their birthdays. As the group entered the restaurant, three men who were leaving the bar assaulted them, pummeling one boy and severing a tendon in his hand with a sharp weapon. During the attack, the men yelled racial slurs and one identified himself as a skinhead.

Two of the men were tried under the current Federal law for committing a hate crime and were acquitted. The jurors said the government failed to prove that the attack took place because the victims were engaged in a federally protected activity—using the restaurant. The result in this case is only one example of the inadequate protection under current law. The bill we introduce today will eliminate the federally protected activity requirement. Under this bill, the defendants who left the courtroom as free men would almost certainly have left in handcuffs through a different door.

The bill also recognizes that hate crimes are also committed against people because of their sexual orientation, their gender, their gender identity, or their disability. It's up to Congress to make sure that tough Federal penalties also apply to those who commit such crimes as well. Passing this bill will send a loud and clear message. All hate crimes will face Federal prosecution. Action is long overdue.

Examples of the problem abound. Two years ago, a 52-year-old Alabama man was beaten on the head with a hammer because he was gay. Still waiting for justice, the man lies in a coma as a result of that attack.

In 1993, a 21-year-old transgender man, Brandon Teena was raped and beaten in Humboldt, NE, by two male friends. The local sheriff refused to arrest the offenders, and they later shot and stabbed Brandon to death.

In 1999, four women in Yosemite National Park were targeted by a man who admitted to having fantasized about killing women for most of his life. The current hate crime law did not apply to this horrific crime because enjoyment of a Federal park is not a federally protected right.

In 2001, Fred C. Martinez, Jr., a Navajo, openly gay, transgender youth, was murdered while walking home from a party in Cortez, CO. The perpetrator, Shaun Murphy, had traveled from New Mexico to Colorado with a friend in order to sell illegal drugs. He met Fred at a carnival that night, and the next morning, while driving, he saw Fred walking down the street. Shaun and his friend offered Fred a ride and dropped him off close to home. Shortly thereafter, Shaun attacked Fred and beat him to death with a large rock. His body was discovered several days later. The attackers bragged about this vicious crime, describing the victim with vulgar epithets.

The perpetrator could not be charged with a hate crime because no State or Federal law protecting gender identity existed. He received a 40-year sentence under a plea agreement and he will be eligible for parole in 25 years. His victim did not live long enough to see his 20th birthday. If the defendant had been charged with a Federal hate crime, he could have received a life sentence. If the prosecutor had greater aid for his investigation under the proposed legislation, he could have had a stronger case against the defendant and prosecuted him more effectively.

In October 2002, two deaf girls in Somerville, MA—one of whom was wheelchair bound due to cerebral palsy—were harassed and sexually assaulted by four suspected gang members in a local park. Although the alleged perpetrators were charged in the incident, the assaults could not be charged as hate crimes because there is no Federal protection for hate crimes against disabled individuals.

These examples graphically illustrate the senseless brutality that our fellow citizens face simply for being who they are. They also highlight the importance of passing this legislation, which is long overdue.The vast majority of us in Congress have recognized the importance of this legislation since it was first introduced—nearly 10 years ago. This year, we have an opportunity to pass it in both the Senate and the House, and enact it into law. Let's make the most of this opportunity, and do all we can to end these senseless crimes.

I ask unanimous consent to print in the RECORD this list of organizations who support the Matthew Shepard bill.

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

1. American-Arab Anti-Discrimination Committee.
2. American Association of University Women.
3. American Civil Liberties Union.
4. American Jewish Committee.
5. American Psychological Association.
6. Anti-Defamation League.
7. Asian American Justice Center.
8. Center for the Study of Hate and Extremism.
9. Human Rights Campaign.
10. Interfaith Alliance.
11. International Association of Chiefs of Police.
12. Japanese American Citizens League.
13. Jewish Council for Public Affairs.
14. Leadership Conference on Civil Rights.
15. Matthew Shepard Foundation.
16. National Association for the Advancement of Colored People.
17. National Council of Jewish Women.
18. National District Attorneys Association.
19. National Sheriffs' Association.
20. People for the American Way.
21. Religious Action Center of Reform Judaism.
22. SALDEF (Sikh American Legal Defense and Education Fund).
23. Unitarian Universalist Association.
24. The United States Conference of Mayors.
25. Group Letter: Religious Organizations: African American Ministers in Action, American Jewish Committee. Anti-defamation League, Buddhist Peace Fellowship, Catholics for a Free Choice, Church Women United, The Episcopal Church, Hadassah, Hindu American Foundation, The Interfaith Alliance, Jewish Council for Public Affairs, Jewish Women International, Muslim Public Affairs Council, NA'AMAT USA, National Council of Churches of Christ, National Council of Jewish Women, North American Federation of Temple Youth, Presbyterian Church USA, Sikh Council on Religion and Education, United Church of Christ Justice and Witness Ministries, Union for Reform Judaism, United Methodist Church General Board of Church and Society, Unitarian Universalist Association of Congregations,

United Synagogues of Conservative Judaism and Women of Reform Judaism.

26. Group Letter: Consortium for Citizens with Disabilities: Alexander Graham Bell Association for the Deaf and Hard of Hearing, American Association on Health and Disability, American Association on Intellectual and Developmental Disabilities, American Association on Mental Retardation, American Association of People with Disabilities, American Council of the Blind, American Counseling Association, American Dance Therapy Association, American Medical Rehabilitation Providers Association, American Music Therapy Association, American Network of Community Options and Resources, American Occupational Therapy Association, American Psychological Association, American Therapeutic Recreation Association, American Rehabilitation Association, Association of Tech Act Projects, Association of University Centers of Disabilities, Autism Society of America, Bazelon Center for Mental Health Law, Council for Learning Disabilities, Council of State Administrators of Vocational Rehabilitation, Easter Seals, Epilepsy Foundation, Hellen Keller National Center, Learning Disabilities Association of America, National Alliance on Mental Illness, National Association of Councils on Developmental Disabilities, National Coalition on Deaf-Blindness, National Disability Rights Network, National Down Syndrome Society, National Fragile X Foundation, National Rehabilitation Association, National Respite Coalition, National Structured Settlement Trade Association, NISH, Paralyzed Veterans of America, Research Institute for Independent Living, School Social Work Association of America, Spina Bifida Association, The Arc of the United States, United Cerebral Palsy, United Spinal Association, World Institute on Disability.

27. Group Letter: National Partnership for Women and Families: 9to5 Bay Area, 9to5 Colorado, 9to5 Poverty Network Initiative (Wisconsin), 9to5 National Association of Working Women, AFL–CIO Department of Civil, Human and Women's Rights, American Association of University Women, Atlanta 9to5, Break the Cycle, Coalition of Labor Union Women, Colorado Coalition Against Sexual Assault (CCASA), Communications Workers of America AFL–CIO, Democrats.com, Equal Rights Advocates, Feminist Majority, Gender Public Advocacy Coalition, Gender Watchers, Hadassah the Women's Zionist Organization of America, Legal Momentum, Los Angeles 9to5, NA'AMAT USA, National Abortion Federation, National Asian Pacific American Women's Forum, National Association of Social Workers, National Center for Lesbian Rights, National Congress of Black Women, National Council of Jewish Women, National Council of Women's Organizations, National Organization for Women, National Partnership for Women and Families, National Women's Conference, National Women's Committee, National Women's Law Center, Northwest Women's Law Center, Sargent Shriver National Center on Poverty Law, The Women's Institute for Freedom of the Press, Washington Teachers Union, Women Employed, Women's Law Center of Maryland, Women's Research and Education Institute, YWCA USA.

28. Excerpts of Support for the Hate Crime Prevention Act of 2007.

29. General List of Supporting Organizations 2007.

Mr. BAYH. Mr. President, like acts of terrorism, hate crimes have an impact far greater than the impact on the individual victim. They are crimes against entire communities, the whole Nation, and the ideals of liberty and justice upon which America was founded.

First enacted nearly 40 years ago after the assassination of Martin Luther King, Federal hate crime laws have provided an important basis for prosecuting those who commit violent acts against another due to the person's race, color, religion or national origin.

Current law, however, makes it unnecessarily difficult to investigate and prosecute these and other insidious hate crimes. Consequently, the time has come to remove some of these hurdles and to expand the scope of Federal law so Americans who fall victim to hate crimes can receive protection under Federal law.

That is why I have cosponsored the Local Law Enforcement Hate Crimes Act of 2007, a bipartisan bill with broad political support that has been endorsed by 210 law enforcement, civil rights, civic, and religious organizations.

The bill will strengthen the ability of Federal, State, and local governments to investigate and prosecute hate crimes based on race, ethnic background, religion, gender, sexual orientation, disability, and gender identity.

The bill will also provide grants to help State and local governments meet the extraordinary expenses involved in hate crime cases.

This bill, while adding to Federal authority, properly leaves with the State or local law enforcement officials the primary responsibility of protecting citizens against crimes of violence. The bill authorizes actual Federal prosecutions only when a State does not have jurisdiction, when a State asks the Federal Government to take jurisdiction, or when a State fails to act. It is a Federal back-up for State and local law enforcement.

While State and local governments should continue to have the primary responsibility for investigating and prosecuting hate crimes, an expanded Federal role is necessary to ensure an adequate and fair response in all cases. The Federal Government must have jurisdiction to address those limited, but important cases in which local authorities are either unable or unwilling to investigate and prosecute.

Failure to pass Federal hate crimes legislation would signify our failure as a nation to accord each of our citizens the respect and value they deserve.

According to FBI statistics, 27,432 people were victims of hate-motivated violence over the last three years. That's an average of over 9,100 people per year, with nearly 25 people being victimized every day of the year, based on their race, religion, sexual orientation, ethnic background, or disability. But it is estimated that the vast majority of hate crimes goes unreported. Survey data from the biannual National Crime Victimization Survey suggests that an average of 191,000 hate crime victimizations take place per year.

While hatred and bigotry cannot be eradicated by an act of Congress, as a nation, we must send a strong, clear, moral response to these cowardly acts of violence. I believe that the Federal Government must play a leadership role in confronting criminal acts motivated by prejudice.

All Americans have a stake in responding decisively to violent bigotry. We must pull together to combat ignorance and hatred. The devastation caused by hate crimes impacts the victims, members of his or her family, as well as entire communities, and the Nation as a whole.

I am reminded of the great wisdom of Martin Luther King, ''Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that. Hate multiplies hate, violence multiplies violence, and toughness multiplies toughness in a descending spiral of destruction. The chain reaction of evil—hate begetting hate, wars producing wars—must be broken, or we shall be plunged into the dark abyss of annihilation.'' Strength to Love, 1963.

I urge my colleagues to stand up against ignorance and intolerance and vote for the Local Law Enforcement Hate Crimes Prevention Act.

Mr. SCHUMER. Mr. President, I am proud to be a co-sponsor of the Local Law Enforcement Hate Crimes Prevention Act of 2007, and I commend my friend and colleague, Senator KENNEDY, for his leadership and determination on this issue. We have tried for the better half of a decade to get this legislation passed, signed, and enacted into law. Today represents our strongest effort to date, and it is long past time that crimes based on hate be recognized and criminalized under Federal law. The need for Federal hate crimes legislation has been apparent for years as hate crimes know no State borders and—in part because their impacts often affect the very fabric of our society—they are a problem that affects all Americans.

This act sends the message that we will not tolerate acts of aggression and violence towards targeted communities or individuals who become victims of violence merely for being themselves. Perpetrators of this type of violence will now be subject to Federal prosecution under this act. Before we had to rely on the States to act, and some simply have failed to do enough to stem this type of criminal behavior. This act recognizes that hate crimes have national consequences and are not mere localized occurrences.

Put simply, a hate crime tends to impact an entire community, as opposed to being limited to the victim or the victim's family. It is a crime against a particular group, and must be treated as such. In essence, there are two crimes—one against he victim, and one against the victim's group or community. Some have asked, ''But aren't all crimes based on hate?'' No, they are not. Hate crimes are unique because they cut at the very fabric of our national values; they undermine shared

principles like tolerance and equal protection under the law, and in so doing, harm us all. It is the responsibility of the Federal Government to address this issue and arm prosecutors with the tools they need to seek justice, promote order and provide all American with equal protection under the law.

The framework of the Constitution provides a sound basis for our actions today—both the Commerce Clause and the Thirteenth Amendment are implicated by these crimes. The effects of hate crimes do not end at a State's border, but rather transcend those borders. These crimes implicate a citizen's ability to move and travel freely. Additionally, violence based on someone's race, religion, sexual orientation, or the other characteristics noted in the act are reminiscent of the ultimate hate crime—slavery. As such, the 13th Amendment allows for Federal action to remedy this problem. The courts have ruled time and time again that discrimination in housing and discrimination in contractual agreements could be remedied through Federal statutes promulgated under the authority of the Thirteenth Amendment. It matters not what the discrimination is based on, what matters is the, discrimination itself. In an attempt to rid the last vestiges of slavery from our society, the courts have allowed the 13th Amendment to be the basis of such legislation.

Let us be very clear, we are not criminalizing speech. Violent acts against an African American, a woman, or a Sikh because of who they are do not constitute free expression. Nor are we are criminalizing evil thoughts. We are only criminalizing action—harmful and violent action that cuts against our society and against the very meaning of what it is to be an American. Congress and local law enforcement are not becoming the ''thought-police.'' Rather, we are criminalizing the violent actions of closed-minded and hateful individuals.

In today's society, we see all too frequently violence based on the person's race, religion, sexual orientation, or other characteristics. We must act to address these injustices. This is not about special rights to any particular group. Actually, it is quite the contrary. This is about equal rights. This is about going after those individuals who act on their harmful beliefs. By committing hate crimes, they are attempting to relegate certain people to second-class citizenship. They think they can do this through violence. But they are wrong, and this legislation is a forceful statement that this country will not tolerate this behavior.

The victims of these crimes have done nothing to bring on this violence. Because of these crimes, the victims' communities frequently live in fear. Unfortunately, these crimes are not few and far between. These crimes are all too common, and when committed, they send a shockwave that can be felt across the country. Matthew Shepard and James Byrd are just two of the many thousands of victims of hate crimes whose deaths horrified this country. Additionally, we mustn't forget the thousands of loyal and patriotic Americans, who after 9/11, were attacked by ruthless thugs, all because they ''looked'' like—or were—Muslims or Arab Americans. We saw many of these attacks in New York, and let me say, those attacks were not just a New York problem, they were an American problem. Every State experienced similar violence in the months after 9/11, and that is one reason why Federal legislation is appropriate.

The Act not only makes hate crimes a Federal crime, but it also serves to benefit local police departments as well, considering they are the front line of defense and prevention. This Act delivers much needed financial assistance to local police departments who may be struggling to deal with the crimes. It will also assist them in helping the community which they protect.

The point is, that we should be protecting communities who are targets of this shameful violence, and this Act today marks a great step in that direction. I urge all of my colleagues to vote for this Act and look forward to working with you all to see this Act gets passed and signed into law.

By Mr. SMITH (for himself, Mr. BINGAMAN, Mr. NELSON of Florida, Mrs. CLINTON, Ms. COLLINS, Mrs. LINCOLN, Mrs. BOXER, and Mr. KERRY):

S. 1107. A bill to amend title XVIII of the Social Security Act to reduce cost-sharing under part D of such title for certain non-institutionalized full-benefit dual eligible individuals; to the Committee on Finance.

By Mr. SMITH (for himself, Mr. BINGAMAN, Ms. SNOWE, Mrs. LINCOLN, and Mr. KERRY):

S. 1108. A bill to amend title XVIII of the Social Security Act to provide a special enrollment period for individuals who qualify for an income-related subsidy under the Medicare prescription drug program and to provide funding for the conduct of outreach and education with respect to the premium and cost-sharing subsidies under such program, and for other purposes; to the Committee on Finance.

Mr. SMITH. Mr. President, today I am proud to join my colleague, Senator BINGAMAN, to introduce a package of four bills aimed at helping seniors get the assistance they need with their Medicare prescription drug costs. Thirty-nine million individuals now have access to affordable prescription drug therapies through Medicare Part D, many for the very first time. But low-income beneficiaries still are experiencing difficulties taking full advantage of the program's benefits. I believe the bipartisan package of legislation we have developed will go a long way to removing programmatic barriers that are limiting seniors from getting the help we intended them to have when we created Medicare Part D Prescription Drug Program.

The low-income subsidy (LIS) is one of the best features of Medicare's new prescription drug benefit. Over the past few years, I have conducted extensive oversight of the program's implementation, especially through my work as Chairman and now Ranking Member of the Special Committee on Aging. Through hearings and staff-level investigations, I have identified a number of concerns with both the administration and the overall effectiveness of Medicare Part D's LIS. The Centers for Medicare and Medicaid Services (CMS) and the Social Security Administration (SSA) have made a great deal of progress to ensure that the benefit is working well for all beneficiaries. But their efforts can only go so far. Ultimately, it is Congress' responsibility to ensure that all low-income seniors who have difficulty paying their prescription drugs costs get the help they need.

Two of the four bills that Senator BINGAMAN and I are filing today are based upon initiatives that I introduced during the 109th Congress. The first is a measure that would create parity in the cost-sharing charged beneficiaries living in nursing homes and assisted living facilities. Under current law, dual-eligible Medicare beneficiaries, those who qualify for both Medicaid and Medicare coverage, receive a subsidy from the government to pay the benefit's required $250 deductible. These individuals also qualify for reduced copayments for both generic and brand named drugs in the amount of one and three dollars respectively. If a dual-eligible beneficiary receives long-term care services in an institutional setting, such as a nursing home, he or she is exempt from paying the required copayment. Congress decided to provide this assistance because dual-eligible beneficiaries residing in nursing homes live off of very limited incomes. For instance, in Oregon the personal needs allowance beneficiaries receive each month for incidentals, including medications, is only $30. As many institutionalized beneficiaries are on multiple medications, they would not be able to meet their share of drug costs.

This is the very reason Congress provided institutionalized dual-eligible beneficiaries with an exemption from all copayments under Medicare Part D. However, many dual-eligible beneficiaries choose to receive long-term care services in home or community-based settings, such as assisted living or resident care program facilities. Almost all states have chosen to establish Home and Community Based Services (HCS) Medicaid demonstration projects that have expanded access to community based alternatives to an even greater number of low-income elderly Americans. The State of Oregon operates one of the Nation's most successful HCS waivers, serving an average of 23,500 dual-eligible beneficiaries

each year. My state has a thriving community based care industry that has provided many dual-eligible Oregonians the freedom to choose the care setting that best meets their own physical and social needs.

While dual-eligible beneficiaries are exempted from prescription drug copayments under Medicare Part D, those choosing community-based alternatives are required to pay them. This is despite the fact that beneficiaries choosing community based care options typically live off of the same limited incomes as those residing in nursing homes. While some states provide HCS beneficiaries' a larger personal stipend each month, many may have greater financial demands. At the end of the day, they are in no better position to pay the costs of prescription drugs than those beneficiaries living in nursing homes.

I also should note that their less restrictive living environments may require them to take additional medications to support their daily routines. It is not uncommon for dual-eligible beneficiaries in community-based care settings to be on 8 to 10 medications at a given time. At that level, even minimal copayments create a significant financial burden to these individuals.

The current dual-eligible copayment exemption policy not only is creating inequity in Medicare Part D, it is potentially restricting access to life-saving medications. This is not what Congress intended. I believe we need to do everything possible to support choice in long-term care, and by applying the current institutional copayment exemption more uniformly, Congress will ensure the Medicare drug benefit does not adversely affect beneficiaries' choices.

The second measure I am introducing today is based upon a bill I filed last year. That legislation sought to provide beneficiaries applying for LIS extra time to enroll into Part D if they had not received notification of their eligibility status by the time an open enrollment period ended. The bill also would have also waived the late enrollment penalty assessed to all beneficiaries who enroll outside of an enrollment period. Fortunately, CMS enacted an administrative solution to this problem, and allowed all LIS eligible beneficiaries to enroll into Medicare Part D at any point during 2006, and later extended that policy into 2007.

Now that Medicare Part D is fully implemented and policymakers have had an opportunity to assess how well the program is working, I believe that the administrative actions taken by CMS last year to create a special enrollment period for LIS beneficiaries should be made permanent. The Medicare Part D Outreach Enrollment Enhancement Act of 2007 does just that. It would create a 90-day special enrollment period for any beneficiary who applies and is approved for the LIS at any point during the year. It also would allow them to undergo a facilitated enrollment process overseen by CMS, so they get the help they need to select a prescription drug plan that best meets their needs.

Additionally, the bill exempts low-income beneficiaries from Medicare Part D's late enrollment penalty. While an enrollment penalty can be an effective means of helping drug plans better assess their risk in a given period, it is not fair to ask our low-income seniors—many who struggle with a number of challenging healthcare problems—to pay a higher cost simply because they need additional time to enroll in the program. Selecting a prescription drug plan can be a challenging feat, and it can be even more complicated if you are trying to make your limited income stretch as far as it can. We need to guarantee that beneficiaries have sufficient time to choose the most affordable plan that also meets all their prescription drug needs.

The measure also would create a new authorization to support the valuable work of State Health Insurance Programs (SHIPs). SHIPs provide a range of services to our nation's seniors, such as help choosing a quality prescription drug plan, applying for financial assistance with their drug costs and resolving general problems experienced with the drug benefit. Unfortunately, funding for SHIPs has not kept pace with the number of beneficiaries that age into Medicare each year. To remedy that, my bill creates a new authorization that increases funding in conjunction with growth in enrollment. The bill also provides funding for the new National Center of Senior Benefits and Outreach, created in the Older Americans Act last year. The Center is charged with developing ways to assist organizations like SHIPs to better target their efforts so that all seniors are fully aware of the benefits that might be available to them.

The next bill in the package we are filing today addresses a problem low-income seniors encounter if and when they enter into the drug benefit's coverage gap. While beneficiaries still have access to medications through their drug plans during the coverage gap, they may have to pay more for them. For those living on fixed incomes, this could present a serious problem as the out-of-pocket cost of many common prescription drugs can be quite steep. Fortunately, many safety-net programs, like community health centers and the AIDS Drug Assistance Program (ADAP), provide assistance to eligible low-income beneficiaries during the coverage gap. Effectively, they fill the role of the drug plan in providing beneficiaries access to their medications at a heavily subsidized cost.

This scenario presently works well for a number of low-income beneficiaries, but it is simply unsustainable in the long-run for two key reasons. First, from the perspective of beneficiaries, it is not right to ask them to continue paying premiums to their drug plans during the coverage gap when they are unable to generate sufficient out-of-pocket expenses to qualify for the program's catastrophic benefit. Many low-income beneficiaries who get ''caught'' in the coverage gap struggle with significant health problems, such as cancer or HIV/AIDS. These conditions often require costly treatment that a low-income beneficiary would likely have to forge without the assistance of a safety-net provider.

Second, the current scenario is placing a disadvantageous strain on the safety-net programs that assist low-income beneficiaries with their drug costs during the coverage gap. One of the primary reasons Medicare Part D was created was to provide relief to states and other safety-net providers who bore a lion's share of the responsibility of providing access to drug therapies for the Nation's seniors. While Part D has gone a long way to fulfill that intention, there is still much that can be done to help our safety-net providers. It is not right that service providers like community health centers and ADAP have been forced to provide discounted medications to low-income beneficiaries during the coverage gap, especially when the beneficiary has no way of accruing enough out-of-pocket costs for their Part D coverage to resume.

The bill Senator BINGAMAN and I are filing today resolves both these problems. It would allow safety net providers' drug costs to count toward a beneficiary's out-of-pocket costs so they are able to reach Medicare Part D's catastrophic benefit at some point. This will ensure that low-income beneficiaries have access to the full range of coverage under the program and will provide much needed fiscal relief to already strained safety net providers. Congress intended for all beneficiaries—especially those with limited incomes—to have full access to the benefits through Medicare Part D. This bill will guarantee that happens.

Despite the progress we have made in providing low-income seniors access to affordable prescription drugs, I find it troubling that recent estimates still show that there may be at least three million seniors eligible for the low-income subsidy who have yet to apply for it. While CMS, SSA and their community partners continue their vital outreach to capture these seniors, I believe the existing LIS application is too complex and is preventing seniors from getting the help they need. We need a simpler process that better reflects the true levels of assets and resources held by low-income seniors.

The last bill in the package I am filing today does just that. The Part D Equity for Low-Income Seniors Act is the product of months of bipartisan collaboration with representatives of groups like AARP, the National Council on Aging and Families USA. It aims to help SSA better target potentially

eligible beneficiaries and make the application process much simpler to complete.

First, drawing from a recommendation from the Health and Human Services Office of Inspector General, SSA is given the authority to use select tax information to help determine which Medicare beneficiaries might be eligible for extra help with their drug costs. With this data, they would be able to more efficiently contact beneficiaries and prescreen them for potential eligibility. I realize that some of my colleagues might have privacy concerns with such an arrangement, but I want to make clear that my bill is not giving SSA access to any data that they already do not have. In order to implement the Part B subsidy adjustment, the Medicare Modernization Act requires that the Internal Revenue Service (IRS) send tax data to the SSA—they are legally prohibited from using it for any other purpose than Part B. We simply are establishing the same process for data exchange that already exists between the IRS and SSA so that SSA can more efficiently conduct its outreach work for Medicare Part D's low-income subsidy.

The bill also seeks to make the LIS application easier for seniors to complete. I have heard a number of complaints that the current form uses confusing verbiage and is overly burdensome in its reporting requirements. As a remedy, we eliminate the reporting of retirement account balances, the face value of life savings policies and in-kind contributions. This not only will make the form easier to complete, it will prevent seniors from the pressure of having to determine whether they should sacrifice their retirement income or long-term risk protection in order to pay their healthcare bills. I believe we need to be encouraging seniors to save for their later years in life, not requiring them to liquidate their futures to fill their prescriptions.

In order to make the LIS benefit more accurately reflect the assets and resources low-income seniors possess, our bill also proposes raising the current asset test limit to $27,500 for an individual and $55,000 for a couple. According to data from the SSA, this increase should help capture almost 40 percent of the individuals who are ineligible for the LIS benefit due to excess resources, and 50 percent of the couples. I realize this can be a sensitive issue for some of my colleagues—especially on my side of the aisle. We want to ensure that only those beneficiaries who truly are in need of help with their drug are eligible for government assistance. But, I also believe that we can be too heavyhanded and prevent those with legitimate need from getting it. The new asset/resource limits Senator BINGAMAN and I have proposed represent a good, bipartisan solution to the problem. I know many would like to see the full asset test repealed, but this year that may be a difficult feat to accomplish politically and financially. This is a reasonable step forward, one the advocates support. I hope my colleagues will as well.

I believe that the Medicare Prescription Drug Program is working for America's seniors and that we should not undertake a significant overhaul of the new benefit in this Congress. However, there is room for improvement, especially in regard to making the program work better for America's low-income seniors. I firmly believe that if Congress does not address some of these lingering problems this year, Medicare's long-term public image could be severely tarnished in the eyes of the very people it was created to serve.

One can learn a great deal about the character of a society by looking at how well it cares for its poor and vulnerable citizens. I believe my four bills that improve upon how Medicare Part D serves low-income beneficiaries will help cement the United States as a country that looks out for its citizens in need. I hope my colleagues will join me in supporting the full package and assist me in moving it through the process.

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

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

S. 1107

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 ''Home and Community Services Copayment Equity Act of 2007''.

SEC. 2. ELIMINATION OF PART D COST-SHARING FOR CERTAIN NON-INSTITUTIONALIZED FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS.

(a) IN GENERAL.—Section 1860D–14(a)(1)(D)(i) of the Social Security Act (42 U.S.C. 1395w–114(a)(1)(D)(i)) is amended—

(1) in the heading, by striking ''INSTITUTIONALIZED INDIVIDUALS.—In'' and inserting ''ELIMINATION OF COST-SHARING FOR CERTAIN FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS.—

''(I) INSTITUTIONALIZED INDIVIDUALS.—In''; and

(2) by adding at the end the following new subclauses:

''(II) CERTAIN OTHER INDIVIDUALS.—In the case of an individual who is a full-benefit dual eligible individual and who is a resident of a facility described in subclause (III) or who is receiving home and community-based services in a home setting provided under a home and community-based waiver approved for the State under section 1915 or 1115, the elimination of any beneficiary coinsurance described in section 1860D–2(b)(2) (for all amounts through the total amount of expenditures at which benefits are available under section 1860D–2(b)(4)).

''(III) FACILITY DESCRIBED.—For purposes of subclause (II), a facility described in this subclause is—

''(aa) an assisted living facility or a resident care program facility (as such terms are defined by the Secretary);

''(bb) a board and care facility (as defined in section 1903(q)(4)(B)); or

''(cc) any other facility that is licensed or certified by the State and is determined appropriate by the Secretary, such as a community mental health center that meets the requirements of section 1913(c) of the Public Health Service Act, a psychiatric health facility, a mental health rehabilitation center, and a mental retardation developmental disability facility.''.

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

S. 1108

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Part D Outreach and Enrollment Enhancement Act of 2007''.

SEC. 2. SPECIAL ENROLLMENT PERIOD FOR INDIVIDUALS ELIGIBLE FOR AN INCOME-RELATED SUBSIDY.

(a) SPECIAL ENROLLMENT PERIOD.—Section 1860D–1(b)(3) of the Social Security Act (42 U.S.C. 1395w–101(b)(3)) is amended by adding at the end the following new subparagraph:

''(F) ELIGIBILITY FOR LOW-INCOME SUBSIDY.—

''(i) IN GENERAL.—Subject to clause (iii), in the case of an applicable individual (as defined in clause (ii)).

''(ii) APPLICABLE INDIVIDUAL DEFINED.—For purposes of this subparagraph, the term 'applicable individual' means a part D eligible individual who is determined to be a subsidy-eligible individual (as defined in section 1860D–14(a)(3)), including such an individual who was enrolled in a prescription drug plan or an MA–PD plan on the date of such determination.

''(iii) TIMING OF SPECIAL ENROLLMENT PERIOD.—The special enrollment period established under this subparagraph shall be for a 90-day period beginning on the date the applicable individual receives notification of such determination.''.

(b) ENROLLMENT PROCESS FOR SUBSIDY-ELIGIBLE INDIVIDUALS ELIGIBLE FOR SPECIAL ENROLLMENT PERIOD.—Section 1860D–1(b)(1) is amended by adding at the end the following new subparagraph:

''(D) SPECIAL RULE FOR SUBSIDY-ELIGIBLE INDIVIDUALS ELIGIBLE FOR SPECIAL ENROLLMENT PERIOD.—The process established under subparagraph (A) shall include, in the case of an applicable individual (as defined in clause (ii) of paragraph (3)(F)) the following:

''(i) FACILITATED ENROLLMENT.—During the 90-day period described in clause (iii) of such paragraph, a process for the facilitated enrollment of the individual in the prescription drug plan or MA–PD plan that is most appropriate for such individual (as determined by the Secretary). At the end of such 90-day period, the individual shall be enrolled in such plan unless the individual declines enrollment in the plan or in the program under this part, or chooses to enroll in another plan selected by the individual prior to the end of such 90-day period.

''(ii) ONE-TIME CHANGE OF ENROLLMENT.—The opportunity to change enrollment with a prescription drug plan or an MA–PD plan not less than once during a plan year. Nothing in the previous sentence shall limit the ability of a part D eligible individual who is a full-benefit dual eligible individual (as defined in section 1935(c)(6)) to change enrollment under subparagraph (C)''.

(c) WAIVER OF LATE ENROLLMENT PENALTY.—Section 1860D–13(b) of the Social Security Act (42 U.S.C. 1395w–113(b)) is amended by adding at the end the following new paragraph:

''(8) WAIVER OF PENALTY FOR SUBSIDY-ELIGIBLE INDIVIDUALS.—In no case shall a part D eligible individual who is determined to be a subsidy-eligible individual (as defined in section 1860D–14(a)(3)) be subject to an increase

in the monthly beneficiary premium established under subsection (a).''.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 2008.

SEC. 3. OUTREACH AND EDUCATION FOR PREMIUM AND COST-SHARING SUBSIDIES UNDER PART D.

(a) ADDITIONAL FUNDING FOR OUTREACH AND ASSISTANCE.—

(1) STATE HEALTH INSURANCE ASSISTANCE PROGRAMS.—There are authorized to be appropriated for each of fiscal years 2008, 2009, 2010, and 2011, an amount equal to $1 multiplied by the total number of individuals entitled to benefits, or enrolled, under part A of title XVIII of the Social Security Act, or enrolled under part B of such title during the fiscal year (as determined by the Secretary of Health and Human Services, based on the most recent available data before the beginning of the fiscal year) to be used to provide additional grants to State Health Insurance Assistance Programs (SHIPs) to conduct outreach and education related to the Medicare program under such title.

(2) NATIONAL CENTER ON SENIOR BENEFITS OUTREACH AND ENROLLMENT.—

(A) IN GENERAL.—There are appropriated $4,000,000 to the National Center on Senior Benefits Outreach and Enrollment established under section 202(a)(20)(B) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(20)(B)) to be used to provide outreach and enrollment assistance with respect to premium and cost-sharing subsidies under the Medicare prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w–101 et seq.).

(B) COORDINATION.—The National Center on Senior Benefits Outreach and Enrollment shall coordinate outreach and enrollment assistance conducted under subparagraph (A) with activities conducted by State Health Insurance Assistance Programs (SHIPs) and other appropriate entities that conduct outreach and education related to such premium and cost-sharing subsidies.

(b) ENCOURAGING STATES TO DIRECT SUBSIDY-ELIGIBLE INDIVIDUALS TO ORGANIZATIONS PROVIDING ASSISTANCE.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall encourage States to direct applicable individuals to appropriate organizations and entities that provide assistance with respect to—

(A) applying for premium and cost-sharing subsidies under section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114); and

(B) enrolling in a prescription drug plan or an MA–PD plan under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w–101 et seq.).

(2) APPLICABLE INDIVIDUALS DEFINED.—In this subsection, the term ''applicable individual'' means an individual the State believes to be, or determines to be, eligible for premium and cost-sharing subsidies under section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114).

SEC. 4. SCREENING BY COMMISSIONER OF SOCIAL SECURITY FOR ELIGIBILITY UNDER MEDICARE SAVINGS PROGRAMS.

(a) IN GENERAL.—Section 1860D–14(a)(3)(B)(i) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)(B)(i)) is amended by inserting after the first sentence the following: ''As part of making an eligibility determination under the preceding sentence for an individual, the Commissioner shall screen for the individual's eligibility for medical assistance for any medicare cost-sharing described in section 1905(p)(3) and, if the screening indicates the individual is likely eligible for any such medicare cost-sharing, transmit the pertinent information to the appropriate State Medicaid agency for the determination of eligibility and enrollment of the individual for such medicare cost-sharing under the State plan (or under a waiver of such plan).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect on the date of enactment of this Act.

SEC. 5. ADMINISTRATION ON AGING STUDY AND REPORT ON SCREENING PROCESSES USED BY GOVERNMENT NEEDS-BASED PROGRAMS.

(a) STUDY.—

(1) IN GENERAL.—The Assistant Secretary of the Administration on Aging (in this section referred to as the ''Assistant Secretary'') shall conduct a comprehensive study of screening processes used by government needs-based programs.

(2) MATTERS STUDIED.—In conducting the study under paragraph (1), the Assistant Secretary shall—

(A) assess any duplications of effort under existing screening processes used by government needs-based programs;

(B) determine the feasibility of creating a uniform screening process for such needs-based programs;

(C) determine how the Federal government, State governments, and community-based organizations can better coordinate existing screening processes in order to facilitate the enrollment of seniors into need-based programs;

(D) include a cost-benefit analysis with respect to creating a uniform screening process or better streamlining existing screening processes; and

(E) determine the feasibility of using the Internet to administer screening processes, as well as the costs and benefits of migrating to on online system.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Assistant Secretary shall submit a report to Congress containing the results of the study conducted under subsection (a), together with recommendations—

(1) to streamline and improve the effectiveness of screening processes used by government needs-based programs; and

(2) for such legislation or administrative action as the Assistant Secretary determines appropriate.

(c) AUTHORIZATION.—There are authorized to be appropriated such sums as are necessary to carry out this section.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 146—DESIGNATING JUNE 20, 2007, AS ''AMERICAN EAGLE DAY'', AND CELEBRATING THE RECOVERY AND RESTORATION OF THE AMERICAN BALD EAGLE, THE NATIONAL SYMBOL OF THE UNITED STATES

Mr. ALEXANDER (for himself, Mr. BYRD, Mr. COLEMAN, Mr. KENNEDY, Mr. ALLARD, Mrs. FEINSTEIN, Mr. CORKER, and Mrs. BOXER) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 146

Whereas, the bald eagle was designated as the national emblem of the United States on June 20, 1782, by our country's Founding Fathers at the Second Continental Congress;

Whereas, the bald eagle is the central image used in the Great Seal of the United States and the seals of the President and Vice President;

Whereas, the image of the bald eagle is displayed in the official seal of many branches and departments of the Federal Government, including—

(1) Congress;

(2) the Supreme Court;

(3) the Department of Defense;

(4) the Department of the Treasury;

(5) the Department of Justice;

(6) the Department of State;

(7) the Department of Commerce;

(8) the Department of Homeland Security;

(9) the Department of Veterans Affairs;

(10) the Department of Labor;

(11) the Department of Health and Human Services;

(12) the Department of Energy;

(13) the Department of Housing and Urban Development;

(14) the Central Intelligence Agency; and

(15) the United States Postal Service;

Whereas, the bald eagle is an inspiring symbol of the American spirit of freedom and democracy;

Whereas, the image, meaning, and symbolism of the bald eagle have played a significant role in American art, music, history, literature, architecture, and culture since the founding of our Nation;

Whereas, the bald eagle is featured prominently on United States stamps, currency, and coinage;

Whereas, the habitat of bald eagles exists only in North America;

Whereas, by 1963, the number of nesting pairs of bald eagles in the lower 48 States had dropped to about 417;

Whereas, the bald eagle was first listed as an endangered species in 1967 under the Endangered Species Preservation Act, the Federal law that preceded the Endangered Species Act of 1973;

Whereas, caring and concerned citizens of the United States in the private and public sectors banded together to save, and help ensure the protection of, bald eagles;

Whereas, in 1995, as a result of the efforts of those caring and concerned citizens, bald eagles were removed from the ''endangered'' species list and upgraded to the less imperiled ''threatened'' status under the Endangered Species Act of 1973;

Whereas, by 2006, the number of bald eagles in the lower 48 States had increased to approximately 7,000 to 8,000 nesting pairs;

Whereas, the administration is likely to officially delist the bald eagle from both the ''endangered'' and ''threatened'' species lists under the Endangered Species Act of 1973, with a final decision expected no later than June 29, 2007;

Whereas, if delisted under the Endangered Species Act of 1973, bald eagles should be provided strong protection under the Bald and Golden Eagle Protection Act and the Migratory Bird Treaty Act;

Whereas, bald eagles would have been permanently extinct if not for vigilant conservation efforts of concerned citizens and strict protection laws;

Whereas, the dramatic recovery of the bald eagle population is an endangered species success story and an inspirational example for other wildlife and natural resource conservation efforts around the world;

Whereas, the initial recovery of the bald eagle population was accomplished by the concerted efforts of numerous government agencies, corporations, organizations, and individuals; and

Whereas, the sustained recovery of the bald eagle population will require the continuation of recovery, management, education, and public awareness programs, to ensure that the population and habitat of bald eagles will remain healthy and secure for future generations: Now, therefore, be it

Resolved, That the Senate—

(1) designates June 20, 2007, as ''American Eagle Day''; and