by the United States Government regarding Indian tribes and offer an apology to all Native Peoples on behalf of the United States.

S. CON. RES. 26

At the request of Mrs. CLINTON, the name of the Senator from North Carolina (Mrs. DOLE) was added as a cosponsor of S. Con. Res. 26, a concurrent resolution recognizing the 75th anniversary of the Military Order of the Purple Heart and commending recipients of the Purple Heart for their courageous demonstrations of gallantry and heroism on behalf of the United States.

S. CON. RES. 27

At the request of Mrs. CLINTON, the name of the Senator from North Carolina (Mrs. DOLE) was added as a cosponsor of S. Con. Res. 27, a concurrent resolution supporting the goals and ideals of ''National Purple Heart Recognition Day''.

S. CON. RES. 29

At the request of Mr. NELSON of Florida, the names of the Senator from Michigan (Mr. LEVIN), the Senator from New Mexico (Mr. BINGAMAN), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Massachusetts (Mr. KENNEDY), the Senator from Minnesota (Mr. COLEMAN), the Senator from Wisconsin (Mr. KOHL), the Senator from Illinois (Mr. DURBIN), the Senator from Washington (Ms. CANTWELL), the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of S. Con. Res. 29, a concurrent resolution encouraging the recognition of the Negro Baseball Leagues and their players on May 20th of each year.

At the request of Mr. SALAZAR, his name was added as a cosponsor of S. Con. Res. 29, supra.

S. RES. 171

At the request of Ms. COLLINS, the names of the Senator from Missouri (Mrs. MCCASKILL) and the Senator from West Virginia (Mr. ROCKEFELLER) were added as cosponsors of S. Res. 171, a resolution memorializing fallen firefighters by lowering the United States flag to half-staff on the day of the National Fallen Firefighter Memorial Service in Emmitsburg, Maryland.

AMENDMENT NO. 998

At the request of Mr. GRASSLEY, the names of the Senator from Connecticut (Mr. DODD), the Senator from Maine (Ms. SNOWE) and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of amendment No. 998 proposed to S. 1082, an act to amend the Federal Food, Drug, and cosmetic Act and the Public Health Service Act to reauthorize drug and device user fees and ensure the safety of medical products, and for other purposes.

AMENDMENT NO. 1039

At the request of Mr. GRASSLEY, the names of the Senator from Maryland (Ms. MIKULSKI), the Senator from Ohio (Mr. BROWN), the Senator from Maine (Ms. SNOWE) and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of amendment No. 1039 proposed to S. 1082, an act to amend the Federal Food, Drug, and cosmetic Act and the Public Health Service Act to reauthorize drug and device user fees and ensure the safety of medical products, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KYL (for himself and Mr. MCCAIN):

S. 1341. A bill to provide for the exchange of certain Bureau of Land Management land in Pima County, Arizona, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. KYL. Mr. President, today I am pleased to be joined by Senator MCCAIN to introduce the Las Cienegas Enhancement and Saguaro National Park Boundary Adjustment Act of 2007. This legislation directs a land exchange between the Bureau of Land Management, BLM, and the Las Cienegas Conservation, LLC in southeastern Arizona. A similar bill was introduced last year, and it passed the House of Representatives. Unfortunately, the Senate was unable to pass it before the session ended.

We can turn this disappointment into a success. The bill we introduce today adds to the exchange a highly sought after private parcel, the ''Bloom Property.'' The Bloom Property would be added to Saguaro National Park. State and local officials, conservationists, and other stakeholders have worked together to include the Bloom Property in this bill and to structure an exchange that is fair and in the public interest.

Let me explain the details of the exchange. The land to be transferred out of Federal ownership, approximately 1,280 acres, is referred to as the ''Sahuarita property.'' This property is BLM-managed land south of Tucson near Corona de Tucson. The land is low-lying Sonoran desert and has been identified for disposal by the BLM through its land-use planning process.

The private land to be brought into Federal ownership consists of two parcels. The first parcel is approximately 2,392 acres of land referred to as the ''Empirita-Simonson property.'' This property lies north of the Las Cienegas National Conservation Area managed by the BLM. The Empirita-Simonson property lies within the ''Sonoita Valley Acquisition Planning District'' established by Public Law 106–538, which designated the Las Cienegas National Conservation Area. The act directed the Department of the Interior to acquire lands from willing sellers within the planning district for inclusion within the conservation area. The idea was to further protect lands with important resource values for which the national conservation area was designated.

The second parcel, the Bloom Property, is approximately 160 acres of land that was identified for inclusion in the Saguaro National Park during a boundary study conducted by the National Park Service in 1993. In 1994, using the data from the study, Congress enacted legislation expanding the park and changed Saguaro's designation from monument to park. At that time, the Bloom Property did not have a willing seller. I am pleased to say circumstances have changed, and we are able to include it in this exchange. The Bloom Property, which lies just south of the Sweetwater Trail in Saguaro Park West, is a prime example of Sonoran desert important to maintain corridors for wildlife like the mountain lion.

Although this bill is centered on the land exchange I just described, it also accomplishes two other important objectives: addressing water withdrawals at Cienegas Creek and providing road access to a popular recreation destination, the Whetstone Mountains controlled by the Forest Service.

Let's talk about water. Arizonans understand that protecting our water supply is crucial to the State's future. For this reason, we continually seek ways to promote responsible use of our limited water supply. This bill promotes responsible use. There is a prior claim to a well site on the private land that will be exchanged. That prior claim would allow a developer to withdraw 1,600 acre-feet of water a year. Pima County and the community at large are concerned about the future of Cienegas Creek and the entire riparian area if these water withdrawals occur.

To address this concern, the land exchange is conditioned on Las Cienegas Conservation, LLC conveying the well site to Pima County and relinquishing those water rights it controls. The net result is a water savings of 1,050 acre-feet per year. This is a significant benefit to this riparian area.

Overall, this bill allows us to accomplish important environmental and conservation objectives while managing our development. It is a bill with broad support that includes Pima County, the city of Tucson, and many others. I urge my colleagues to work with me to approve this legislation at the earliest possible date.

By Mrs. CLINTON (for herself and Ms. COLLINS)

S. 1343. A bill to amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. CLINTON. Mr. President, today, Senator COLLINS and I will be introducing the Diabetes Treatment and Prevention Act, legislation to help our Federal, State and local governments address the growing epidemic of diabetes across our Nation.

According to the Centers for Disease Control and Prevention, CDC, the number of Americans with diagnosed diabetes has doubled over the past 15 years.

Over 20 million Americans are currently living with this disease, but 6 million of them have not yet been diagnosed. Another 54 million are classified as ''pre-diabetic,'' with a high risk of developing this condition. Diabetes accounts for over $92 billion in direct medical costs every year, and these numbers are only likely to increase.

Last year, the New York Times published an insightful series on diabetes that highlighted the obstacles faced by health care providers and institutions seeking to prevent complications from diabetes. The system will pay tens of thousands of dollars for amputations, but not a low-cost visit to the podiatrist that could have saved the foot. Hospitals struggle to provide preventive treatment and rehabilitation in the Byzantine system of reimbursements. The incentives inside our health care system are backwards, and the payment system is upside-down: too often paying for costly and debilitating treatment but not for low-cost prevention.

We know what works. The landmark Diabetes Prevention Program, a government funded clinical trial, found that moderate diet and exercise interventions helped to delay and prevent the onset of type 2 diabetes in persons at high risk for developing the condition. Indeed, the study was so successful that it was ended a year earlier than planned. Yet despite the success of this study, we still haven't found a way to implement these interventions in our communities.

The Diabetes Treatment and Prevention Act would provide additional support for the Federal, State and local programs that are working to fight this epidemic. Our legislation would codify the Division of Diabetes Translation at the Centers for Disease Control and Prevention, CDC, giving them definitive authority to carry out activities in diabetes surveillance, translational research, and education efforts. It would direct the CDC to continue its work in coordinating the National Diabetes Education Program, in conjunction with the National Institutes of Health, NIH, and would increase support for its diabetes control and prevention efforts at the State level.

This bill would also establish several demonstration projects. One would help to translate the interventions identified as effective by the Diabetes Prevention Program into clinical interventions that can be replicated at the State, local and provider level. Another would allow academic centers, in conjunction with state and local health departments, to examine ways to improve overall health outcomes in people living with diabetes and other cooccurring chronic conditions, such as heart disease, mental illness, or HIV. Finally, the bill would support efforts to increase surveillance and education at the State and local level.

The epidemic of diabetes has the potential to place great burdens on our health care system, but it doesn't have to. We can prevent diabetes, we can manage diabetes, and we can reduce the health care costs associated with care and treatment for this condition. The Diabetes Treatment and Prevention Act will help us take necessary steps to supporting our public health infrastructure in dealing with this crisis, and I would urge all of my colleagues to cosponsor this legislation.

By Mrs. MURRAY:

S. 1344. A bill to designate the Department of Veterans Affairs outpatient clinic in Wenatchee, Washington, as the Elwood ''Bud'' Link Department of Veterans Affairs Outpatient Clinic; to the Committee on Veterans' Affairs.

Mrs. MURRAY. Mr. President, I rise today to speak about legislation that my colleague from Washington, Congressman DOC HASTINGS, and I are introducing to name the soon-to-be-opened Community-Based Outpatient Clinic in Wenatchee, WA, after Elwood ''Bud'' Link. Bud provided both the inspiration and the energy necessary to make this project a reality, thereby fulfilling a longstanding and serious need for his community.

Bud, a World War II veteran and an active member of Veterans of Foreign Wars Post 10445, recognized the need for better, more accessible veteran medical services for those veterans living in north central Washington. Like countless others, Bud suffered from health problems attributed to his service in the Navy, where he bravely served aboard the USS *Tracy* escorting convoys throughout the South Pacific and protecting medical personnel after the deployment of the atomic bomb.

When Bud returned to the States, he, like so many other veterans, relied on the VA for health care. In order to receive the necessary treatment from the VA, however, Bud was forced to make a 3-hour drive in each direction to the VA medical center nearest to his home.

Realizing that this was the case for veterans all over his community, Bud, his wife of over 50 years, Helen, and his fellow VFW Post 10445 members, helped by the American Legion and other veteran service organizations, mobilized the community to work toward the creation of a new, more accessible outpatient veteran center.

I was proud to contribute to this effort. After several years of hard work, I stood with Congressman Doc Hastings at the Cashmere VFW hall on March 20, 2006 to announce the VA's final decision to create the Community-Based Outpatient Clinic in Wenatchee, WA.

Although Bud sadly passed away before this exciting announcement was made, the creation of this facility in Wenatchee represents the culmination of Bud and his fellow veterans' efforts to make veterans' medical care more accessible and, in turn, to hold the Federal Government accountable for fulfilling its promises to the veteran community.

Bud dedicated his time and energy to addressing this and other veteran needs as an advocate, a leader, and a concerned citizen. Due in large part to Bud's work, the new CBOC, set to serve six counties in north central Washington, is likely to make over 25,000 visits by veterans more accessible next year.

Bud's life of service and activism, coupled with this final victory, reaffirms a valuable lesson for all Americans: even a single citizen can see a problem and fix it.

Bud Link dedicated his time and energy to helping other veterans, and now that the clinic he fought for is going to open, we have a chance to honor his lifetime of service. My bill will ensure that Bud's efforts and good example will not be forgotten, but rather, that the new CBOC will carry on Bud's legacy.

I ask my colleagues to join me in honoring the work that Bud Link and his fellow veterans have done to make this new CBOC a reality.

By Mr. AKAKA (for himself, Mr. LIEBERMAN, Ms. COLLINS, Mr. LEVIN, Mr. LEAHY, Mr. FEINGOLD, and Mrs. CLINTON):

S. 1345. A bill to affirm that Federal employees are protected from discrimination on the basis of sexual orientation and to repudiate any assertion to the contrary; to the Committee on Homeland Security and Governmental Affairs.

Mr. AKAKA. Mr. President, as we celebrate Public Service Recognition Week and the dedication and professionalism of Federal employees, I rise today to introduce legislation to reassert protections for Federal employees and applicants for Federal employment against discrimination based on one's sexual orientation. The Clarification of Federal Employment Protection Act will spell out the protections that Federal employees currently have but have been denied by the Office of Special Counsel, OSC. I am pleased that Senators LIEBERMAN, COLLINS, LEVIN, LEAHY, FEINGOLD, and CLINTON are cosponsoring this important legislation and that Representative HENRY WAXMAN, CHAIRMAN OF THE HOUSE OVERSIGHT AND GOVERNMENT REFORM COMMITTEE, IS INTRODUCING A COMPANION BILL IN THE HOUSE.

When Congress passed the Civil Service Reform Act of 1978, it established a list of prohibited personnel practices, personnel actions that were clearly not in line with the Merit System Principles and were subject to prosecution by OSC. Examples include personnel actions, such as hiring, firing, and changes in pay, against employees based on a whistleblower disclosure, nepotism, or off-duty conduct.

The prohibition on personnel action based on off-duty conduct, found in section 2302(b)(10) of title 5, United States Code, has been interpreted for years to prohibit the taking of personnel actions against employees and applicants

for employment based on their sexual orientation. In 1980, Mr. Alan Campbell, Director of the Office of Personnel Management, OPM, at the time, wrote a memorandum to the heads of all executive branch agencies advising that, under 5 U.S.C. 2302(b)(10), employees and applicants were to be protected against inquiries into or actions based upon non job-related conduct, including religious or community affiliations, or sexual orientation. The position by OPM has been reaffirmed time and again, most recently by the current OPM Director, Linda Springer, in her responses to questions posed by the Homeland Security and Governmental Affairs Committee in relation to her nomination for the position. In fact, to this day, OPM's website contains a guide to Federal employee rights which states that section 2302(b)(10) has been interpreted by OPM to prohibit discrimination based upon sexual orientation.

OPM is not alone in this interpretation. The previous Special Counsel also interpreted 2302(b)(10) to protect against discrimination based on an individual's sexual orientation. For example, in 2003, OSC secured corrective and disciplinary action against a Federal supervisor who discriminated against Federal job applicant because he was gay in violation of section 2302(b)(10). In 2004, following the debate spurred by OSC over the interpretation of this provision, White House spokesman Trent Duffy said the president ''believes that no Federal employee should be subject to unlawful discrimination, and Federal agencies will fully enforce the law against discrimination, including discrimination based on sexual orientation.''

Upon the nomination of Scott Bloch to be the new Special Counsel, I asked the nominee about his interpretation of the laws protecting Federal employees and applicants against sexual orientation discrimination. When asked if he would support the interpretation of 2302(b)(10) by OPM and OSC, he said that he would not fail to enforce a claim of sexual orientation discrimination before OSC that shows through the evidence that the statute has been violated.

Nonetheless, after being in office for only a few months, Special Counsel Bloch conducted a review of the discrimination statute and claimed that section 2302(b)(10) only provides protection against discrimination based on conduct, including sexual conduct, but not one's sexual orientation. Instead, Mr. Bloch claims that for discrimination based on status, referring to sexual orientation, it would have to be listed under section 2302(b)(1), which protects employees from discrimination based on race, gender, religion, or marital status. This departure from the long-standing interpretation of (b)(10) by OSC and OPM is illogical. When a supervisor who dislikes gays or lesbians refuses to hire an applicant who the supervisor believes is gay or lesbian, it follows that the supervisor is basing the personnel action on disapproval of the applicant's presumed sexual conduct. In other words, in the context of sexual orientation discrimination, status implies conduct.

I believe that Congress must act to guarantee the protections it has provided to Federal employees and applicants for Federal employment. We cannot allow one administration official's opinion to undermine the merit system or the rights and protections Federal workers. The legislation I am introducing today would affirm that sexual orientation is protected by section 2302(b)(10) but also make it a clear protected status under section (b)(1). 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. 1345

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 ''Clarification of Federal Employment Protections Act''.

SEC. 2. DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION PROHIBITED.

(a) REPUDIATION.—In order to dispel any public confusion, Congress repudiates any assertion that Federal employees are not protected from discrimination on the basis of sexual orientation.

(b) AFFIRMATION.—It is the sense of Congress that, in the absence of the amendment made by subsection (c), discrimination against Federal employees and applicants for Federal employment on the basis of sexual orientation is prohibited by section 2302(b)(10) of title 5, United States Code.

(c) AMENDMENT.—Section 2302(b)(1) of title 5, United States Code, is amended—

(1) by striking ''or'' at the end of subparagraph (D);

(2) by inserting ''or'' at the end of subparagraph (E); and

(3) by adding at the end the following:

''(F) on the basis of sexual orientation.''.

By Mrs. FEINSTEIN:

S. 1347. A bill to amend the Omnibus Indian Advancement Act to modify the date as of which certain tribal land of the Lytton Rancheria of California is deemed to be held in trust and to provide for the conduct of certain activities on the land; to the Committee on Indian Affairs.

Mrs. FEINSTEIN. Mr. President, I rise today to introduce the Lytton Gaming Oversight Act of 2007, a bill seeking to ensure that Native American tribes follow the regular process under Federal law prior to establishing and operating gaming facilities.

I believe this approach provides a good step forward as it has the support of both the local community and the Lytton tribe.

I am pleased to have worked closely with representatives of the local community, such as California Assemblymember Loni Hancock, D-Berkeley, as well as my colleague Senator SPECTER in crafting this piece of legislation.

I introduced similar legislation in the 108th and 109th Congresses, but these bills would have effectively required closure of the casino operations, until a point when and if the Lytton successfully completed the two-part determination process.

This legislation, however, stalled. The legislation introduced today breaks that stalemate and seeks to prevent a massive expansion of gaming in the Bay Area.

The bill requires that the Lytton Band of Pomo Indians follow critical oversight guidelines laid out in Section 20 of the Indian Gaming Regulatory Act, IGRA, before engaging in Class III gaming.

This legislation would amend language inserted into the Omnibus Indian Advancement Act of 2000.

That language mandated that the Secretary of Interior take a card club and adjacent parking lot in the San Francisco Bay Area into trust for the Lytton tribe as their reservation and backdate the acquisition to October 17, 1988, or pre-IGRA.

This backdating was done expressly with the goal of allowing the Lytton tribe to circumvent IGRA's ''two-part determination'' process, an important step that requires both Secretarial and Gubernatorial approval, in addition to consultation with nearby tribes and the local community and its representatives.

The legislation that I have introduced would simply return the Lytton tribe to the same status as all other tribes seeking to pursue Class III, or Nevada-style gaming, on lands acquired after the passage of IGRA in 1988.

It would allow the tribe to continue operating its Class II gaming facility provided it follows all IGRA regulations regarding gaming on newly acquired lands going forward.

Finally, it would also preclude any expansion of the facility used by the Lytton for Class II gaming.

I would like to emphasize what the bill would not do. It would not: Remove the tribe's recognition status; Alter the trust status of the new reservation; or take away the tribe's ability to conduct gaming through the normal IGRA process.

This legislation was solely crafted to restore IGRA's rightful oversight of the gaming process, just as Congress intended.

Section 20 of the Indian Gaming Regulatory Act provides clear guidelines for addressing the issue of gaming on so-called ''newly-acquired'' lands, or lands that have been taken into trust since the enactment of IGRA in 1988.

Most importantly, in my opinion, IGRA's ''two-part determination'' process provides for both Federal and State approval, while protecting the rights of nearby tribes and local communities.

Circumventing this process creates a variety of serious and critical multi-jurisdictional issues, issues which can negatively affect the lives of ordinary citizens and deprive local and tribal governments of their ability to effectively represent their communities.

Without passage of this bill, the Lytton could take the former card club and the adjacent parking lot that is now their reservation and turn it into a large gambling complex outside the regulations set up by the Indian Gaming Regulatory Act. In fact, this is exactly what was proposed in the summer of 2004.

While the tribe announced that it was dropping its pursuit of a sizable casino, it could reverse these plans at any time and proceed with Class III gaming without first going through the regular process.

Allowing this to happen would set a dangerous precedent not only for California, but every State where tribal gaming is permitted.

I do not think it is asking too much to require that the Lytton be subject to the regulatory and approval processes applicable to all other tribes by the Indian Gaming Regulatory Act.

This bill would do just that.

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. 1347

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

SECTION 1. LYTTON RANCHERIA OF CALIFORNIA.

Section 819 of the Omnibus Indian Advancement Act (Public Law 106–568; 114 Stat. 2919) is amended—

(1) in the first sentence, by striking ''Notwithstanding'' and inserting the following:

''(a) ACCEPTANCE OF LAND.—Notwithstanding'';

(2) in the second sentence, by striking ''The Secretary'' and inserting the following:

''(b) DECLARATION.—The Secretary''; and

(3) by striking the third sentence and inserting the following:

''(c) TREATMENT OF LAND FOR PURPOSES OF CLASS II GAMING.—

''(1) IN GENERAL.—Subject to paragraph (2), notwithstanding any other provision of law, the Lytton Rancheria of California may conduct activities for class II gaming (as defined in section 4 of the Indian Gaming Regulatory Act (25 U.S.C. 2703)) on the land taken into trust under this section.

''(2) REQUIREMENT.—The Lytton Rancheria of California shall not expand the exterior physical measurements of any facility on the Lytton Rancheria in use for class II gaming activities on the date of enactment of this paragraph.

''(d) TREATMENT OF LAND FOR PURPOSES OF CLASS III GAMING.—Notwithstanding subsection (a), for purposes of class III gaming (as defined in section 4 of the Indian Gaming Regulatory Act (25 U.S.C. 2703)), the land taken into trust under this section shall be treated, for purposes of section 20 of the Indian Gaming Regulatory Act (25 U.S.C. 2719), as if the land was acquired on October 9, 2003, the date on which the Secretary took the land into trust.''.

By Mr. DURBIN (for himself, Mr. WARNER, Mrs. MURRAY, Mr. OBAMA, Mr. GRAHAM, Mr. WEBB, and Ms. CANTWELL):

S. 1349. A bill to ensure that the Department of Defense and the Department of Veterans Affairs provide to members of the Armed Forces and veterans with traumatic brain injury the services that best meet their individual needs, and for other purposes; to the Committee on Armed Services.

Mr. DURBIN. Mr. President, traumatic brain injury is the signature injury of the Iraq war. The widespread use of Improvised Explosive Devices, IEDs, has taken a terrible toll. Even those who have walked off the battlefield without visible scars often find they have suffered the internal trauma of a traumatic brain injury.

Today, I am introducing legislation, along with Senators WARNER, MURRAY, GRAHAM, OBAMA, WEBB, and CANTWELL, to create a Traumatic Brain Injury Program, operated jointly by the Department of Defense and the Department of Veterans Affairs, to ensure that those servicemembers who suffer a brain injury receive all the services they need. The legislation establishes a standard of care for each individual found to have suffered a brain injury, improves the coordination of care, strengthen the rights of brain injury patients, and expands brain injury research in the Departments of Defense and Veterans Affairs.

This legislation will reduce the number of our wounded soldiers who fall through the cracks and are left to fend for themselves as they struggle to recover from a traumatic brain injury. I am pleased to have the support of Veterans for America for this legislative effort.

We have made tremendous progress in battlefield medical care. During Vietnam, one in three servicemembers who were injured died. In Iraq and Afghanistan, 1 in 16 who are injured die. But with the changes in warfare and in medical technology, more of our servicemembers are coming home with serious brain injuries from Iraq and Afghanistan than from any other recent conflicts we've known.

For some of these wounded warriors, the greatest battle comes at home when they seek care. Many of these returning troops need long-term treatment and rehabilitation long after their discharge from active duty, as they fight to overcome the severe disabilities that a traumatic brain injury can cause.

For others, there is a different story. Some servicemembers don't even realize they suffered a traumatic brain injury until long after their discharge, because we don't do a very good job of identifying and treating those who may have suffered a brain injury.

Fortunately, many of those who suffer a brain injury are able to recover fairly quickly. But for some, the experience is life-altering, even life-shattering. We must not fail them in their time of need.

Consider the case of Sgt. Eric Edmundson. Eric left my home state of Illinois to serve in Iraq. In October 2005, he suffered a severe head concussion when a roadside bomb exploded near him. He was cared for at Walter Reed Hospital, then was transferred to a VA facility where he and his family felt he was not receiving the kind of treatment that would allow him to continue to make progress in rehabilitation.

He would have been stuck there if the family had not found a creative way to obtain the care he needed. The family found a way to ensure that Eric could receive treatment and rehabilitation at one of the premiere rehabilitation hospitals in the nation: the Rehabilitation Institute of Chicago. He is making great progress there and hopes to walk out of the hospital some day soon.

We need to use private hospitals more. In fact, we should use them whenever they are the best option for our returning soldiers who are wounded. In the case of traumatic brain injury, they often have the special expertise needed, because the leading facilities in this field deal with brain injuries day in and day out as a result of construction accidents and car crashes.

Now consider the case of Sgt. Garrett Anderson of Champaign, Illinois. Garrett went to Iraq with the Illinois National Guard. After 4 months there, an IED exploded next to his armored Humvee in Baghdad. The blast tore off his right arm below the elbow, shattered his jaw, severed part of his tongue, damaged his hearing, and punctured his body with shrapnel.

He spent 7 months at Walter Reed, where he received excellent care in Ward 57, the famous amputee ward. However, the outpatient care that followed has been filled with paperwork and red tape. It was months before the VA recognized that Garrett had suffered a traumatic brain injury. He has not received the kind of treatment for brain injury that could make a significant difference in the trajectory of his rehabilitation.

We need to change the way we handle patients with traumatic brain injury, so that they receive the care they need at the time they need it.

The legislation I am introducing takes a comprehensive approach to dealing with the traumatic brain injuries that plague our troops and veterans.

First, this legislation would establish a Traumatic Brain Injury Program, run by DOD and the VA, to provide treatment and rehabilitation to servicemembers and veterans who have suffered a service-connected traumatic brain injury.

Second, this bill would establish a standard of care for the participants in the TBI Program. Specifically, each individual in the program shall be provided ''the highest quality of care possible based on the medical judgment of qualified medical professionals in facilities that most appropriately meet the specific needs of the individual. ''And they shall be rehabilitated to the fullest extent possible using the most up-to-date medical technology, medical rehabilitation practices, and medical expertise available.''

That's the standard of care we should provide to these injured troops who gave so much of themselves for us. They should receive the best we have to give.

Third, the measure would direct the Defense Department to develop and administer a standardized cognitive pretest, which would be administered to all military personnel prior to deployment and again upon return from deployment to determine if they have suffered a brain injury.

It also would require DOD and the VA to refer any servicemember or veteran for TBI screening if it is found, in the course of later treatment or contacts, that the servicemember or veteran may have suffered a service-connected brain injury.

Anyone found to have suffered a traumatic brain injury would be enrolled in the TBI program and receive the care they need.

One of the things the families of TBI patients complain most about is the confusion that surrounds their efforts to ensure that their loved one received all needed care. The fourth thing this measure would do is to direct DOD and the VA to assign each patient a lead case manager to ease the stress on the patient and family, facilitate navigation through the DOD and VA systems, ensure proper care, present options for care outside of DOD and the VA, and ensure consistent guidance. Additionally, DOD and the VA would assign to each patient a lead primary care physician to coordinate and oversee the care provided to the patient, including all treatment, rehabilitation, and medications.

Another complaint of families and TBI patients is that they are sometimes blocked from receiving the care they need due to their status as either a veteran or an active duty member. DOD and the VA have different health benefit options. In some cases, servicemembers have found that, because they accepted a discharge, they lost access to benefits that would help them.

Our bill addresses this problem by establishing, for these TBI patients, a temporary overlap of benefits. The participants in the TBI Program will be allowed, for 2 years, to receive any of the benefits available to veterans and to active duty members, regardless of their active duty status. This will help ensure they receive the best care and rehabilitation available, wherever it may be.

Our bill would spell out some other rights that are important for the rehabilitation of TBI patients. First, DOD and the VA would be required to provide a referral to a medical professional outside of DOD and the VA when requested by a TBI patient. This will allow patients to determine whether there is better care in the private sector that is not being provided to that patient. They would also have a right to an appeals process to challenge any failure to provide the standard of care required in the TBI Program.

In some cases, undiagnosed traumatic brain injuries may contribute to behavior resulting in other than honorable discharges. Upon the request of a servicemember who served since 2001 and was discharged under other than honorable conditions, the DOD would be directed to review the discharge to determine whether a brain injury might be the root cause of the actions that precipitated the adverse discharge, with fair reconsideration of the discharge if such evidence is found.

Similarly, the VA would be required to make available, upon request, an appeals process to update the disability rating of a veteran who is found to have suffered a traumatic brain injury.

Finally, this measure authorizes additional funding for research related to traumatic brain injury both in DOD and in the VA, to improve screening, diagnosis, treatment, and rehabilitation for traumatic brain injury.

This is a comprehensive effort to improve the treatment of our Nation's wounded servicemembers who have suffered a traumatic brain injury. I can't imagine the anguish that must be associated with such an injury, but I can imagine the kind of medical system I would like to have in place if it were my son or daughter struggling to recover from such an injury. This legislation reflects that vision.

I thank my cosponsors, Senators WARNER, MURRAY, GRAHAM, OBAMA, WEBB, and CANTWELL, and I urge all of my colleagues to support this measure.

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

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

S. 1349

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 ''Military and Veterans Traumatic Brain Injury Treatment Act''.

SEC. 2. PROGRAM OF SERVICES FOR TRAUMATIC BRAIN INJURY FOR MEMBERS OF THE ARMED FORCES AND VETERANS.

(a) TRAUMATIC BRAIN INJURY PROGRAM REQUIRED.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a program meeting the requirements of subsections (c) through (f) under which each member of the Armed Forces or veteran who incurs a traumatic brain injury during service in the Armed Forces—

(1) is enrolled in the program; and

(2) receives, under the program, treatment and rehabilitation meeting the standard of care specified in subsection (b).

(b) STANDARD OF CARE.—The standard of care for treatment and rehabilitation specified in this subsection is that each individual who is a member of the Armed Forces or veteran who qualifies for care under the program established under subsection (a) shall—

(1) be provided the highest quality of care possible based on the medical judgment of qualified medical professionals in facilities that most appropriately meet the specific needs of the individual; and

(2) be rehabilitated to the fullest extent possible using the most up-to-date medical technology, medical rehabilitation practices, and medical expertise available.

(c) REFERRALS.—

(1) IN GENERAL.—If a member of the Armed Forces or a veteran participating in the program established under subsection (a) determines that care provided to such participant by the Department of Defense or the Department of Veterans Affairs, as the case may be, does not meet the standard of care specified in subsection (b), the Secretary of Defense or the Secretary of Veterans Affairs, as the case may be, shall, upon request of the participant, provide to such participant a referral to a public or private provider of medical or rehabilitative care for consultation regarding the care that would meet the standard of care specified in subsection (b).

(2) LIMITATION ON REFERRALS.—The Department of Defense shall bear the cost of referrals under paragraph (1), except that the Secretary of Defense shall not be required to pay for more than one referral for each participant in any consecutive three month period.

(d) SCREENING FOR TRAUMATIC BRAIN INJURY.—

(1) PROTOCOLS FOR DETECTION AND DIAGNOSIS OF TRAUMATIC BRAIN INJURY.—

(A) IN GENERAL.—The Secretary of Defense shall, in cooperation with the Secretary of Veterans Affairs, establish protocols for the detection and diagnosis of traumatic brain injury, including the use of various types of screening tools as appropriate.

(B) FREQUENCY.—The protocol required by subparagraph (A) shall provide that examinations shall be administered at least once to each member of the Armed Forces—

(i) before deployment to a combat theater; and

(ii) during the period beginning on the 30th day after the member returns from such deployment and ending on the 90th day after the date on which such member returns to the member's permanent duty station after such deployment.

(C) PROTOCOL FOR DETERMINATION OF BASELINE COGNITIVE FUNCTIONING.—The protocols required by subparagraph (A) shall include a protocol—

(i) for the assessment and documentation of the cognitive functioning of each member of the Armed Forces before each such member is deployed in a combat theater, in order to facilitate the detection and diagnosis of traumatic brain injury of such member upon return from such deployment; and

(ii) for the comparison of the cognitive functioning determined under clause (i) with the cognitive functioning of the member upon return from deployment.

(D) ADMINISTRATION OF COMPUTER-BASED EXAMINATIONS.—The protocol required by subparagraph (C) shall include the administration of computer-based examinations to members of the Armed Forces.

(2) INCIDENTAL DETECTION.—If, while delivering health care services to a member of the Armed Forces or a veteran who is not a participant in the program established under subsection (a), the Secretary of Defense or the Secretary of Veterans Affairs, as the case may be, discovers that such member or veteran may have incurred a service-connected traumatic brain injury, the Secretary concerned shall test such member or veteran for traumatic brain injury.

(3) REFERRALS.—If the Secretary of Defense or the Secretary of Veterans Affairs receives a referral for the testing of a member of the Armed Forces or a veteran for traumatic brain injury, the Secretary concerned shall test such member or veteran for traumatic brain injury expeditiously.

(4) ENROLLMENT.—If a member of the Armed Forces or a veteran is diagnosed under this subsection with a traumatic brain

injury that was incurred during service in the Armed Forces, such member or veteran shall be enrolled in the program required by subsection (a).

(e) OUTREACH.—

(1) OUTREACH TO MEMBERS OF THE ARMED FORCES AND VETERANS.—The Secretary of Defense and the Secretary of Veterans Affairs shall conduct a program of outreach to members of the Armed Forces and veterans to inform such members and veterans of—

(A) the program required by subsection (a);

(B) the availability of screening for the diagnosis of traumatic brain injury under subsection (d);

(C) the consequences, with regard to the treatment and care of traumatic brain injury, of separation, discharge, and retirement from the Armed Forces; and

(D) the rights of such members or veterans described in subsection (f).

(2) JOINT MANUAL OF BENEFITS.—As part of the program of outreach under paragraph (1), the Secretary of Defense and the Secretary of Veterans Affairs shall annually and jointly publish and distribute a manual explaining the benefits available to participants in the program required by subsection (a) and their families.

(f) RIGHTS OF MEMBERS OF THE ARMED FORCES AND VETERANS WITH TRAUMATIC BRAIN INJURY.—The Secretary of Defense and the Secretary of Veterans Affairs shall inform members of the Armed Forces and veterans with traumatic brain injury and their families of their rights with respect to the following:

(1) The receipt of medical care from the Department of Defense and the Department of Veterans Affairs.

(2) The options available to such members and veterans for treatment of traumatic brain injury.

(3) The options available to such members and veterans for rehabilitation.

(4) Referrals under subsection (c)(1).

(5) The right to any administrative or judicial appeal of any agency decision with respect to the program established under subsection (a).

(6) Reviews of decisions under section 4.

(g) COORDINATION OF CASE MANAGEMENT AND HEALTH CARE SERVICES FOR PROGRAM PARTICIPANTS.—

(1) LEAD CASE MANAGERS.—The Secretary of Defense and the Secretary of Veterans Affairs shall assign a qualified lead case manager to each member of the Armed Forces or veteran, as the case may be, that participates in the program required by subsection (a). Each lead case manager shall, with respect to a participant in the program under subsection (a) to whom the lead case manager has been assigned—

(A) coordinate the work of any other case managers associated with such participant;

(B) help the participant and the family of such participant manage the stress associated with receiving treatment and rehabilitative services for traumatic brain injury;

(C) present the participant with options for the receipt of medical and rehabilitative care, including options for such care outside the Department of Defense and the Department of Veterans Affairs, that meet the standard of care specified in subsection (b);

(D) help the participant find and receive the care, including care from outside the Department of Defense and the Department of Veterans Affairs, to which the participant is entitled under subsection (a); and

(E) ensure that providers of care to participants in the program required by subsection (a) provide consistent guidance to such participants.

(2) PRIMARY CARE PHYSICIANS.—The Secretary of Defense and the Secretary of Veterans Affairs shall assign a lead primary care physician to each member of the Armed Forces or veteran, as the case may be, who participates in the program required by subsection (a). Such lead primary care physician shall coordinate and oversee the care provided to the participant, including all treatment, rehabilitation, and medications.

(3) REPORT.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall report to Congress on the steps taken to coordinate care, as required by this subsection, along with recommendations, if any, for legislation to improve such coordination.

(h) RESOURCES.—

(1) FACILITIES.—The Secretary of Defense and the Secretary of Veterans Affairs may provide treatment and rehabilitation in accordance with subsection (a) in any of the facilities as follows:

(A) Facilities of the Department of Defense.

(B) Facilities of the Department of Veterans Affairs.

(C) Public or private medical facilities accredited or otherwise qualified to provide treatment and rehabilitation.

(2) ACCESS TO EQUIPMENT.—The Secretary of Defense and the Secretary of Veterans Affairs shall ensure, by procurement, contract, or agreement, that the program established under subsection (a) has access to all specialized programs, services, equipment, and medical expertise required to ensure that each participant receives the standard of care specified in subsection (b).

(3) COOPERATIVE AGREEMENTS, CONTRACTS, OR PARTNERSHIPS WITH PRIVATE AND PUBLIC MEDICAL CENTERS.—The Secretary of Defense and the Secretary of Veterans Affairs shall, separately or jointly, enter into cooperative agreements, contracts, or partnerships with private or public medical centers with expertise in the treatment or rehabilitation of individuals with traumatic brain injury to provide consultation, treatment, or rehabilitation to members of the Armed Forces or veterans as required by subsection (a).

(4) TRAINING PROGRAM.—The Secretary of Defense and the Secretary of Veterans Affairs shall, separately or jointly, provide grants to, or enter into contracts or agreements with, private or public medical centers with expertise in the treatment or rehabilitation of individuals with traumatic brain injury to provide training, education, or other assistance to personnel of the Department of Defense and the Department of Veterans Affairs to ensure that such personnel are consistently using the most up-to-date and best practices and procedures for the screening, treatment, and rehabilitation of members of the Armed Forces and veterans with traumatic brain injury.

(5) OVERLAP OF BENEFITS.—

(A) IN GENERAL.—During the 24-month period beginning on the date that a member of the Armed Forces or a veteran is enrolled in the program required by subsection (a), the member or veteran shall be entitled to all of the benefits otherwise available to a veteran (in the case of a member) or member (in the case of a veteran), including participation in the TRICARE program under chapter 55 of title 10, United States Code, and care provided in a facility of the Department of Defense, the Department of Veterans Affairs, or other public or private facility, regardless of the active duty status of such member or veteran.

(B) ALLOCATION OF COSTS.—Costs associated with the provision of care under subparagraph (A) shall be borne by the Department of Defense.

SEC. 3. FACILITATION OF CONTINUITY OF CARE FROM DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS.

The Secretary of Defense and the Secretary of Veterans Affairs shall establish protocols to ensure that members of the Armed Forces receive, with regard to health care benefits and services from the Department of Veterans Affairs and otherwise, a continuity of care and assistance during and after the transition from military service to civilian life, including protocols for the following:

(1) The expeditious transfer of medical records from the Department of Defense to the Department of Veterans Affairs.

(2) Continuity of health care services, treatment, and coverage for members of the Armed Forces who are transitioning to civilian life, with particular emphasis on providing continued health care to participants in the program required by section 2.

(3) The development of a specific, individualized transition plan for each member, prior to discharge or release from the Armed Forces, outlining the member's seamless continuity of care.

SEC. 4. REVIEW OF CERTAIN DECISIONS OF THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS.

(a) REVIEW OF OTHER THAN HONORABLE DISCHARGE STATUS FOR FORMER MEMBERS OF THE ARMED FORCES WITH TRAUMATIC BRAIN INJURY.—

(1) REVIEW REQUIRED.—The Secretary of Defense shall, upon the request of any former member of the Armed Forces who served in the Armed Forces after October 6, 2001, and has been discharged from the Armed Forces under other than honorable conditions, conduct a review (including a medical evaluation) to determine whether a traumatic brain injury was a cause of the actions of the member that precipitated the discharge under other than honorable conditions. Such request may also be made by an authorized representative of the member.

(2) RECONSIDERATION.—If the Secretary of Defense determines under this subsection that the traumatic brain injury of a member was a cause of the actions of the member that precipitated the discharge under other than honorable conditions, the Secretary shall reconsider the discharge and redesignate the status of such discharge if such action is warranted.

(b) REVIEW OF DECISIONS OF SECRETARY OF VETERANS AFFAIRS AFFECTING VETERANS WITH TRAUMATIC BRAIN INJURY.—Upon the request of any veteran diagnosed with a traumatic brain injury, the Secretary of Veterans Affairs shall review and adjust as the Secretary considers appropriate, the disability rating of such veteran.

SEC. 5. TRAUMATIC BRAIN INJURY RESEARCH.

(a) RESEARCH REQUIRED OF DEPARTMENT OF DEFENSE.—The Secretary of Defense shall conduct research—

(1) to improve the screening, diagnosis, and treatment of traumatic brain injury;

(2) to improve rehabilitation of members of the Armed Forces with traumatic brain injury;

(3) to improve best practices for the activities described in paragraphs (1) and (2); and

(4) to identify the mechanisms of brain injury and ways to prevent or ameliorate secondary effects of brain injuries.

(b) RESEARCH REQUIRED OF DEPARTMENT OF VETERANS AFFAIRS.—Section 7303 of title 38, United States Code, is amended—

(1) in subsection (a)(2), by inserting ''traumatic brain injury research,'' after ''mental illness research,''; and

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

''(e) Traumatic brain injury research shall include research—

''(1) to improve the screening, diagnosis, and treatment of traumatic brain injury;

''(2) to improve rehabilitation of veterans with traumatic brain injury;

''(3) to improve best practices for the activities described in paragraphs (1) and (2); and

''(4) to identify the mechanisms of brain injury and ways to prevent or ameliorate secondary effects of brain injuries.''.

(c) GRANTS OR COOPERATIVE AGREEMENTS.—In conducting the research required by subsection (a) or in accordance with section 7303(e) of title 38, United States Code, the Secretary of Defense and the Secretary of Veterans Affairs may provide grants to, or enter into cooperative agreements with, private or public medical centers with expertise in research on traumatic brain injury, including the treatment or rehabilitation of individuals with traumatic brain injury.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

(1) to the Secretary of Defense, $20,000,000 to carry out the provisions of subsection (a); and

(2) to the Secretary of Veterans Affairs, $20,000,00 to carry out the amendments made by subsection (b).

SEC. 6. REPORT.

Not later than December 15 of each year, the Secretary of Defense shall, in conjunction with the Secretary of Veterans Affairs, submit to Congress a report that contains, with respect to the fiscal year ending in the year such report is submitted, the following:

(1) Descriptions of the activities, accomplishments, and limitations of the program on traumatic brain injury established under section 2.

(2) Recommendations of the Secretary of Defense and the Secretary of Veterans Affairs, if any, for improving the program established under section 2.

(3) Information on the following:

(A) The number of members of the Armed Forces and veterans tested for traumatic brain injury by the Department of Defense and the Department of Veterans Affairs under section 2(d).

(B) The number of members of the Armed Forces and veterans diagnosed with a traumatic brain injury.

(C) The number of members of the Armed Forces and veterans enrolled in the program on traumatic brain injury established under section 2.

(D) The types of treatment and rehabilitation provided as part of the program established under section 2.

(E) The types of facilities in which services were provided under section 2 and how such facilities were chosen to meet the individual needs of individual patients.

(F) The mechanisms used by the Department of Defense and the Department of Veterans Affairs to ensure continuity of care for members of the Armed Forces as they transition from receipt of health care services from the Department of Defense to the receipt of such services from the Department of Veterans Affairs.

(G) The number and nature of any cooperative agreements engaged in under section 2(h).

(H) The outreach activities carried out under subsections (e) and (f) of section 2.

(4) A description of the expenditures associated with the outreach, screening, diagnosis, treatment, rehabilitation, and other services provided to members of the Armed Forces and veterans under sections 2 and 3.

SEC. 7. DEFINITION OF TRAUMATIC BRAIN INJURY.

In this Act, the term ''traumatic brain injury'' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma. The Secretary of Defense and the Secretary of Veterans Affairs may jointly revise the definition of such term as the Secretaries determine necessary, after consultation with the following:

(1) The Secretary of Health and Human Services.

(2) Representatives of any organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(3) Such public or nonprofit private entities that the Secretary of Defense or the Secretary of Veterans Affairs considers appropriate.

NOTICE OF HEARING

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP

Mr. KERRY. I would like to inform the Members that the Committee on Small Business and Entrepreneurship will hold a public markup of S. 1256 ''Small Business Lending Reauthorization and Improvements Act of 2007'' on Wednesday, May 16, 2007, at 2:30 p.m. in room 428A of the Russell Senate Office Building.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Agriculture, Nutrition, and Forestry be authorized to conduct a hearing during the session of the Senate on Wednesday, May 9, 2007, at 9:30 a.m. in 328A, Russell Senate Office Building. The purpose of this committee hearing will be to consider Energy and Rural Development issues for the Farm bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to hold a hearing during the session of the Senate on Wednesday, May 9, 2007, at 2:30 p.m., in room 253 of the Russell Senate Office Building. The purpose of the hearing is to review all-terrain vehicle, ATV, issues and possible legislative approaches to obtaining ATV safety.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, May 9, 2007, at 9:30 a.m. to hold a hearing on climate change.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, May 9, 2007, at 2:30 p.m. to hold a nomination hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet to conduct a markup on Wednesday, May 9, 2007, at 10 a.m. in Dirksen Room 226.

Agenda

I. Bills: S. 221, Fair Contracts for Growers Act of 2007, (Grassley, Feingold, Kohl, Leahy, Durbin); and S. 376, Law Enforcement Officers Safety Act of 2007, (Leahy, Specter, Grassley, Kyl, Sessions, Cornyn).

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON VETERANS' AFFAIRS

Mr. DURBIN. I ask unanimous consent for the Committee on Veterans' Affairs be authorized to meet during the session of the Senate on Wednesday, May 9, 2007, to hold a hearing on pending benefits legislation. The hearing will take place in room 562 of the Dirksen Senate Office Building beginning at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SPECIAL COMMITTEE ON AGING

Mr. DURBIN. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet today, Wednesday, May 9, 2007, from 3 p.m.–5 p.m. in Dirksen 106 for the purpose of conducting a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON PRIVATE SECTOR AND CONSUMER SOLUTIONS TO GLOBAL WARMING AND WILDLIFE PROTECTION.

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works Subcommittee on Private Sector and Consumer Solutions to Global Warming and Wildlife Protection be authorized to meet during the session of the Senate on Wednesday, May 9, 2007.

Agenda

Technologies and practices to reduce greenhouse gas emissions.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEASURES READ THE FIRST TIME—S. 1348 AND H.R. 2080

Mr. CONRAD. Mr. President, I understand there are two bills at the desk, and I ask for their first reading, en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The legislative clerk read as follows:

A bill (S. 1348) to provide for comprehensive immigration reform and for other purposes.