S. 970

At the request of Mr. SMITH, the names of the Senator from North Carolina (Mr. BURR) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors 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 names of the Senator from Arkansas (Mrs. LINCOLN) and the Senator from Alabama (Mr. SESSIONS) were added as cosponsors 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. 1040

At the request of Mr. SHELBY, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 1040, a bill to repeal the current Internal Revenue Code and replace it with a flat tax, thereby guaranteeing economic growth and greater fairness for all Americans.

S. 1092

At the request of Mr. HAGEL, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 1092, a bill to temporarily increase the number of visas which may be issued to certain highly skilled workers.

S. 1113

At the request of Mr. BAYH, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1113, a bill to facilitate the provision of care and services for members of the Armed Forces for traumatic brain injury, and for other purposes.

S. 1132

At the request of Ms. MURKOWSKI, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1132, a bill to amend the Internal Revenue Code of 1986 to allow Indian tribes to receive charitable contributions of apparently wholesome food.

S. 1147

At the request of Mrs. MURRAY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1147, a bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as ''Priority 8'').

S. 1159

At the request of Mr. HAGEL, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1159, a bill to amend part B of the Individuals with Disabilities Education Act to provide full Federal funding of such part.

S. 1190

At the request of Mr. DURBIN, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 1190, a bill to promote the deployment and adoption of telecommunications services and information technologies, and for other purposes.

S. 1205

At the request of Mr. SMITH, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1205, a bill to require a pilot program on assisting veterans service organizations and other veterans groups in developing and promoting peer support programs that facilitate community reintegration of veterans returning from active duty, and for other purposes.

S. 1237

At the request of Mr. LAUTENBERG, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1237, a bill to increase public safety by permitting the Attorney General to deny the transfer of firearms or the issuance of firearms and explosives licenses to known or suspected dangerous terrorists.

S. 1262

At the request of Mr. ENZI, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 1262, a bill to protect students receiving student loans, and for other purposes.

S. 1271

At the request of Mr. OBAMA, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 1271, a bill to provide for a comprehensive national research effort on the physical and mental health and other readjustment needs of the members of the Armed Forces and veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom and their families.

S. 1277

At the request of Mr. NELSON of Nebraska, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1277, a bill to amend title XVIII of the Social Security Act to clarify the treatment of payment under the Medicare program for clinical laboratory tests furnished by critical access hospitals.

S. 1324

At the request of Mr. OBAMA, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1324, a bill to amend the Clean Air Act to reduce greenhouse gas emissions from transportation fuel sold in the United States.

S. 1335

At the request of Mr. INHOFE, the name of the Senator from Kentucky (Mr. BUNNING) was added as a cosponsor of S. 1335, a bill to amend title 4, United States Code, to declare English as the official language of the Government of the United States, and for other purposes.

S. 1346

At the request of Ms. MIKULSKI, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1346, a bill to amend conservation and biofuels programs of the Department of Agriculture to promote the compatible goals of economically viable agricultural production and reducing nutrient loads in the Chesapeake Bay and its tributaries by assisting agricultural producers to make beneficial, cost-effective changes to cropping systems, grazing management, and nutrient management associated with livestock and poultry production, crop production, bioenergy production, and other agricultural practices on agricultural land within the Chesapeake Bay watershed, and for other purposes.

S. 1349

At the request of Mr. DURBIN, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of 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.

S. CON. RES. 29

At the request of Mr. BUNNING, his name was added as a cosponsor 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.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

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

S. 1352. A bill to designate the facility of the United States Postal Service located at 127 East Locust Street in Fairbury, Illinois, as the ''Dr. Francis Townsend Post Office Building''; to the Committee on Homeland Security and Governmental Affairs.

Mr. DURBIN. Mr. President, today I am pleased to introduce legislation to designate the U.S. Post Office at 127 East Locust Street in Fairbury, IL, as the ''Dr. Francis Townsend Post Office Building.'' I am grateful to Senator BARACK OBAMA, Mayor Robert Walter, Jr. and the Fairbury City Council for their support of this legislation.

This legislation honors Dr. Francis Townsend, the creator of the Townsend old-age revolving pension plan, and his hometown of Fairbury, IL, a town which will celebrate its sesquicentennial anniversary this June.

Dr. Francis E. Townsend, the son of a farmer, was born in January 1867. He became a physician and served in the Army Medical Corps during World War I. Following his retirement from medicine, Dr. Townsend developed an old-age pension plan for seniors during the Depression. The Townsend Plan created a Federal pension of $200 a month paid to every citizen age 60 and older, on the condition that the pensioner spend the entire sum within 30 days of receipt, in order to stimulate the economy.

Dr. Townsend advocated tirelessly around the country on behalf of his plan and encouraged 25 million Americans to sign petitions to the White House and to Congress demanding that the Federal Government institute a revolving old-age pension fund. It is likely that Townsend's efforts expedited passage of President Franklin D. Roosevelt's Social Security Act, a major New Deal initiative. The Social Security Act included matching payments from the Federal Government, known as Old Age Assistance, and a national old-age annuity program. Though the initiative fell short of Dr. Townsend's vision, he continued to press for increased benefits to the elderly. Dr. Townsend's persistence helped to sustain the movement for increased elder benefits.

Dr. Francis Townsend, an innovator and social activist, was a pivotal figure in the antipoverty movement and became the leader of a social movement. I am pleased to introduce this legislation to permanently and publicly recognize Dr. Townsend by naming this post office in Fairbury in his honor. Given Dr. Townsend's dedication to his community and his commitment towards the improvement of society, the renaming of this post office would be a most appropriate way for us to express our appreciation to Dr. Townsend and to celebrate his contributions to our Nation's pension programs.

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. 1352

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

SECTION 1. DR. FRANCIS TOWNSEND POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 127 East Locust Street in Fairbury, Illinois, shall be known and designated as the ''Dr. Francis Townsend Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Dr. Francis Townsend Post Office Building''.

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

S. 1353. A bill to nullify the determinations of the Copyright Royalty Judges with respect to webcasting, to modify the basis for making such a determination, and for other purposes; to the Committee on the Judiciary.

Mr. WYDEN. Mr. President, today, I come back to the floor to introduce legislation to keep the Internet free of discrimination. For over a decade, people have tried to get their grubby hands all over the Internet and I have sprung into action to stop them. I have fought hard to prevent discrimination in the taxation of Internet commerce. I have fought hard to prevent discrimination on the content and applications layer of the Internet. Now, I am back here one more time, to prevent discriminatory treatment against Internet radio companies and consumers of their product in how copyright royalties are collected.

Make no bones about it, the recent decision on copyright royalty fees by the Copyright Royalty Board is discrimination. The fees that webcasters will have to pay will discriminate in favor of traditional radio broadcasting and satellite radio broadcasting, which pay a much lower percentage of their revenues in royalties.

The decision of the Copyright Royalty Board would increase royalties on webcasters to levels between 300 and 1200 percent of their current royalty fees. For most webcasters, the royalties will exceed their gross revenues. There are not many people who are going to stay in business long when their costs exceed their revenues. This is certainly the case for webcasters. That is why I am introducing the Internet Radio Equality Act today.

The Bipartisan Internet Radio Equality Act, that I am introducing today with my friend from Kansas, Senator BROWNBACK, will prevent this discrimination. It does so by invalidating the decision of the Copyright Royalty Board and instead puts Internet radio on par with Satellite Radio, jukeboxes, and cable radio. Additionally, it has special protections in place for noncommercial webcasters, like National Public Radio and college radio, to ensure that they can take advantage of webcasting as well.

Unfortunately, time is of the essence in saving Internet radio. On July 15, if Congress does not intervene, collection of these new royalty fees will begin. It is no coincidence that on the same day, if Congress does not intervene, that hundreds of thousands of Internet radio stations will be turned off for good. It is imperative that we act within the next 2 months to prevent this from happening.

I want to thank my friend from Kansas, Senator BROWNBACK, for joining me in introducing this important legislation. I look forward to working with him and Congressman INSLEE, my friend from Washington, who has introduced companion legislation in the House, to get the job done.

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. 1353

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 ''Internet Radio Equality Act of 2007''.

SEC. 2. NULLIFICATION OF DECISION OF COPYRIGHT ROYALTY JUDGES.

The March 2, 2007, Determination of Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital performance of sound recordings and ephemeral recordings, including that determination as modified by the April 17, 2007, Order Denying Motions for Rehearing and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register and the April 23, 2007, Final Determination of Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital performance of sound recordings and ephemeral recordings and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register, are not effective, and shall be deemed never to have been effective.

SEC. 3. COMPUTATION OF ROYALTY FEES FOR COMMERCIAL INTERNET RADIO SERVICES OFFERING DIGITAL PERFORMANCES OF SOUND RECORDINGS.

(a) STANDARD FOR DETERMINING RATES AND TERMS.—Section 114(f)(2)(B) of title 17, United States Code, is amended by striking ''Such rates and terms shall distinguish'' and all that follows through the end of clause (ii) and inserting the following: ''The Copyright Royalty Judges shall establish rates and terms in accordance with the objectives set forth in section 801(b)(1). Such rates and terms may include a minimum annual royalty of not more than $500 for each provider of services that are subject to such rates and terms, which shall be the only minimum royalty fee and shall be assessed only once annually to that provider.''.

(b) TRANSITION RULE.—Except for services covered by section 118 of title 17, United States Code, each provider of digital audio transmissions that otherwise would have been subject to the rates and terms of the determination of the Copyright Royalty Judges made ineffective by section 2 of this Act shall instead pay royalties for each year of the 5-year period beginning on January 1, 2006, at 1 of the following rates, as selected by the provider for that year:

(1) 0.33 cents per hour of sound recordings transmitted to a single listener.

(2) 7.5 percent of the revenues received by the provider during that year that are directly related to the provider's digital transmissions of sound recordings.

SEC. 4. COMPUTATION OF ROYALTY FEES FOR NONCOMMERCIAL STATIONS OFFERING DIGITAL PERFORMANCES OF SOUND RECORDINGS.

(a) AMENDMENTS TO SECTION 118 OF TITLE 17, UNITED STATES CODE.—Section 118 of title 17, United States Code, is amended—

(1) in subsection (b), in the matter preceding paragraph (1), by striking ''and published pictorial'' and inserting '', sound recordings, and published pictorial'';

(2) in subsection (c)—

(A) in the matter preceding paragraph (1), by striking ''and published pictorial'' and inserting '', sound recordings, and published pictorial''; and

(B) in paragraph (1), by inserting ''or nonprofit institution or organization'' after ''broadcast station''; and

(3) in subsection (f), by striking ''paragraph (2)'' and inserting ''paragraph (1) or (2)''.

(b) TRANSITION RULES.—

(1) IN GENERAL.—Except as provided under paragraph (2), for each calendar year (or portion thereof) beginning after December 31, 2004, until an applicable voluntary license agreement is filed with the Copyright Royalty Judges under section 118 of title 17, United States Code (as amended by subsection (a) of this section), or an applicable determination is issued by the Copyright Royalty Judges under section 118 of such title (as so amended) —

(A) except as provided under subparagraphs (B) and (C), the annual royalty that a public

broadcast entity shall pay to owners of copyrights in sound recordings for the uses provided under section 118(c) of such title (as so amended) shall be an amount equal to 1.05 times the amount paid by that entity (or in the case of a group of related entities, the fees paid by such group) under section 114(f)(2) of title 17, United States Code, for such uses during the calendar year ending December 31, 2004;

(B) the annual royalty that a public broadcasting entity that is a noncommercial webcaster and did not owe royalties under section 114(f)(2) of title 17, United States Code, during the calendar year ending December 31, 2004, shall pay to owners of copyrights in sound recordings for the uses provided under section 118(c) of such title (as so amended) shall be the amount that would have been owed under the agreement entered into under section 114(f)(5) of that title for such uses applicable to noncommercial webcasters as in effect during calendar year 2004; and

(C) the annual royalty that public broadcasting entities constituting National Public Radio, Inc., its member stations and public radio stations qualified to receive funding from the Corporation for Public Broadcasting, shall collectively pay to owners of copyrights in sound recordings for the uses provided under section 118(c) of such title (as so amended) shall be an amount equal to 1.05 times the amount paid on the behalf of these entities under section 114(f)(2) of title 17, United States Code, for such uses during the calendar year ending December 31, 2004.

(2) LIMITATION.—No entity shall be required under paragraph (1)(A) or (B) to pay more than $5,000 for any calendar year.

SEC. 5. CREDIT OF ROYALTY FEES.

Any royalties received under the March 2, 2007, Determination of Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital performance of sound recordings and ephemeral recordings, including that determination as modified by the April 17, 2007, Order Denying Motions for Rehearing and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register and the April 23, 2007, Final Determination of Rates and Terms of the United States Copyright Royalty Judges regarding rates and terms for the digital performance of sound recordings and ephemeral recordings and any subsequent modification to that determination by the Copyright Royalty Judges that is published in the Federal Register shall be credited against royalties required to be paid under section 3 or 4 of this Act.

By Mr. MARTINEZ (for himself, Mr. BINGAMAN, Mr. NELSON of Florida, Mrs. HUTCHISON, Mrs. FEINSTEIN, Mrs. DOLE, and Mr. DOMENICI):

S. 1355. A bill to amend the Internal Revenue Code of 1986 to treat spaceports like airports under the exempt facility bond rules; to the Committee on Finance.

Mr. MARTINEZ. Mr. President, today I rise with my colleagues, Senators BINGAMAN, NELSON of Florida, HUTCHISON, DOMENICI, FEINSTEIN, and DOLE, to introduce the Spaceport Equality Act of 2007, a bill to help bring additional investment to the space transportation industry.

Last summer, Kazakhstan launched its first satellite, catapulting them into the space transportation industry. Also joining the race for space launch capacity are Singapore, Australia, Canada, and the United Arab Emirates, with seven new commercial spaceports proposed between the four countries. With new entrants being added to the space transportation marketplace, is the U.S. falling behind in the race for access to space?

The U.S. once dominated the commercial satellilte-manufacturing field with an average market share of 83 percent; however, that market share has since declined to below 50 percent. The U.S. satellite industry faces increasing pressure to consider the use of foreign launch vehicles and launch sites, due to the lack of sufficient domestic launch capability. An even smaller share of U.S. manufactured satellites is actually launched from U.S. spaceports.

This past year, only 2 of the 21 commercial launches worldwide were launched from locations in the United States, that is less than 10 percent of the market share. This comes at a loss of billions of dollars to the U.S. economy.

These are just some of the many reasons why my colleagues and I are introducing the Spaceport Equality Act.

The space economy is made up of manufacturers, service providers, and technologists in both the government and private sector that deploy and operate launch vehicles, satellites, and space platforms. Many everyday goods and services rely on space infrastructure, including: broadcast, cable, and satellite television; global Internet services; satellite radio; and cellular and international phone calls.

Satellites are also used global positioning systems, known as GPS, which enables us to have hands-on directions in our cars and other vehicles. GPS is also influential in the trucking, aviation, and maritime industries for day-to-day operations, and for our Nation's military operations. Thousands of gas stations use inexpensive small satellite dishes to connect to credit card networks so customers can pay instantly at the pump. Satellites also generate 90 percent of the weather forecasting data in the U.S., and are used to track hurricanes, tsunamis, and other weather phenomenon.

These satellites are launched vertically atop of rockets, propelling them into orbit in space. Because most U.S. space-launch facilities are operated by NASA and the Air Force, priority for launches at these facilities is given to government projects. This means our commercial satellite needs take a backseat to Government operations. This often leaves U.S. commercial satellite ventures without reliable launch availability.

This in turn has forced many companies seeking manufacturing and launch services toward our international competitors.

Commercial spaceports are subdivisions of State governments that provide additional launch infrastructure than that which is available at Federal facilities. They attract and promote the U.S. commercial space transportation industry. Spaceport authorities function much like airport and port authorities by providing economic and transportation incentives to the industry, which in turn benefits the surrounding communities. Many States are forming space authorities to pursue ways of developing space transportation infrastructure.

The Florida Space Authority, now known as ''Space Florida,'' was the first such entity, and was created as a subdivision of the Florida State Government by Florida's Governor and State legislature in 1989. Space Florida focuses on expanding and strengthening my state's space industry through partnering with the commercial space industry to improve space transportation and to provide innovative, forward-thinking solutions to the challenges facing this evolving industry.

The last few years have begun a new phase in space exploration. Spaceports presently operate in Florida, California, Virginia, and Alaska, and efforts are currently underway in New Mexico and Oklahoma to establish spaceports for the new emerging space tourism industry. Still additional commercial spaceports have been considered in the following states: Alabama, California, Montana, Nevada, Oklahoma, South Dakota, Texas, Utah, Washington, and Wisconsin.

The commercial space transportation industry includes not only spaceports themselves, but also companies that develop the needed infrastructure for testing and servicing launch vehicles. When including these industry partners with spaceports, at least 23 States are directly affected by the commercial space transportation industry. Both spaceports and industry partners face increasing pressure from Government sponsored or subsidized competitors in various countries across Europe, and also in China, Japan, India, and Russia. And soon they will face new competitors in Australia, Canada, Singapore, and the United Arab Emirates.

Commercial space transportation is a growing part of the U.S. economy. In 2004, this industry alone generated a total of nearly $98.1 billion in economic activity, more than $25 billion in earnings, and over 550,000 jobs. The Federal Aviation Administration, FAA, recently issued a report on 2006 launch activities, in that report, it was noted that in 2006, U.S. launches generated approximately $140 million in revenues.

A 2004 Gallup poll shows overwhelming public support for space exploration. Roughly 80 percent of Americans agree that ''America's space program helps give America the scientific and technological edge it needs to compete in the international marketplace.'' and 76 percent agree that our space program ''benefits the nation's economy'' and inspires ''students to pursue careers in technical fields.''

The space industry has also led to a number of ''spin-off'' technologies,

those influenced by space technology research and development.

Home roof insulation and air filtration, anti-lock brakes, athletic shoes, vehicle protective airbags, cellular phones, and Lasik surgery all owe their development to space-based research and technology. The list of space ''spin-off'' technologies is estimated to exceed 40,000. These related technologies have helped employ tens of millions of Americans. Encouraging commercial investment in the space industry and increasing U.S. market share in this industry will certainly lead to additional innovation and technology that will positively influence other fields.

As you can see, this once Government-dominated industry is now becoming a diverse mix of Government and commercial entities, also leading the way into future avenues of commercial space transportation, such as space tourism.

The increase in recent commercial launches includes the debut of the first commercial crewed suborbital launches of SpaceShipOne, the beginnings of public space travel. ''Space tourism,'' as public space travel is now referred to, has the potential to become a major growth industry. Recent market studies have shown that, within 20 years, space tourism has the potential to become a multibillion-dollar industry.

Even though the average American may not be able to participate in public space travel, its potential impact on our economy and international competitiveness is something to be appreciated. Space tourism industry players expect there to be a market demand of at least 15,000 Americans per year to travel into suborbit and orbital flights. This would require an estimated 665 launches per year by 2010.

If the U.S. continues as is, we will only be able to capture a 10-percent market share, at best, of this emerging industry. If needed infrastructure is added, however, the U.S. could potentially pick up 60 to 70 percent of space flight demand by 2010. Every launch that we do not provide for in the U.S. means a loss to our economy, and a gain for our international competitors. The Federal Aviation Administration's Commercial Space Transportation division expects a $3 billion dollar loss to our economy if we do not meet the rising demand for space tourism.

Currently, U.S. launch facilities are few and most are owned and operated by the Federal Government, putting commercial users in direct competition with the U.S. military, NASA, and other Government entities that, as I mentioned earlier, receive priority over commercial projects.

Recently, the U.S. Air Force provided license to Space Exploration Technologies, known as SpaceX, to utilize one of the decommissioned launch complexes at Cape Canaveral Air Force Station for its commercial launch ventures.

The utilization of existing Federal resources by commercial ventures will open up opportunity for further commercial launches, but this alone will not afford America the resources it needs to remain competitive internationally. If the U.S. is to remain competitive in the commercial space industry, added and improved infrastructure will be needed to support this growing industry.

On a more local note, my own State of Florida could stand to gain much by way of economic development from increased investment in Spaceport infrastructure.

According to recent studies, increased spaceport infrastructure and activity in Florida could mean as much as $29.7 million in additional economic activity by the year 2015, this does not include the economic activity generated from increased tourism, secondary contracts, and spin-off technologies.

Other modes of transportation, highways, airports, and seaports, currently enjoy a tax incentive for meeting their infrastructure needs, so why not spaceports? Perhaps this policy made sense in the past, when space did not have the enormous potential for commercial growth that it now does. Our ability to utilize space is more apparent than ever before; we need to acknowledge this emerging reality.

This Spaceport Equality Act of 2007 would provide spaceports with the same tax incentives granted to airports, seaports, rail, and other transit projects under the exempt facility bond rules. With international competition on the rise, our Nation's spaceports are a vital component of the infrastructure needed to expand and enhance the U.S. role in the international space arena. The Spaceport Equality Act is an important step to increasing our competitiveness in this field, because it will stimulate investment in expanding and modernizing our space launch facilities and lower the costs of financing spaceport projects.

Since 1968, tax-exempt bonds have played a crucial role in meeting airport investment needs, with 50 percent or more of major airport projects being financed through municipal tax-exempt bonds. By extending this favorable tax treatment to spaceports, this bill will help meet spaceport needs and increase our Nation's ability to compete with expanded international interests in space exploration and technology. Similar legislation has been considered since the 1980s, and we cannot afford to wait any longer to address the needs of this important sector.

This proposal does not provide direct Federal spending to our commercial space transportation industry, but rather, it creates the conditions necessary to stimulate private capital investment in industry infrastructure. By issuing tax-free bonds to finance spaceport infrastructure, space authorities could provide site-specific and vehicle-specific tailoring to promote the competition and innovation necessary to maintain the U.S. competitive edge in the space transportation industry.

This is an efficient means for achieving our space transportation needs, and I urge my colleagues in the Senate to join us in this most important effort by cosponsoring this bill.

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. 1355

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 ''Spaceport Equality Act of 2007''.

SEC. 2. SPACEPORTS TREATED LIKE AIRPORTS UNDER EXEMPT FACILITY BOND RULES.

(a) IN GENERAL.—Paragraph (1) of section 142(a) of the Internal Revenue Code of 1986 (relating to exempt facility bonds) is amended to read as follows:

''(1) airports and spaceports,''.

(b) TREATMENT OF GROUND LEASES.—Paragraph (1) of section 142(b) of the Internal Revenue Code of 1986 (relating to certain facilities must be governmentally owned) is amended by adding at the end the following new subparagraph:

''(C) SPECIAL RULE FOR SPACEPORT GROUND LEASES.—For purposes of subparagraph (A), spaceport property which is located on land owned by the United States and which is used by a governmental unit pursuant to a lease (as defined in section 168(h)(7)) from the United States shall be treated as owned by such unit if—

''(i) the lease term (within the meaning of section 168(i)(3)) is at least 15 years, and

''(ii) such unit would be treated as owning such property if such lease term were equal to the useful life of such property.''.

(c) DEFINITION OF SPACEPORT.—Section 142 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

''(n) SPACEPORT.—

''(1) IN GENERAL.—For purposes of subsection (a)(1), the term 'spaceport' means—

''(A) any facility directly related and essential to servicing spacecraft, enabling spacecraft to launch or reenter, or transferring passengers or space cargo to or from spacecraft, but only if such facility is located at, or in close proximity to, the launch site or reentry site, and

''(B) any other functionally related and subordinate facility at or adjacent to the launch site or reentry site at which launch services or reentry services are provided, including a launch control center, repair shop, maintenance or overhaul facility, and rocket assembly facility.

''(2) ADDITIONAL TERMS.—For purposes of paragraph (1)—

''(A) SPACE CARGO.—The term 'space cargo' includes satellites, scientific experiments, other property transported into space, and any other type of payload, whether or not such property returns from space.

''(B) SPACECRAFT.—The term 'spacecraft' means a launch vehicle or a reentry vehicle.

''(C) OTHER TERMS.—The terms 'launch', 'launch site', 'launch services', 'launch vehicle', 'payload', 'reenter', 'reentry services', 'reentry site', and 'reentry vehicle' shall have the respective meanings given to such terms by section 70102 of title 49, United States Code (as in effect on the date of enactment of this subsection).''.

(d) EXCEPTION FROM FEDERALLY GUARANTEED BOND PROHIBITION.—Paragraph (3) of section 149(b) of the Internal Revenue Code of 1986 (relating to exceptions) is amended by adding at the end the following new subparagraph:

''(E) EXCEPTION FOR SPACEPORTS.—Paragraph (1) shall not apply to any exempt facility bond issued as part of an issue described in paragraph (1) of section 142(a) to provide a spaceport in situations where—

''(i) the guarantee of the United States (or an agency or instrumentality thereof) is the result of payment of rent, user fees, or other charges by the United States (or any agency or instrumentality thereof), and

''(ii) the payment of the rent, user fees, or other charges is for, and conditioned upon, the use of the spaceport by the United States (or any agency or instrumentality thereof).''.

(e) CONFORMING AMENDMENT.—The heading for section 142(c) of the Internal Revenue Code of 1986 is amended by inserting ''SPACEPORTS,'' after ''AIRPORTS,''.

(f) EFFECTIVE DATE.—The amendments made by this section shall apply to obligations issued after the date of the enactment of this Act.

By Mr. GRASSLEY (for himself and Mr. JOHNSON):

S. 1358. A bill to amend the Clean Air Act to require all gasoline sold for use in motor vehicles to contain 10 percent renewable fuel in the year 2010 and thereafter, and for other purposes; to the Committee on Environment and Public Works.

Mr. GRASSLEY. Mr. President, I am introducing legislation today along with Senator JOHNSON that will take a bold step in reducing our dependence on fossil fuel and foreign oil. It is the 10 by 10 Act.

The 10 by 10 Act will require that 10 percent of each gallon of motor fuel sold beginning January 1, 2010, contain at least 10 percent renewable fuel. The 10 by 10 Act is a signal that Congress remains interested and adamant in seeking energy independence by promoting the development of renewable fuels in the United States.

Because the U.S. imports more than 60 percent of the crude oil we need, we have become dangerously reliant on foreign sources of energy. It is a threat to our national security for the United States to be dependent upon countries like Iran and Venezuela for our energy needs. It's also a threat to our economic security to be dependent on foreign countries for the energy that drives our economy.

It is up to our farmers and ranchers to help liberate our consumers and our economy from the stranglehold of OPEC and other foreign countries on our energy needs. I am here to say to America's agriculture community that we are serious and we are going to do something about it.

This legislation will demonstrate to consumers, in a common sense way, that each and every gallon of gasoline will contain at least 10 percent of domestically produced renewable fuel. It'll show that we're serious about reducing our dependence on foreign oil, and it will show in a tangible way that we're working to reduce that dependence.

The 10 by 10 Act is a commitment to our constituents that we're working to lower that dependence, and reduce our consumption of foreign oil in every gallon of fuel they pump. With this legislation, Americans would know with certainty that 10 percent of each gallon of motor fuel was home-grown by farmers and ranchers right here in America.

Today, ethanol, a renewable fuel produced primarily from corn, is blended in nearly 50 percent of the gasoline sold in the United States. There are currently 116 biorefineries producing nearly 6 billion gallons of ethanol annually. By the end of 2009, it is projected that we will have the capacity to produce over twelve billion gallons annually.

It is important for consumers to recognize that for the vast majority of cars on the road today, no modifications are necessary to operate on a 10-percent renewable fuel blend. No significant changes are required to the fuel distribution network to allow for a 10-percent blend. The only thing standing in the way of reduced dependence on foreign oil is a signal from Congress that we recognize the virtue of homegrown alternatives to foreign oil.

With this legislation, we would ensure the use of approximately 14 billion gallons of renewable fuels in our Nation's automobiles. The ethanol use would be distributed around the country in each gallon of gasoline. In this way, we will ensure the use of the fuel even if an extensive E–85 market is not yet in place. This effort could very well be a stepping stone if it's determined that ethanol could be blended in higher ratios, such as 15 or 20 percent. By blending in each gallon of gasoline, we ensure the benefits of homegrown, renewable fuels reach all consumers without the immediate need for additional fueling infrastructure or alternative fuel vehicles.

We owe it to the American people to pursue aggressive policies to free our country from our foreign oil dependence. I hope my colleagues will join me in this effort to replace 10 percent of each gallon of gasoline with homegrown, environmentally friendly, renewable fuel.

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. 1358

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 ''10 by 10 Act''.

SEC. 2. 10 PERCENT RENEWABLE FUEL REQUIRED FOR MOTOR VEHICLES.

Section 211 of the Clean Air Act (42 U.S.C. 7545) is amended—

(1) by inserting after subsection (o) the following:

''(p) 10 PERCENT RENEWABLE FUEL REQUIREMENT.—

''(1) IN GENERAL.—After December 31, 2009, it shall be unlawful for any person to sell or offer for sale, supply or offer for supply, dispense, transport, or introduce into commerce, for use in any motor vehicle (as defined in section 216) any gasoline containing less than 10 percent renewable fuel by volume.

''(2) FUEL BLENDS.—For the purpose of enforcing this subsection, a blend of gasoline and renewable fuel shall be considered to be sold or offered for sale, supplied or offered for supply, dispensed, transported, or introduced into commerce in accordance with this subsection if the renewable fuel content, exclusive of denaturants and permitted contaminants, comprises not less than 9.2 percent by volume and not more than 10 percent by volume of the blend, as determined by the Administrator.

''(3) MANIFESTS AND LABELING.—By regulation effective January 1, 2010, the Administrator shall require that each bill of lading or transportation manifest for all gasoline containing renewable fuel and all gasoline not containing renewable fuel indicate the renewable fuel content of the gasoline.

''(4) NOTICES ON GASOLINE PUMPS; EXEMPTION FOR COLLECTOR VEHICLES.—The Administrator shall provide, by regulation, for—

''(A) appropriate notices to be displayed on gasoline pumps—

''(i) indicating the renewable fuel content of the gasoline dispensed by the pump; and

''(ii) notifying the public of the prohibition under this subsection; and

''(B) an exemption from the requirements of this subsection in the case of gasoline for use in collector motor vehicles, as defined by the Administrator.''; and

(2) by redesignating the second subsection (r) (as added by section 1512 of the Energy Policy Act of 2005 (Public Law 109–58; 119 Stat. 1088)) as subsection (t) and moving the subsection so as to appear at the end of the section.

By Mr. DURBIN:

S. 1362. A bill to establish a Strategic Gasoline and Fuel Reserve; to the Committee on Energy and Natural Resources.

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

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

S. 1362

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 ''Strategic Gasoline and Fuel Reserve Act of 2007''.

SEC. 2. STRATEGIC GASOLINE AND FUEL RESERVE.

(a) IN GENERAL.—Title I of the Energy Policy and Conservation Act (42 U.S.C. 6201 et seq.) is amended—

(1) by redesignating part E (42 U.S.C. 6251 et seq.) as part F;

(2) by redesignating section 191 (42 U.S.C. 6251) as section 199; and

(3) by inserting after part D (42 U.S.C. 6250 et seq.) the following:

''PART E—STRATEGIC GASOLINE AND FUEL RESERVE

''SEC. 191. DEFINITIONS.

''In this part:

''(1) GASOLINE.—The term 'gasoline' means regular unleaded gasoline.

''(2) RESERVE.—The term 'Reserve' means the Strategic Gasoline and Fuel Reserve established under section 192(a).

''SEC. 192. ESTABLISHMENT.

''(a) IN GENERAL.—Notwithstanding any other provision of this Act, the Secretary

shall establish, maintain, and operate a Strategic Gasoline and Fuel Reserve.

''(b) NOT COMPONENT OF STRATEGIC PETROLEUM RESERVE.—The Reserve is not a component of the Strategic Petroleum Reserve established under part B.

''(c) CAPACITY.—The Reserve shall contain not more than—

''(1) 50,000,000 barrels of gasoline; and

''(2) 7,500,000 barrels of jet fuel.

''(3) 21,000,000 barrels of diesel fuel.

''(d) RESERVE SITES.—

''(1) SITING.—Not later than 1 year after the date of enactment of this Act, the Secretary shall determine not less than 3 Reserve sites, and not more than 5 Reserve sites, throughout the United States that are regionally strategic.

''(2) OPERATION.—The Reserve sites described in paragraph (1) shall be operational not later than 2 years after the date of enactment of this Act.

''(e) SECURITY.—In establishing the Reserve under this section, the Secretary shall obtain the concurrence of the Secretary of Homeland Security with respect to physical design security and operational security.

''(f) AUTHORITY.—In carrying out this part, the Secretary may—

''(1) purchase, contract for, lease, or otherwise acquire, in whole or in part, storage and related facilities and storage services;

''(2) use, lease, maintain, sell, or otherwise dispose of storage and related facilities acquired under this part;

''(3) acquire by purchase, exchange, lease, or other means gasoline and fuel for storage in the Reserve;

''(4) store gasoline and fuel in facilities not owned by the United States; and

''(5) sell, exchange, or otherwise dispose of gasoline and fuel from the Reserve, including to maintain—

''(A) the quality or quantity of the gasoline or fuel in the Reserve; or

''(B) the operational capacity of the Reserve.

''(g) FILL DATE.—

''(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary shall complete the process of filling the Reserve under this section by March 1, 2008.

''(2) EXTENSIONS.—The President may extend the deadline established under paragraph (1) if—

''(A) the President determines that filling the Reserve within that deadline would cause an undue economic burden on the United States; and

''(B) the President receives approval from Congress.

''SEC. 193. RELEASE OF GASOLINE AND FUEL.

''(a) IN GENERAL.—The Secretary shall release gasoline or fuel from the Reserve only if—

''(1) the President finds that there is a severe fuel supply disruption by finding that—

''(A) a regional or national supply shortage of gasoline or fuel of significant scope and duration has occurred;

''(B) a substantial increase in the price of gasoline or fuel has resulted from the shortage;

''(C) the price increase is likely to cause a significant adverse impact on the national economy; and

''(D) releasing gasoline or fuel from the Reserve would assist directly and significantly in reducing the adverse impact of the shortage; or

''(2)(A) the Governor of a State submits to the Secretary a written request for a release from the Reserve that contains a finding that—

''(i) a regional or statewide supply shortage of gasoline or fuel of significant scope and duration has occurred;

''(ii) a substantial increase in the price of gasoline or fuel has resulted from the shortage; and

''(iii) the price increase is likely to cause a significant adverse impact on the economy of the State; and

''(B) the Secretary concurs with the findings of the Governor under subparagraph (A) and determines that—

''(i) a release from the Reserve would mitigate gasoline or fuel price volatility in the State;

''(ii) a release from the Reserve would not have an adverse effect on the long-term economic viability of retail gasoline or fuel markets in the State and adjacent States; and

''(iii) a release from the Reserve would not suppress prices below long-term market trend levels.

''(b) PROCEDURE.—

''(1) RESPONSE OF SECRETARY.—The Secretary shall respond to a request submitted under subsection (a)(2) not later than 5 days after receipt of the request by—

''(A) approving the request;

''(B) denying the request; or

''(C) requesting additional supporting information.

''(2) RELEASE.—The Secretary shall establish procedures governing the release of gasoline or fuel from the Reserve in accordance with this subsection.

''(3) REQUIREMENTS.—

''(A) ELIGIBLE ENTITY.—In this paragraph, the term 'eligible entity' means an entity that is customarily engaged in the sale or distribution of gasoline or fuel.

''(B) SALE OR DISPOSAL FROM RESERVE.—The procedures established under this subsection shall provide that the Secretary may—

''(i) sell gasoline or fuel from the Reserve to an eligible entity through a competitive process; or

''(ii) enter into an exchange agreement with an eligible entity under which the Secretary receives a greater volume of gasoline or fuel as repayment from the eligible entity than the volume provided to the eligible entity.

''(c) CONTINUING EVALUATION.—The Secretary shall conduct a continuing evaluation of the drawdown and sales procedures established under this section.

''SEC. 194. REPORTS.

''(a) GASOLINE AND FUEL.—Not later than 45 days after the date of enactment of this section, the Secretary shall submit to Congress and the President a plan describing—

''(1) the acquisition of storage and related facilities or storage services for the Reserve, including the use of storage facilities not currently in use or not currently used to capacity;

''(2) the acquisition of gasoline and fuel for storage in the Reserve;

''(3) the anticipated methods of disposition of gasoline and fuel from the Reserve;

''(4) the estimated costs of establishment, maintenance, and operation of the Reserve;

''(5) efforts that the Department will take to minimize any potential need for future drawdowns from the Reserve; and

''(6) actions to ensure the quality of the gasoline and fuel in the Reserve are maintained.

''(b) NATURAL GAS AND DIESEL.—Not later than 90 days after the date of enactment of this section, the Secretary shall submit to Congress a report describing the feasibility of creating a natural gas and diesel reserve similar to the Reserve under this part.

''SEC. 195. STRATEGIC GASOLINE AND FUEL RESERVE FUND.

''(a) ESTABLISHMENT.—There is established in the Treasury of the United States a revolving fund, to be known as the 'Strategic Gasoline and Fuel Reserve Fund' (referred to in this section as the 'Fund'), consisting of—

''(1) such amounts as are appropriated to the Fund under subsection (b);

''(2) such amounts as are appropriated to the Fund under section 196; and

''(3) any interest earned on investment of amounts in the Fund under subsection (d).

''(b) TRANSFERS TO FUND.—There are appropriated to the Fund amounts equivalent to amounts collected as receipts and received in the Treasury from the sale, exchange, or other disposition of gasoline or fuel from the Reserve.

''(c) EXPENDITURES FROM FUND.—On request by the Secretary and without the need for further appropriation, the Secretary of the Treasury shall transfer from the Fund to the Secretary such amounts as the Secretary determines are necessary to carry out activities under this part, to remain available until expended.

''(d) INVESTMENT OF AMOUNTS.—

''(1) IN GENERAL.—The Secretary of the Treasury shall invest such portion of the Fund as is not, in the judgment of the Secretary of the Treasury, required to meet current withdrawals.

''(2) INTEREST-BEARING OBLIGATIONS.—Investments may be made only in interest-bearing obligations of the United States.

''(3) ACQUISITION OF OBLIGATIONS.—For the purpose of investments under paragraph (1), obligations may be acquired—

''(A) on original issue at the issue price; or

''(B) by purchase of outstanding obligations at the market price.

''(4) SALE OF OBLIGATIONS.—Any obligation acquired by the Fund may be sold by the Secretary of the Treasury at the market price.

''(5) CREDITS TO FUND.—The interest on, and the proceeds from the sale or redemption of, any obligations held in the Fund shall be credited to and form a part of the Fund.

''(e) TRANSFERS OF AMOUNTS.—

''(1) IN GENERAL.—The amounts required to be transferred to the Fund under this section shall be transferred at least monthly from the general fund of the Treasury to the Fund on the basis of estimates made by the Secretary of the Treasury.

''(2) ADJUSTMENTS.—Proper adjustment shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or less than the amounts required to be transferred.

''SEC. 196. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as are necessary to carry out this part, to remain available until expended.''.

SEC. 3. CONFORMING AMENDMENTS.

The table of contents for title I of the Energy Policy and Conservation Act (42 U.S.C. 6201 note) is amended by striking the matter relating to part D and inserting the following:

''PART D—NORTHEAST HOME HEATING OIL RESERVE

''Sec. 181. Establishment.
''Sec. 182. Authority.
''Sec. 183. Conditions for release; plan.
''Sec. 184. Northeast home heating oil reserve account.
''Sec. 185. Exemptions.
''Sec. 186. Authorization of appropriations.

''PART E—STRATEGIC GASOLINE AND FUEL RESERVE

''Sec. 191. Definitions.
''Sec. 192. Establishment.
''Sec. 193. Release of gasoline and fuel.
''Sec. 194. Reports.
''Sec. 195. Strategic Gasoline and Fuel Reserve Fund.

By Mrs. CLINTON (for herself and Mr. DURBIN):

S. 1363. A bill to improve health care for severely injured members and former members of the Armed Forces, and for other purposes; to the Committee on Armed Services.

Mrs. CLINTON. Mr. President, today, I am introducing the Bridging the Gap for Wounded Warriors Act to provide comprehensive solutions to problems that have arisen from military bureaucracy's failure to meet the medical needs of this generation's wounded warriors as they transition from the Armed Services to civilian life.

This is a moment of profound challenge for our country, for our military, and for our men and women in uniform. And while there are often strong disagreements here in Washington, I hope we can unite around our common values and patriotism when it comes to how we treat our servicemembers and veterans.

If you serve your country your country should serve you. That is the promise our country must keep to the men and women who enlist, who fight, and who return home often bearing the visible and invisible scars of sacrifice. Sadly, too often in the past several years, that promise has been broken: whether it's a lack of up-armored vehicles on the ground in Iraq or a lack of appropriate care in outpatient facilities at Walter Reed.

Last year, I authored and passed into law the Heroes at Home initiative to assist returning servicemembers experiencing the complex, diffuse, and life-altering symptoms of traumatic brain injury and other mental health difficulties.

This past March, I followed up with the introduction of the Heroes at Home Act of 2007, S. 1065, the Restoring Disability Benefits for Injured and Wounded Warriors Act of 2007, S. 1064, and the Protecting Military Family Financial Benefits Act of 2007, S. 1063, to serve our servicemembers and send a message: you will be treated as heroes before deployment, during deployment, and upon returning home. You didn't offer excuses and do not deserve to be offered excuses by your country.

Finally, Senator EVAN BAYH and I introduced the Traumatic Brain Injury Access to Options Act, S. 1113, in order to provide a temporary and immediate solution to the discrepancy in health care services and benefits encountered by TBI patients.

However, a broader and permanent solution is needed to assist all members and former members of the Armed Services who have incurred any type of combat-related injury. The mistreatment of servicemembers at Walter Reed and testimony from recent hearings in both the Senate Armed Services and Veterans Affairs Committees have revealed major gaps affecting servicemembers, including discrepancies in benefits for active duty and medically retired servicemembers; difficulties in obtaining needed care for wounded servicemembers transitioning from the Armed Services to civilian life; and disparities between the DoD and VA disability rating systems.

Although the military, more often than not, offers quality health care services, wounded servicemembers often encounter barriers to receiving the optimal health benefit. The two major barriers are: (1) a confusing array of benefits; and (2) discrepancies between benefits for those on active duty versus those who are medically retired.

Recent events at Walter Reed have highlighted the longstanding need to overhaul the DoD and VA disability rating systems, which are unnecessarily complex and result in delays in payment that hinder efforts of wounded servicemembers to support themselves and their families. On March 6, 2007, the Chief of Staff of the Army General Peter Schoomaker and then-Army Surgeon General Lieutenant General Kevin C. Kiley testified before the Senate Armed Services Committee that soldiers appearing before the Physical Evaluation Board were ''short-changed'' and had not received appropriate disability benefits. According to the Congressional Research Service, since the enactment of the Traumatic Servicemembers Group Life Insurance program at least 45 percent of claims have been denied. In March 2006 the Comptroller General issued GAO Report 06–362: Military Disability System: Improved Oversight Needed to Ensure Consistent and Timely Outcomes for Reserve and Active Duty Service Members—the Department of Defense did not heed the recommendations provided in this report and as a result injured and wounded warriors continue to languish in an inefficient and adversarial disability system. We must stop short-changing our wounded warriors.

Finally, a blanket overlap of benefits and disability rating reform are necessary but not sufficient for addressing the needs of those who are wounded. In order to support an all-volunteer force and meet the needs of this generation's wounded warriors, it is critical to achieve efficient DoD and VA collaboration and coordination of assistance to members of the Armed Forces in their transition from Active Duty to civilian life. Thus, the duties of the existent VA Office of Seamless Transition must be terminated and transferred to a new organizational structure that will achieve the long-sought goals of seamless transition between the DoD and VA and improved coordination between these agencies.

That's why I am introducing the Bridging the Gap for Wounded Warriors Act today, to ensure a continuum of care for severely injured servicemembers and fix the problems that stymie the transition process. I am grateful to have developed this proposal with the Wounded Warrior Project, the National Military Family Association, and the Military Officers Association of America.

We should provide our wounded warriors with the best care options available. This legislation would establish a 2 year blanket overlap of active duty and veterans health services and benefits for severely injured service members to facilitate their recovery and help resolve administrative problems like those found at Walter Reed. All costs of health care, for both active duty and medically retired servicemembers, will be paid for by the DoD. The provisions of this section shall take effect for those injured on or after October 7, 2001, but eligibility shall not include retroactive compensation for payments already made.

We should also create a joint DoD-VA Office of Transition for the coordination of assistance to members of the Armed Forces in their transition from service in the Armed Forces to civilian life. The Office of Transition would absorb the duties of the existent VA Office of Seamless Transition as well as the functions and responsibilities of applicable offices within the Office of the Secretary of Defense, OSD. Leadership of the Office of Transition would consist of a Director and Deputy Director, who would both have seats on the Joint Executive Committee, JEC. The Secretaries of DoD and VA would have oversight of the Office of Transition, although the office would also be required to submit mandatory annual reports and biannual briefings to Congress. The GAO would also submit a biennial report on the Office of Transition's activities, in order to ensure that the Office's progress is not being stymied by the DoD or VA.

Further, we should reform the current disability rating system to ensure that there is continuity of medical care and no disruption in compensation payments made to wounded service members. My legislation would change the roles of the agencies, so that DoD would no longer assign the actual disability rating but would still determine fitness for duty and document such a decision in writing, while VA would assign final ratings for all service-connected injuries. Further, the legislation would repeal the provision in the Omnibus Reconciliation Act of 1982 that requires the delay in payment of VA benefits until the first day of the second month after they are entitled. This provision would eliminate the gap in payments and allow servicemembers to continue to support themselves and their families.

Finally, we should do what we can to ensure that both DoD and VA medical facilities have the appropriate trained professionals to deal with the range of injuries that our wounded servicemembers now incur, including

traumatic brain injury, burns, amputations, vision problems, spinal cord injuries, and broken and fractured bones. In order to move in that direction, my legislation would require the GAO to submit a preliminary assessment and final report on the extent to which medical facilities of the DoD and VA offer interdisciplinary medical treatment for wounded members of the Armed Forces.

Let us all join together in accepting our responsibility as a nation to those who serve and resolve to achieve efficient DoD and VA collaboration and coordination that is critical for supporting an all-volunteer force and meeting the needs of this generation's wounded warriors.

I ask unanimous consent letters of support for this legislation be printed in the RECORD.

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

MILITARY OFFICERS
ASSOCIATION OF AMERICA,
Alexandria, VA, May 9, 2007.

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

DEAR SENATOR CLINTON: On behalf of the 362,000 members of the Military Officers Association of America (MOAA), I am writing to express MOAA's appreciation for your leadership in sponsoring the Bridging the Gap for Wounded Warriors Act. This piece of legislation will ensure a continuum of care for all the severely injured servicemembers from OIF and OEF.

The bill's three elements address the most significant problems that currently stymie transition for our servicemembers between DoD and VA programs. The two-blanket overlap of health services addresses their health care concerns. The transition office would institutionalize a joint team of permanent DoD and VA personnel working together to develop and implement solutions to long-standing, unresolved transition issues. Finally, your bill would reform the disability rating system to ensure fair and consistent long-term compensation and benefits for wounded servicemembers.

We are proud of and grateful for the sacrifices our military members and their families are willing to make for our country. The extreme sacrifices of the wounded have earned and deserve our special attention, which your bill would deliver. We look forward to working closely with you in seeking timely enactment of this legislation in the 110th Congress.

Sincerely,

NORB RYAN,
President.

NATIONAL MILITARY
FAMILY ASSOCIATION, INC.,
Alexandria, VA, May 9, 2007.

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

DEAR SENATOR CLINTON: The National Military Family Association (NMFA) is the only national organization whose sole focus is the military family and whose goal is to influence the development and implementation of policies that will improve the lives of the families of the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration. For more than 35 years, its staff and volunteers, comprised mostly of military members, have built a reputation for being the leading experts on military family issues. On behalf of NMFA and the families it serves, we commend your sponsorship of the Bridging the Gap for Wounded Warriors Act.

NMFA thanks you for recognizing the problems wounded service members face as they recover from their injuries. In addition to the family stress and the often-lengthy recovery process in multiple medical facilities, wounded service members must also navigate a complex maze through two distinct disability benefit processes, that of the Department of Defense (DoD) and the Department of Veterans' Affairs (VA). NMFA believes this legislation acknowledges the need for more coordination between the DoD and VA to create a truly seamless transition for these service members and ease the care burden on their families. NMFA endorses this legislation as a first step in addressing the need for a standardized approach to the DoD Medical Evaluation Board (MEB), and Physical Evaluation Board (PEB) plus determination for VA Disability Compensation. The legislation would also respond to the need for wounded service members to receive consistent quality care in both health care systems and for the establishment of a ''joint office'' to address these concerns.

Thank you for your support of military service members and veterans diagnosed with TBI, and the families who care for them. If you have any questions you may contact Barbara Cohoon in our Government Relations department.

Sincerely,

TANNA K. SCHMIDLI,
Chairman, Board of Governors.

WOUNDED WARRIOR PROJECT,
New York, NY, May 9, 2007.

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

DEAR SENATOR CLINTON: The Wounded Warrior Project (WWP) strongly supports your legislation entitled the Bridging the Gap for our Wounded Warriors Act. As a result of WWP's direct, daily contact with the severely injured and their families, we have identified three consistent issues causing confusion and frustration among those most in need of assistance. A discrepancy in benefits between the Departments of Defense and Veterans Affairs, confusion during the actual transition process, and the inconsistent and redundant disability ratings system are all problems cited by the wounded as obstacles they face as they attempt to recover. The comprehensive provisions included in your bill will address many of these issues and provide access to the care and compensation our nation's heroes need as they continue in their recovery.

The first provision would establish a two-year overlap of active duty and veterans benefits and services for severely injured servicemembers. By removing the artificial barrier between active duty service and veterans status, the bill would allow those who are injured to enjoy the differing benefits and health care services offered by each agency regardless of their duty status.

The second provision would establish a joint DoD-VA Office of Transition to improve assistance from the two agencies as members of the Armed Forces move from the Department of Defense to the Department of Veterans Affairs. While there are currently many entities within each agency charged with assisting transitioning servicemembers, the creation of a joint office with oversight over these programs and policies will ensure a more coordinated effort on behalf of our wounded servicemembers.

Finally, the legislation would reform the current disability ratings system to ensure consistency and fairness in the ratings while providing immediate compensation for those leaving the service.

These provisions will go far towards insuring the long term health and well-being of wounded service members. Again, WWP thanks you for your leadership on these issues, and we stand committed to assisting you in seeing this legislation through to passage and enactment.

Sincerely,

MEREDITH BECK,
National Policy Director.

By Mr. DURBIN:

S. 1364. A bill to amend titles XIX and XXI of the Social Security Act to extend the State Children's Health Insurance Program (SCHIPS) and stremline enrollment under SCHIP and Medicaid, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President, over 25 years ago, a member of the Select Panel for the Promotion of Child Health said in a statement to Congress, ''Children are one-third of our population and all of our future.'' We must protect the health and welfare of our nation's children if we are to secure the future of our country. This year we have a tremendous opportunity to ensure that security. With the reauthorization of the State Children's Health Insurance Program, SCHIP, we can improve the health and health care of our Nation's future, for the over 70 million children in America and, in particular, the 9 million children who have no health coverage.

Since the creation of SCHIP 10 years ago, more than 6.2 million children have been covered by this vital program, including over 290,000 children in Illinois. As the first State to provide coverage for all children, Illinois has been a leader in the movement to change the course of health care in this country. Since 1993, SCHIP, its relationship to Medicaid, and the flexibility that this administration has permitted the programs to have, have made it possible for Illinois to provide health care to the more than 313,000 children who did not have access to it before.

Nearly 1 million Illinois families have at least one uninsured family member, and the face of the uninsured is changing. The uninsured are not only the mother and daughter living in downtown Chicago. The uninsured includes the family who runs a small business in the suburbs, the family farm in central Illinois, and the single father working at a factory downstate.

The majority of kids without health care coverage come from working families, families like Mr. and Mrs. Buss and their three young sons. Lisa Buss and her husband own a small home inspection company. They paid over $9,000 last year alone on regular medical care, without any catastrophic events or emergencies. That's a lot of money for a family living in the suburbs of Chicago. There is also the Hickey family of Godfrey, Illinois. After an

unfortunate accident, their son broke a couple of bones in his hand. Without insurance, they were hesitant to see the specialist at the suggestion of the emergency room physicians, but for the health of their son, they did so. For a 5 minute visit, they paid close to $1,000. Mr. Hickey works in the construction trade and work had been slow. Susan is a teacher for the Alton School District. They were given no financial assistance except to be offered a payment plan. Now, the Hickeys have to find a way to pay for their house payment and their utilities, rising gas prices, and this medical treatment.

The unnecessary burden and anxiety caused by health care is an unfortunate reality for too many, and children often bear the brunt of this hardship. Kids should not have to wait until their fever is 103 degrees to see a doctor. Kids should be able to obtain glasses when they are straining to see the chalkboard. Kids should be able to obtain antibiotics when that ''cold'' just won't go away. Our parents should not have to worry about whether they can afford to take their son to a bone specialist.

As is often the case, States are leading the way with children's health coverage initiatives. In 2005, my State of Illinois was the first State to ensure health care coverage for all children. Since then, many States have taken on the challenge of expanding health care coverage. The State of the States 2007 report by AcademyHealth indicates that more than a dozen States have enacted innovative policies to expand coverage. These range from comprehensive health care reform in States such as Massachusetts, Vermont, and Maine; to public-private partnerships in States such as Arkansas, Montana, New Mexico, Oklahoma, Rhode Island, Tennessee, and Utah; to initiatives to cover all children in Illinois and Pennsylvania.

Democratic and Republican governors alike are exploring ways to reach the uninsured, proving that children's health and health care coverage are American issues, not partisan issues. One important way to insure more children is through a strong reauthorization of SCHIP.

Today, with the introduction of the Healthy Kids Act, I propose SCHIP reauthorization legislation that builds on the progress made in these States. First, the bill provides States with more funding to enroll children who are eligible but not enrolled in SCHIP. These kids account for more than half of all uninsured children.

Second, the Healthy Kids Act will eliminate obvious barriers to coverage and simplify enrollment procedures. For example, seven States have reported declines in Medicaid enrollments because of new citizenship requirements. Approximately 65 percent of internists report serving patients with Limited English Proficiency; for children living in these families, making language assistance services available is a critical precursor to quality care. My bill proposes options for States to reach the neediest children through SCHIP by reducing some of these barriers. For example, the bill provides for funds for language assistance services.

Third, the bill also supports the establishment of medical homes, a network of providers for children that helps prevent them from falling through the cracks. The bill puts forth an effort to create pediatric quality and performance measures. The Healthy Kids Act also establishes a disease prevention and treatment demonstration project for ethnic and racial minority children, using research that specifically examines disparities in minority children enrolled in Medicaid/SCHIP. We can reduce health disparities and improve health outcomes for this population.

Finally, the bill creates a commission to study children's health coverage. The Commission on Children's Health Coverage will develop policy recommendations and track the program's overall performance. Feedback and analysis of SCHIP's performance is critical to improving the program in the future.

SCHIP has been an unparalleled success and a model for health insurance coverage that both Democrats and Republicans can be proud of. Ensuring health care coverage for children in need is a priority for both sides of the aisle. The reauthorization of SCHIP is a rare opportunity for the Federal Government to expand its support for policies in States like Illinois and others. Let's take a step forward and work to provide basic health insurance for all children. Healthy children grow into healthy adults, in turn, these individuals are happier and spend less money on health care in the long run. The SCHIP program is critical for our Nation's health and economic future.

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. 1364

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Healthy Kids Act of 2007''.

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

TITLE I—EXTENSION OF SCHIP

SEC. 101. EXTENSION OF SCHIP PROGRAM; INCREASE IN ALLOTMENTS TO TAKE INTO ACCOUNT GROWTH IN CHILD POPULATION AND HEALTH CARE COSTS.

(a) IN GENERAL.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended—

(1) in subsection (a)—

(A) by striking ''and'' at the end of paragraph (9);

(B) by striking the period at the end of paragraph (10) and inserting ''; and''; and

(C) by adding at the end the following new paragraph:

''(11) for each fiscal year 2008 and each subsequent fiscal year, $7,500,000,000 multiplied by the population and cost inflation factor for that fiscal year, as determined under subsection (i).''; and

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

''(i) POPULATION AND COST INFLATION FACTOR.—For purposes of subsection (a)(11), the population and cost inflation factor for a fiscal year is equal to the product of the following:

''(1) CHILD POPULATION GROWTH FACTOR.—One plus the percentage increase in the population of children under 20 years of age in the United States from July 1, 2007, to July 1 during the fiscal year involved, as projected by the Secretary based on the most recent published estimates of the Bureau of the Census before the beginning of the fiscal year involved.

''(2) PER CAPITA HEALTH CARE GROWTH FACTOR.—One plus the percentage increase in the projected per capita amount of National Health Expenditures from fiscal year 2007 to the fiscal year involved, as most recently published by the Secretary before the beginning of the fiscal year involved.''.

(b) ADDITIONAL ALLOTMENTS TO TERRITORIES.—Section 2104(c)(4)(B) of such Act (42 U.S.C. 1397dd(c)(4)(B)) is amended by striking ''and $40,000,000 for fiscal year 2007'' and inserting ''$40,000,000 for fiscal year 2007, and for each of fiscal years 2008 through 2017, the amount appropriated under this subparagraph for the preceding fiscal year increased by the population and cost inflation factor for that fiscal year, as determined under subsection (i)''.

SEC. 102. 2-YEAR INITIAL AVAILABILITY OF SCHIP ALLOTMENTS.

Section 2104(e) of the Social Security Act (42 U.S.C. 1397dd(e)) is amended to read as follows:

''(e) AVAILABILITY OF AMOUNTS ALLOTTED.—

''(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), amounts allotted to a State pursuant to this section—

''(A) for each of fiscal years 1998 through 2007, shall remain available for expenditure by the State through the end of the second succeeding fiscal year; and

''(B) for fiscal year 2008 and each fiscal year thereafter, shall remain available for expenditure by the State through the end of the succeeding fiscal year.

''(2) AVAILABILITY OF AMOUNTS REALLOTTED.—Subject to paragraph (3), amounts reallotted to a State under subsection (f) shall be available for expenditure by the State through the end of the fiscal year in which they are reallotted.

''(3) PERMANENT AVAILABILITY OF UNUSED FUNDS.—Reallotted funds that are not used by the end of the fiscal year described in paragraph (2) shall be subject to reallotment under subsection (f) in subsequent fiscal years subject to such paragraph and shall remain available for subsequent reallotment until expended.''.

SEC. 103. REDISTRIBUTION OF UNUSED ALLOTMENTS TO ADDRESS STATE FUNDING SHORTFALLS.

Section 2104(f) of the Social Security Act (42 U.S.C. 1397dd(f)) is amended—

(1) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—The Secretary'';

(2) by striking ''States that have fully expended the amount of their allotments under this section'' and inserting ''States that the Secretary determines with respect to the fiscal year for which unused allotments are available for redistribution under this subsection, are shortfall States described in paragraph (2) for such fiscal year''; and

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

''(2) SHORTFALL STATES DESCRIBED.—

''(A) IN GENERAL.—For purposes of paragraph (1), with respect to a fiscal year, a shortfall State described in this subparagraph is a State with a State child health plan approved under this title for which the Secretary estimates on the basis of the most recent data available to the Secretary, that the projected expenditures under such plan for the State for the fiscal year will exceed the sum of—

''(i) the amount of the State's allotments for any preceding fiscal years that remain available for expenditure and that will not be expended by the end of the immediately preceding fiscal year; and

''(ii) the amount of the State's allotment for the fiscal year (taking into account any increase made in such allotment under section 2104(j), as added by section 205(a) of the Healthy Kids Act of 2007).

''(B) PRORATION RULE.—If the amounts available for redistribution under paragraph (1) for a fiscal year are less than the total amounts of the estimated shortfalls determined for the year under subparagraph (A), the amount to be reallotted under such paragraph for each shortfall State shall be reduced proportionally.

''(C) RETROSPECTIVE ADJUSTMENT.—The Secretary may adjust the estimates and determinations made under paragraph (1) and this paragraph with respect to a fiscal year as necessary on the basis of the amounts reported by States not later than November 30 of the succeeding fiscal year, as approved by the Secretary.''.

TITLE II—STATE OPTIONS FOR INCREASING COVERAGE OF CHILDREN AND PREGNANT WOMEN UNDER MEDICAID AND SCHIP

SEC. 201. BONUS PAYMENTS FOR STATES THAT IMPLEMENT ADMINISTRATIVE POLICIES TO STREAMLINE ENROLLMENT PROCESS.

(a) BONUS IN FMAP AND ENHANCED FMAP FOR APPLICATION OF STREAMLINE ENROLLMENT PROCEDURES UNDER MEDICAID AND SCHIP.—Section 2102 of the Social Security Act (42 U.S.C. 1397bb) is amended by adding at the end the following new subsection:

''(d) STREAMLINE ENROLLMENT PROCEDURES.—

''(1) INCREASE IN FEDERAL MATCHING RATE.—

''(A) IN GENERAL.—In the case of a State that meets the conditions described in subparagraph (B) (relating to agreeing to implement administrative enrollment policies under this title and title XIX) for a fiscal year, the Federal medical assistance percentage (for purposes of title XIX only) and the enhanced FMAP (for purposes of this title, but determined without regard to the application of this subsection to the Federal medical assistance percentage under title XIX) otherwise computed for such fiscal year as applied to medical assistance for children and child health assistance, respectively, shall be increased by such number of percentage points as the Secretary determines is necessary to provide an incentive for the State to satisfy the conditions described in subparagraph (B) (but not to exceed such number of percentage points that would result in a Federal medical assistance percentage or enhanced FMAP for the State that would exceed 83 or 85 percent, respectively).

''(B) AGREEING TO REMOVE ENROLLMENT AND ACCESS BARRIERS.—The conditions described in this subparagraph, for a State for a fiscal year are that the State agrees to do the following:

''(i) PRESUMPTIVE ELIGIBILITY FOR CHILDREN.—The State agrees—

''(I) to provide presumptive eligibility for children under this title and title XIX in accordance with section 1920A; and

''(II) to treat any items or services that are provided to an uncovered child (as defined in section 2110(c)(8)) who is determined ineligible for medical assistance under title XIX as child health assistance for purposes of paying a provider of such items or services, so long as such items or services would be considered child health assistance for a targeted low-income child under this title.

''(ii) 12-MONTH CONTINUOUS ELIGIBILITY.—The State agrees to provide that eligibility of children for assistance under this title and title XIX shall not be regularly redetermined more often than once every year.

''(iii) AUTOMATIC RENEWAL.—The State agrees to provide for the automatic renewal of the eligibility of children for assistance under this title and under title XIX if the child's family does not report any changes to family income or other relevant circumstances, subject to verification of information from databases available to the State for such purpose.

''(iv) ELIMINATION OF ASSET TEST.—The State has amended its plans under this title and title XIX so that no asset or resource test is applied for eligibility under this title or title XIX with respect to children.

''(v) ADMINISTRATIVE VERIFICATION OF INCOME.—The State agrees to permit the family of a child applying for child health assistance under this title or medical assistance under title XIX to declare and certify, by signature under penalty of perjury, the family income for purposes of collecting financial eligibility information.''.

(b) CONFORMING MEDICAID AMENDMENTS.—

(1) IN GENERAL.—Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by inserting ''and section 2102(d)(1)'' after ''section 1933(d)''.

(2) INCREASE IN MEDICAID CAP FOR TERRITORIES.—Section 1108(g) of such Act (42 U.S.C. 1308(g)) is amended—

(A) in paragraph (2), by striking ''paragraph (3)'' and inserting ''paragraphs (3) and (4)''; and

(B) by adding at the end the following new paragraph:

''(4) DISREGARD OF INCREASED EXPENDITURES DIRECTLY ATTRIBUTABLE TO INCREASE IN FMAP FOR APPLICATION OF STREAMLINED ENROLLMENT PROCEDURES.—The limitation of paragraph (2) shall not apply to payment under title XIX to a territory insofar as such payment is attributable to an increase in the Federal medical assistance percentage under subparagraph (A) of section 2102(d)(1).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply beginning with fiscal year 2007.

SEC. 202. STATE OPTION TO PROVIDE FOR "EXPRESS LANE" AND SIMPLIFIED DETERMINATIONS OF A CHILD'S FINANCIAL ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER MEDICAID OR CHILD HEALTH ASSISTANCE UNDER SCHIP.

(a) MEDICAID.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following:

''(13)(A) At the option of the State, the plan may provide that eligibility requirements (including such requirements applicable to redeterminations or renewals of eligibility) for medical assistance relating to income, assets (or resources), or citizenship status are met for a child who is under an age specified by the State (not to exceed 21 years of age) by using a determination made within a reasonable period (as determined by the State) before its use for this purpose, of the child's family or household income, or if applicable for purposes of determining eligibility under this title or title XXI, assets or resources, or citizenship status, respectively, (notwithstanding any other provision of law, including sections 1902(a)(46)(B), 1903(x), and 1137(d)), by a Federal or State agency, or a public or private entity making such determination on behalf of such agency, specified by the plan, including an agency administering the State program funded under part A of title IV, the Food Stamp Act of 1977, the Richard B. Russell National School Lunch Act, or the Child Nutrition Act of 1966, notwithstanding any differences in budget unit, disregard, deeming, or other methodology, but only if—

''(i) the agency has fiscal liabilities or responsibilities affected by such determination; and

''(ii) the agency or entity notifies the child's family—

''(I) of the information which shall be disclosed in accordance with this subparagraph;

''(II) that the information disclosed will be used solely for purposes of determining eligibility for medical assistance under this title or for child health assistance under title XXI; and

''(III) that interagency agreements limit the use of such information to that purpose; and

''(iii) the requirements of section 1939 are satisfied.

''(B) Nothing in this paragraph shall be construed to relieve a State of the obligation to determine, on another basis, eligibility for medical assistance under this title or for child health assistance under title XXI if a child is determined ineligible for such assistance on the basis of information furnished pursuant to this paragraph.

''(C) If a State applies the eligibility process described in subparagraph (A) to individuals eligible under this title and to individuals eligible under title XXI, the State may, at its option, implement its duties under subparagraphs (A) and (B) of section 2102(b)(3) using either or both of the following approaches:

''(i) The State may—

''(I) establish a threshold percentage of the Federal poverty level (that shall exceed the income eligibility level applicable for a population of individuals under this title by 30 percentage points (as a fraction of the Federal poverty level) or such other higher number of percentage points as the State determines reflects the typical application of income methodologies by the non-health program and the State plan under this title); and

''(II) provide that, with respect to any individual within such population whom a non-health agency determines has income that does not exceed such threshold percentage for such population, such individual is eligible for medical assistance under this title (regardless of whether such individual would otherwise be determined to be eligible to receive such assistance).

In exercising the approach under this clause, a State shall inform families whose children are enrolled in a State child health plan under title XXI based on having family income above the threshold described in subclause (I) that they may qualify for medical assistance under this title and, at their option, can seek a regular eligibility determination for such assistance for their child.

''(ii) Regardless of whether a State otherwise provides for presumptive eligibility under section 1920A, a State may provide presumptive eligibility under this title, consistent with subsection (e) of section 1920A, to a child who, based on a determination by a non-health agency, would qualify for child health assistance under a State child health plan under title XXI. During such presumptive eligibility period, the State may determine the child's eligibility for medical assistance under this title, pursuant to subparagraph (A) of section 2102(b)(3), based on telephone contact with family members, access to data available in electronic or paper form, and other means of gathering information that are less burdensome to the family than completing an application form on behalf of the child. The procedures described in the previous sentence may be used regardless of whether the State uses similar procedures under other circumstances for purposes of determining eligibility for medical assistance under this title.

''(D) At the option of a State, the eligibility process described in subparagraph (A) may apply to an individual who is not a child.

''(E)(i) At the option of a State, an individual determined to be eligible for medical assistance or child health assistance pursuant to subparagraph (A), (C), or (D) or other procedures through which eligibility is determined based on data obtained from sources other than the individual may receive medical assistance under this title if such individual (or, in the case of an individual under age 19 (or if the State elects the option under subparagraph (A), age 20 or 21) who is not authorized to consent to medical care, the individual's parent, guardian, or other caretaker relative) has acknowledged notice of such determination and has consented to such eligibility determination. The State (at its option) may waive any otherwise applicable requirements for signatures by or on behalf of an individual who has so consented.

''(ii) In the case of an individual enrolled pursuant to clause (i), the State shall inform the individual (or, in the case of an individual under age 19 (or if the State elects the option under subparagraph (A), age 20 or 21), the individual's parent, guardian, or other caretaker relative) about the significance of such enrollment, including appropriate methods to access covered services.

''(F) For purposes of this paragraph—

''(i) the term 'non-health agency' means an agency or entity described in subparagraph (A); and

''(ii) the term 'non-health benefits' means the benefits or assistance provided by a non-health agency.''.

(b) SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended by redesignating subparagraphs (B) through (E) as subparagraphs (C) through (F) and by inserting after subparagraph (B) the following new subparagraph:

''(C) Section 1902(e)(13) (relating to the State option to base a determination of a child's eligibility for assistance on determinations made by a program providing nutrition or other public assistance (except that the State option under subparagraph (D) of such section shall apply under this title only if an individual is pregnant)).''.

(c) PRESUMPTIVE ELIGIBILITY.—Section 1920A of such Act (42 U.S.C. 1396r–1a) is amended—

(1) in subsection (b)(3)(A)(i), is amended by striking ''or (IV)'' and inserting ''(IV) is an agency or entity described in section 1902(e)(13)(A), or (V)''; and

(2) by adding at the end the following:

''(e) In the case of a State with a child health plan under title XXI that provides for presumptive eligibility under such plan for children, the State shall make a reasonable effort to place each presumptively eligible child in the program under this title or title XXI for which the child appears most likely to qualify. During the child's period of presumptive eligibility, the State shall receive Federal matching funds under section 1903 or section 2105, depending on the program in which the child has been placed. If at the conclusion of such period, the child is found to qualify for, and is enrolled in, the program established under this title or title XXI when the child was enrolled in the program under the other such title during such period, the State's receipt of Federal matching funds shall be adjusted both retroactively and prospectively so that Federal matching funds are provided, both during and following such period of presumptive eligibility, based on the program in which the child is enrolled.''.

(d) SIGNATURE REQUIREMENTS.—Section 1902(a) of such Act (42 U.S.C. 1396a(a)) is amended by adding at the end the following: ''Notwithstanding any other provision of law, a signature under penalty of perjury shall not be required on an application form for medical assistance as to any element of eligibility for which eligibility is based on information received from a source other than applicant, rather than on representations from the applicant. Notwithstanding any other provision of law, any signature requirement for an application for medical assistance may be satisfied through an electronic signature, as defined in section 1710(1) of the Government Paperwork Elimination Act (44 U.S.C. 3504 note).''.

SEC. 203. INFORMATION TECHNOLOGY CONNECTIONS TO IMPROVE HEALTH COVERAGE DETERMINATIONS.

(a) ENHANCED FEDERAL FUNDING FOR IMPROVEMENTS RELATED TO IMPLEMENTATION OF CERTAIN MODEL OUTREACH AND ENROLLMENT PRACTICES.—

(1) IN GENERAL.—Section 1903(a)(3)(A) of the Social Security Act (42 U.S.C. 1396b(a)(3)(A)) is amended—

(A) by striking ''and'' at the end of clause (i); and

(B) by adding at the end the following new clause:

''(iii) 75 percent of so much of the sums expended during such quarter as are attributable to the design, development, or installation of such mechanized claims processing and information retrieval systems and the implementation of administrative systems and processes (including modification of eligibility computer systems to permit the exchange of electronic information with other Federal or State programs) as the Secretary determines are directly related to the implementation of a model outreach and enrollment practice described in subparagraph (B), (C), (D), (E), or (F) of section 1905(y)(3), and''.

(2) CONFORMING AMENDMENT TO ENSURE AVAILABILITY FOR TERRITORIES.—Section 1108(g) of such Act (42 U.S.C. 1308(g)), as amended by section 201(b)(2)(B), is amended—

(A) in paragraph (2), by striking ''and (4)'' and inserting '', (4), and (5)''; and

(B) by adding at the end the following new paragraph:

''(5) ADDITIONAL INCREASE FOR CERTAIN EXPENDITURES.—With respect to fiscal year 2008 and each fiscal year thereafter, if Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa qualify for a payment under section 1903(a)(3)(A)(iii) for a calendar quarter of such fiscal year, the additional Federal financial participation under such section shall not be counted towards the limitation on expenditures under title XIX for such commonwealth or territory otherwise determined under subsection (f) and this subsection for such fiscal year.''.

(b) AUTHORIZATION OF INFORMATION DISCLOSURE.—

(1) IN GENERAL.—Title XIX of such Act (42 U.S.C. 1396 et seq.) is amended—

(A) by redesignating section 1939 as section 1940; and

(B) by inserting after section 1938 the following:

''AUTHORIZATION TO RECEIVE PERTINENT INFORMATION

''SEC. 1939. (a) IN GENERAL.—Notwithstanding any other provision of law, a Federal or State agency or private entity in possession of the sources of data potentially pertinent to eligibility determinations under this title or title XXI (including eligibility files maintained by programs described in section 1902(e)(13)(A), information described in paragraph (2) or (3) of section 1137(a), vital records information about births in any State, and information described in sections 453(i) and 1902(a)(25)(I)) is authorized to convey such data or information to a State agency administering a State plan under this title or title XXI, if—

''(1) such data or information are used only to establish or verify eligibility or provide coverage under this title or title XXI; and

''(2) an interagency or other agreement, consistent with standards developed by the Secretary, prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements safeguarding privacy and data security.

''(b) REQUIREMENTS FOR CONVEYANCE.—Data or information may be conveyed pursuant to this section only if the following requirements are met:

''(1) The individual whose circumstances are described in the data or information (or such individual's parent, guardian, caretaker relative, or authorized representative) has either provided advance consent to disclosure or has not objected to disclosure after receiving advance notice of disclosure and a reasonable opportunity to object.

''(2) Such data or information are used solely for the purposes of—

''(A) identifying individuals who are eligible or potentially eligible for assistance under this title or title XXI and enrolling such individuals in the State plans established under such titles; and

''(B) verifying the eligibility of individuals for assistance under the State plans established under this title or title XXI.

''(3) An interagency or other agreement, consistent with standards developed by the Secretary—

''(A) prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements safeguarding privacy and data security; and

''(B) requires the State agencies administering the State plans established under this title and title XXI to use the data and information obtained under this section to seek to enroll individuals in such plans.

''(c) CRIMINAL PENALTY.—A person described in the subsection (a) who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law, any information obtained under this section shall be fined not more than $1,000 or imprisoned not more than 1 year, or both for each such unauthorized activity.

''(d) RULE OF CONSTRUCTION.—The limitations and requirements that apply to disclosure pursuant to this section shall not be construed to prohibit the conveyance or disclosure of data or information otherwise permitted under Federal law (without regard to this section).''.

(2) CONFORMING AMENDMENT TO ASSURE ACCESS TO NATIONAL NEW HIRES DATABASE.—Section 453(i)(1) of such Act (42 U.S.C. 653(i)(1)) is amended by striking ''and programs funded under part A'' and inserting '', programs funded under part A, and State plans approved under title XIX or XXI''.

(3) CONFORMING AMENDMENT TO PROVIDE SCHIP PROGRAMS WITH ACCESS TO NATIONAL INCOME DATA.—Section 6103(l)(7)(D)(ii) of the Internal Revenue Code of 1986 is amended by inserting ''or title XXI'' after ''title XIX''.

(4) CONFORMING AMENDMENT TO PROVIDE ACCESS TO DATA ABOUT ENROLLMENT IN INSURANCE FOR PURPOSES OF EVALUATING APPLICATIONS AND FOR SCHIP.—Section 1902(a)(25)(I)(i) of the Social Security Act (42 U.S.C. 1396a(a)(25)(I)(i)) is amended—

(A) by inserting ''(and, at State option, individuals who are potentially eligible or who apply)'' after ''with respect to individuals who are eligible''; and

(B) by inserting ''under this title (and, at State option, child health assistance under title XXI)'' after ''the State plan''.

SEC. 204. STATE OPTION TO EXPAND OR ADD COVERAGE OF CERTAIN PREGNANT WOMEN UNDER MEDICAID AND SCHIP.

(a) MEDICAID.—

(1) AUTHORITY TO EXPAND COVERAGE.—Section 1902(l)(2)(A)(i) of the Social Security Act (42 U.S.C. 1396a(l)(2)(A)(i)) is amended by inserting ''(or such higher percentage as the State may elect for purposes of expenditures for medical assistance for pregnant women described in section 1905(u)(4)(A))'' after ''185 percent''.

(2) ENHANCED MATCHING FUNDS AVAILABLE IF CERTAIN CONDITIONS MET.—Section 1905 of such Act (42 U.S.C. 1396d) is amended—

(A) in the fourth sentence of subsection (b), by striking ''or subsection (u)(3)'' and inserting '', (u)(3), or (u)(4)''; and

(B) in subsection (u)—

(i) by redesignating paragraph (4) as paragraph (5); and

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

''(4) For purposes of the fourth sentence of subsection (b) and section 2105(a), the expenditures described in this paragraph are the following:

''(A) CERTAIN PREGNANT WOMEN.—If the conditions described in subparagraph (B) are met, expenditures for medical assistance for pregnant women described in subsection (n) or in section 1902(l)(1)(A) in a family the income of which exceeds 185 percent of the poverty line, but does not exceed the income eligibility level established under title XXI for a targeted low-income child.

''(B) CONDITIONS.—The conditions described in this subparagraph are the following:

''(i) The State plans under this title and title XXI do not provide coverage for pregnant women described in subparagraph (A) with higher family income without covering such pregnant women with a lower family income.

''(ii) The State does not apply an effective income level for pregnant women that is lower than the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) specified under the State plan under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, on the date of enactment of this paragraph to be eligible for medical assistance as a pregnant woman.

''(C) DEFINITION OF POVERTY LINE.—In this subsection, the term 'poverty line' has the meaning given such term in section 2110(c)(5).''.

(3) PAYMENT FROM TITLE XXI ALLOTMENT FOR MEDICAID EXPANSION COSTS.—Section 2105(a)(1) of such Act (42 U.S.C. 1397ee(a)(1)), as amended by section 211, is amended by striking subparagraph (B) and inserting the following new subparagraph:

''(B) for the portion of the payments made for expenditures described in section 1905(u)(4)(A) that represents the additional amount paid for such expenditures as a result of the enhanced FMAP being substituted for the Federal medical assistance percentage of such expenditures;''.

(b) CHIP.—

(1) COVERAGE.—Title XXI of such Act(42 U.S.C. 1397aa et seq.) is amended by adding at the end the following new section:

''SEC. 2111. OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN.

''(a) OPTIONAL COVERAGE.—Notwithstanding any other provision of this title, a State may provide for coverage, through an amendment to its State child health plan under section 2102, of pregnancy-related assistance for targeted low-income pregnant women in accordance with this section, but only if—

''(1) the State has established an income eligibility level for pregnant women under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902 that is at least 185 percent of the income official poverty line; and

''(2) the State meets the conditions described in section 1905(u)(4)(B).

''(b) DEFINITIONS.—For purposes of this title:

''(1) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term 'child health assistance' in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income pregnant women.

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' means a woman—

''(A) during pregnancy and through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends;

''(B) whose family income exceeds the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) specified under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, on January 1, 2008, to be eligible for medical assistance as a pregnant woman under title XIX but does not exceed the income eligibility level established under the State child health plan under this title for a targeted low-income child; and

''(C) who satisfies the requirements of paragraphs (1)(A), (1)(C), (2), and (3) of section 2110(b) in the same manner as a child applying for child health assistance would have to satisfy such requirements.

''(c) REFERENCES TO TERMS AND SPECIAL RULES.—In the case of, and with respect to, a State providing for coverage of pregnancy-related assistance to targeted low-income pregnant women under subsection (a), the following special rules apply:

''(1) Any reference in this title (other than in subsection (b)) to a targeted low-income child is deemed to include a reference to a targeted low-income pregnant woman.

''(2) Any such reference to child health assistance with respect to such women is deemed a reference to pregnancy-related assistance.

''(3) Any such reference to a child is deemed a reference to a woman during pregnancy and the period described in subsection (b)(2)(A).

''(4) In applying section 2102(b)(3)(B), any reference to children found through screening to be eligible for medical assistance under the State Medicaid plan under title XIX is deemed a reference to pregnant women.

''(5) There shall be no exclusion of benefits for services described in subsection (b)(1) based on any preexisting condition and no waiting period (including any waiting period imposed to carry out section 2102(b)(3)(C)) shall apply.

''(6) In applying section 2103(e)(3)(B) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

''(7) The reference in section 2107(e)(1)(F) to section 1920A (relating to presumptive eligibility for children) is deemed a reference to section 1920 (relating to presumptive eligibility for pregnant women).

''(d) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.—If a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child's birth, the child shall be deemed to have applied for child health assistance under the State child health plan and to have been found eligible for such assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age. During the period in which a child is deemed under the preceding sentence to be eligible for child health or medical assistance, the child health or medical assistance eligibility identification number of the mother shall also serve as the identification number of the child, and all claims shall be submitted and paid under such number (unless the State issues a separate identification number for the child before such period expires).''.

(2) ADDITIONAL CONFORMING AMENDMENTS.—

(A) NO COST SHARING FOR PREGNANCY-RELATED BENEFITS.—Section 2103(e)(2) (42 U.S.C. 1397cc(e)(2)) is amended—

(i) in the heading, by inserting ''OR PREGNANCY-RELATED SERVICES'' after ''PREVENTIVE SERVICES''; and

(ii) by inserting before the period at the end the following: ''or for pregnancy-related services''.

(B) NO WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(i) in clause (i), by striking '', and'' at the end and inserting a semicolon;

(ii) in clause (ii), by striking the period at the end and inserting ''; and''; and

(iii) by adding at the end the following new clause:

''(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income pregnant woman.''.

(c) OTHER AMENDMENTS TO MEDICAID.—

(1) ELIGIBILITY OF A NEWBORN.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in the first sentence by striking ''so long as the child is a member of the woman's household and the woman remains (or would remain if pregnant) eligible for such assistance''.

(2) APPLICATION OF QUALIFIED ENTITIES TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1920(b) (42 U.S.C. 1396r–1(b)) is amended by adding after paragraph (2) the following new flush sentence:

''The term 'qualified provider' includes a qualified entity as defined in section 1920A(b)(3).''.

SEC. 205. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS UNDER MEDICAID AND SCHIP.

(a) MEDICAID PROGRAM.—Section 1903(v) of the Social Security Act (42 U.S.C. 1396b(v)) is amended—

(1) in paragraph (1), by striking ''paragraph (2)'' and inserting ''paragraphs (2) and (4)''; and

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

''(4)(A) A State may elect (in a plan amendment under this title) to provide medical assistance under this title, notwithstanding sections 401(a), 402(b), 403, and 421 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, for aliens who are lawfully residing in the United States (including battered aliens described in section 431(c) of such Act) and who are otherwise eligible for such assistance, within either or both of the following eligibility categories:

''(i) PREGNANT WOMEN.—Women during pregnancy (and during the 60-day period beginning on the last day of the pregnancy).

''(ii) CHILDREN.—Individuals under 21 years of age, including optional targeted low-income children described in section 1905(u)(2)(B).

''(B) In the case of a State that has elected to provide medical assistance to a category of aliens under subparagraph (A), no debt shall accrue under an affidavit of support against any sponsor of such an alien on the basis of provision of assistance to such category and the cost of such assistance shall not be considered as an unreimbursed cost.''.

(b) SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 202(b), is amended by redesignating subparagraphs (D) and (E) as subparagraph (E) and (F), respectively, and by inserting after subparagraph (C) the following new subparagraph:

''(D) Section 1903(v)(4) (relating to optional coverage of categories of lawfully residing immigrant children), but only if the State has elected to apply such section to the category of children under title XIX.''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2007, and apply to medical assistance and child health assistance furnished on or after such date.

(d) CONSTRUCTION.—Nothing in this section shall be construed as affecting eligibility of aliens who are not lawfully residing in the United States to benefits under the Medicaid program under title XIX of the Social Security Act or under the State children's health insurance program (SCHIP) under title XXI of such Act.

SEC. 206. AUTHORIZING ADJUSTMENT OF SCHIP ALLOTMENT DUE TO INCREASED OUTREACH.

(a) IN GENERAL.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd), as amended by section 101, is further amended by adding at the end the following new subsection:

''(j) AUTHORIZING ALLOTMENT ADJUSTMENT DUE TO INCREASED OUTREACH.—

''(1) IN GENERAL.—Notwithstanding the previous provisions of this section, if the Secretary determines that—

''(A) a State has an increase in the average number of children enrolled under its State child health plan in a fiscal year that exceeds the enrollment of children projected under paragraph (2) for the State for such fiscal year, and

''(B) the total Federal expenditures under the State child health plan (or waiver) under this title exceeds the amount of the allotment made available to the State for the fiscal year,

the Secretary shall increase the allotment under this section for the State for the fiscal year by the amount specified in paragraph (3). There are hereby appropriated, out of any money in the Treasury not otherwise appropriated, such sums as may be necessary to provide for such increase in allotment.

''(2) PROJECTED ENROLLMENT OF CHILDREN.—The projected enrollment of children for a State under this paragraph for a fiscal year is equal to the average number of children enrolled under the State child health plan in fiscal year 2007 increased, for each subsequent fiscal year through the fiscal year involved, by a factor equal to the population growth of children in the State for such fiscal year, as projected by the Secretary before the beginning of the fiscal year involved.

''(3) AMOUNT OF ALLOTMENT INCREASE.—

''(A) IN GENERAL.—Subject to subparagraph (B), the amount of the allotment increase under this subsection for a State for a fiscal year shall be an amount equal to the product of—

''(i) the number by which the average number of children enrolled under the State child health plan in the fiscal year exceeds the enrollment of children projected under paragraph (2) for such State for such fiscal year; and

''(ii) the per capita expenditures for children under the State child health plan for the previous year, increased by the average annual rate of increase (for the three previous fiscal years) in the amount of such per capita expenditures.

The amount of the allotment increase under this subsection shall not be subject to administrative or judicial review.

''(B) LIMITATION.—

''(i) IN GENERAL.—Subject to clause (ii), in no case shall the sum of the allotment increases for all States under this subsection for a fiscal year exceed an amount equal to 20 percent of the total Federal payments to all of the States otherwise made under this title for the fiscal year. If such sum exceeds such amount, subject to clause (ii), the allotment increase for each State under this subsection for the fiscal year shall be reduced in a pro rata manner in order that such sum does not exceed such amount.

''(ii) CONGRESSIONAL APPROVAL OF ADDITIONAL AMOUNTS.—If the Secretary estimates that the allotment increases that should be provided under this subsection, but for clause (i), would exceed the limitation established under such clause, the Secretary shall submit to Congress a request for supplemental appropriations for the purpose of meeting such shortfall.

''(4) CLARIFICATION.—An adjustment in an allotment shall not be made under this subsection due to excess State expenditures resulting from a growth in per capita costs, increased reimbursement to providers, or other factors not directly related to outreach to eligible, but previously unenrolled children.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect beginning with allotments for fiscal year 2008.

SEC. 207. MODEL OF INTERSTATE COORDINATED ENROLLMENT AND COVERAGE PROCESS.

In order to assure continuity of coverage of low-income children under the Medicaid program and the State Children's Health Insurance Program (SCHIP), the Secretary of Health and Human Services, in consultation with State Medicaid and SCHIP directors, shall develop and disseminate a model process for the coordination of the enrollment and coverage under such programs of children who, because of migration of families, emergency evacuations, educational needs, or otherwise, frequently change their State of residency or otherwise are temporarily

present outside of the State of their residency.

SEC. 208. AUTHORITY FOR QUALIFYING STATES TO USE PORTION OF SCHIP ALLOTMENT FOR ANY FISCAL YEAR FOR CERTAIN MEDICAID EXPENDITURES.

Section 2105(g)(1)(A) of the Social Security Act (42 U.S.C. 1397ee(g)(1)(A)), as amended by section 201(b) of the National Institutes of Health Reform Act of 2006 (Public Law 109–482) is amended by striking ''fiscal year 1998, 1999, 2000, 2001, 2004, 2005, 2006, or 2007'' and inserting ''a fiscal year''.

SEC. 209. APPLICATION OF MEDICAID OUTREACH PROCEDURES TO ALL PREGNANT WOMEN AND CHILDREN.

(a) IN GENERAL.—Section 1902(a)(55) of the Social Security Act (42 U.S.C. 1396a(a)(55)) is amended by striking ''individuals for medical assistance under subsection (a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), or (a)(10)(A)(ii)(IX)'' and inserting ''child and pregnant women for medical assistance (including under clauses (i)(IV), (i)(VI), (i)(VII), and (ii)(IX) of paragraph (10)(A))''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act, which the Secretary of Health and Human Services determines requires State legislation in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such Act solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

SEC. 210. NO IMPACT ON SECTION 1115 WAIVERS.

Nothing in this Act shall be construed to affect State flexibility on eligibility and waivers approved by the Federal government under section 1115 of the Social Security Act (42 U.S.C. 1315).

SEC. 211. ELIMINATION OF COUNTING MEDICAID CHILD PRESUMPTIVE ELIGIBILITY COSTS AGAINST TITLE XXI ALLOTMENT.

Section 2105(a)(1) of the Social Security Act (42 U.S.C. 1397ee(a)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking ''(or, in the case of expenditures described in subparagraph (B), the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)))''; and

(2) by amending subparagraph (B) to read as follows:

''(B) [reserved]''.

SEC. 212. PROHIBITING LIMITATIONS ON ENROLLMENT.

(a) IN GENERAL.—Section 2102(b)(3)(B) of the Social Security Act (42 U.S.C. 1397bb(b)(3)(B)) is amended—

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

(2) by striking the period at the end of clause (ii) and inserting ''; and''; and

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

''(iii) shall not impose, with respect to enrollment of targeted low-income children under the State child health plan, any enrollment cap or other numerical limitation on enrollment, any waiting list, any procedures designed to delay the consideration of applications for enrollment, or similar limitation with respect to enrollment.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to State child health plans as of October 1, 2007.

TITLE III—ELIMINATION OF CERTAIN BARRIERS TO COVERAGE

SEC. 301. STATE OPTION TO REQUIRE CERTAIN INDIVIDUALS TO PRESENT SATISFACTORY DOCUMENTARY EVIDENCE OF PROOF OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID.

(a) IN GENERAL.—Section 1902(a)(46) of the Social Security Act (42 U.S.C. 1396a(a)(46)) is amended—

(1) by inserting ''(A)'' after ''(46)'';

(2) by adding ''and'' after the semicolon; and

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

''(B) at the option of the State and subject to section 1903(x), require that, with respect to an individual (other than an individual described in section 1903(x)(1)) who declares to be a citizen or national of the United States for purposes of establishing initial eligibility for medical assistance under this title (or, at State option, for purposes of renewing or redetermining such eligibility to the extent that such satisfactory documentary evidence of citizenship or nationality has not yet been presented), there is presented satisfactory documentary evidence of citizenship or nationality of the individual (using criteria determined by the State, which shall be no more restrictive than the criteria used by the Social Security Administration to determine citizenship, and which shall accept as such evidence a document issued by a federally recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood, and, with respect to those federally recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, such other forms of documentation (including tribal documentation, if appropriate) that the Secretary, after consulting with such tribes, determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subparagraph));''.

(b) LIMITATION ON WAIVER AUTHORITY.—Notwithstanding any provision of section 1115 of the Social Security Act (42 U.S.C. 1315), or any other provision of law, the Secretary may not waive the requirements of section 1902(a)(46)(B) of such Act (42 U.S.C. 1396a(a)(46)(B)) with respect to a State.

(c) CONFORMING AMENDMENTS.—Section 1903 of such Act (42 U.S.C. 1396b) is amended—

(1) in subsection (i)—

(A) in paragraph (20), by adding ''or'' after the semicolon;

(B) in paragraph (21), by striking ''; or'' and inserting a period; and

(C) by striking paragraph (22); and

(2) in subsection (x) (as amended by section 405(c)(1)(A) of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109–432))—

(A) by striking paragraphs (1) and (3);

(B) by redesignating paragraph (2) as paragraph (1);

(C) in paragraph (1), as so redesignated, by striking ''paragraph (1)'' and inserting ''section 1902(a)(46)(B)''; and

(D) by adding at the end the following new paragraphs:

''(2) In the case of an individual declaring to be a citizen or national of the United States with respect to whom a State requires the presentation of satisfactory documentary evidence of citizenship or nationality under section 1902(a)(46)(B), the individual shall be provided at least the reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality under this subsection as is provided under clauses (i) and (ii) of section 1137(d)(4)(A) to an individual for the submittal to the State of evidence indicating a satisfactory immigration status.

''(3)(A) In addition to the criteria established by the State for purposes of section 1902(a)(46)(B), a State shall deem presentation of the following documents to be 'satisfactory documentary evidence of citizenship or nationality' (and shall not favor presentation of 1 type of document described over another):

''(i) Any document described in subparagraph (B).

''(ii) Any document described in subparagraph (C) when presented with any document described in subparagraph (D).

''(iii) Any document described in subparagraph (E) if the requirements of that subparagraph are met.

''(B) The following are documents described in this subparagraph:

''(i) A United States passport.

''(ii) Form N–550 or N–570 (Certificate of Naturalization).

''(iii) Form N–560 or N–561 (Certificate of United States Citizenship).

''(iv) A valid State-issued driver's license or other identity document described in section 274A(b)(1)(D) of the Immigration and Nationality Act, but only if the State issuing the license or such document requires proof of United States citizenship before issuance of such license or document or obtains a social security number from the applicant and verifies before certification that such number is valid and assigned to the applicant who is a citizen.

''(v) Such other document as the Secretary may specify, by regulation, that provides proof of United States citizenship or nationality and that provides a reliable means of documentation of personal identity.

''(C) The following are documents described in this subparagraph:

''(i) A certificate of birth in the United States.

''(ii) Form FS–545 or Form DS–1350 (Certification of Birth Abroad).

''(iii) Form I–197 (United States Citizen Identification Card).

''(iv) Form FS–240 (Report of Birth Abroad of a Citizen of the United States).

''(v) Such other document (not described in subparagraph (B)(iv)) as the Secretary may specify that provides proof of United States citizenship or nationality.

''(D) The following are documents described in this subparagraph:

''(i) Any identity document described in section 274A(b)(1)(D) of the Immigration and Nationality Act.

''(ii) Any other documentation of personal identity of such other type as the Secretary finds, by regulation, provides a reliable means of identification.

''(E) A document described in this subparagraph is an affidavit of citizenship or identity, or both, which need not be notarized or witnessed, but only if the individual has been unable to acquire other satisfactory documentary evidence within the reasonable opportunity period established by the State, despite a good faith effort to do so. An individual shall be deemed unable to acquire such documentary evidence—

''(i) if there is good reason to believe that such documentary evidence does not exist;

''(ii) if, after a timely request for such documentary evidence, it has not been received by the State or the individual within the reasonable opportunity period established by the State;

''(iii) if such documentary evidence cannot be acquired at a nominal cost to the individual; or

''(iv) in such additional situations as the Secretary may describe.

''(F)(i) A reference in this paragraph to a form includes a reference to any successor form.

''(ii) Any legible copy of a form described in this paragraph shall be accepted as if it were the original of such form.''.

(d) CLARIFICATION OF RULES FOR CHILDREN BORN IN THE UNITED STATES TO MOTHERS ELIGIBLE FOR MEDICAID.—Section 1903(x) of such Act (42 U.S.C. 1396b(x)), as amended by subsection (c)(2), is amended—

(1) in paragraph (1)—

(A) in subparagraph (C), by striking ''or'' at the end;

(B) by redesignating subparagraph (D) as subparagraph (E); and

(C) by inserting after subparagraph (C) the following new subparagraph:

''(D) pursuant to the application of section 1902(e)(4) (and, in the case of an individual who is eligible for medical assistance on such basis, the individual shall be deemed to have provided satisfactory documentary evidence of citizenship or nationality and shall not be required to provide further documentary evidence on any date that occurs during or after the period in which the individual is eligible for medical assistance on such basis); or''; and

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

''(4) Nothing in subparagraph (A) or (B) of section 1902(a)(46), the preceding paragraphs of this subsection, or the Deficit Reduction Act of 2005, including section 6036 of such Act, shall be construed as changing the requirement of section 1902(e)(4) that a child born in the United States to an alien mother for whom medical assistance for the delivery of such child is available as treatment of an emergency medical condition pursuant to subsection (v) shall be deemed eligible for medical assistance during the first year of such child's life.''.

(e) EFFECTIVE DATE.—

(1) RETROACTIVE APPLICATION.—The amendments made by this section shall take effect as if included in the enactment of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 4).

(2) RESTORATION OF ELIGIBILITY.—In the case of an individual who, during the period that began on July 1, 2006, and ends on the date of enactment of this Act, was determined to be ineligible for medical assistance under a State Medicaid program solely as a result of the application of subsections (i)(22) and (x) of section 1903 of the Social Security Act (as in effect during such period), but who would have been determined eligible for such assistance if such subsections, as amended by this section, had applied to the individual, a State may deem the individual to be eligible for such assistance as of the date that the individual was determined to be ineligible for such medical assistance on such basis.

SEC. 302. INCREASED FEDERAL MATCHING RATE FOR LANGUAGE SERVICES PROVIDED UNDER MEDICAID OR SCHIP.

(a) IN GENERAL.—Section 1903(a)(3) of the Social Security Act (42 U.S.C. 1396b(a)(3)) is amended—

(1) in subparagraph (E)(ii), by striking ''plus'' at the end; and

(2) by adding at the end the following:

''(3) 85 percent of the sums expended with respect to costs incurred during such quarter as are attributable to the provision of language services on behalf of individuals with limited English proficiency who apply for or receive medical assistance under the State plan (including any provisions of the plan implemented pursuant to any waiver authority of the Secretary) or child health assistance under title XXI; plus''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) take effect on October 1, 2007, and apply to language services provided on or after that date.

TITLE IV—GRANTS TO PROMOTE INNOVATIVE OUTREACH AND ENROLLMENT UNDER MEDICAID AND SCHIP

SEC. 401. GRANTS TO PROMOTE INNOVATIVE OUTREACH AND ENROLLMENT UNDER MEDICAID AND SCHIP.

Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), as amended by section 204(b), is amended by adding at the end the following:

''SEC. 2112. EXPANDED OUTREACH AND ENROLLMENT ACTIVITIES.

''(a) GRANTS TO CONDUCT INNOVATIVE OUTREACH AND ENROLLMENT EFFORTS.—

''(1) IN GENERAL.—The Secretary shall award grants to eligible entities to—

''(A) conduct innovative outreach and enrollment efforts that are designed to increase the enrollment and participation of eligible children under this title and title XIX; and

''(B) promote understanding of the importance of health insurance coverage for prenatal care and children.

''(2) PERFORMANCE BONUSES.—The Secretary may reserve a portion of the funds appropriated under subsection (g) for a fiscal year for the purpose of awarding performance bonuses during the succeeding fiscal year to eligible entities that meet enrollment goals or other criteria established by the Secretary.

''(b) PRIORITY FOR AWARD OF GRANTS.—

''(1) IN GENERAL.—In making grants under subsection (a)(1), the Secretary shall give priority to—

''(A) eligible entities that propose to target geographic areas with high rates of—

''(i) eligible but unenrolled children, including such children who reside in rural areas; or

''(ii) racial and ethnic minorities and health disparity populations, including those proposals that address cultural and linguistic barriers to enrollment; and

''(B) eligible entities that plan to engage in outreach efforts with respect to individuals described in subparagraph (A) and that are—

''(i) Federal health safety net organizations; or

''(ii) faith-based organizations or consortia.

''(2) 10 PERCENT SET ASIDE FOR OUTREACH TO INDIAN CHILDREN.—An amount equal to 10 percent of the funds appropriated under subsection (g) for a fiscal year shall be used by the Secretary to award grants to Indian Health Service providers and urban Indian organizations receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.) for outreach to, and enrollment of, children who are Indians.

''(c) APPLICATION.—An eligible entity that desires to receive a grant under subsection (a)(1) shall submit an application to the Secretary in such form and manner, and containing such information, as the Secretary may decide. Such application shall include—

''(1) quality and outcomes performance measures to evaluate the effectiveness of activities funded by a grant awarded under this section to ensure that the activities are meeting their goals; and

''(2) an assurance that the entity shall—

''(A) conduct an assessment of the effectiveness of such activities against such performance measures; and

''(B) cooperate with the collection and reporting of enrollment data and other information determined as a result of conducting such assessments to the Secretary, in such form and manner as the Secretary shall require.

''(d) DISSEMINATION OF ENROLLMENT DATA AND INFORMATION DETERMINED FROM EFFECTIVENESS ASSESSMENTS; ANNUAL REPORT.—The Secretary shall—

''(1) disseminate to eligible entities and make publicly available the enrollment data and information collected and reported in accordance with subsection (c)(2)(B); and

''(2) submit an annual report to Congress on the outreach activities funded by grants awarded under this section.

''(e) SUPPLEMENT, NOT SUPPLANT.—Federal funds awarded under this section shall be used to supplement, not supplant, non-Federal funds that are otherwise available for activities funded under this section.

''(f) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means any of the following:

''(A) A State or local government.

''(B) A Federal health safety net organization.

''(C) A national, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.

''(D) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x–65) relating to a grant award to non-governmental entities.

''(E) An elementary or secondary school.

''(2) FEDERAL HEALTH SAFETY NET ORGANIZATION.—The term 'Federal health safety net organization' means—

''(A) an Indian tribe, tribal organization, or an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider;

''(B) a Federally-qualified health center (as defined in section 1905(l)(2)(B));

''(C) a hospital defined as a disproportionate share hospital for purposes of section 1923;

''(D) a covered entity described in section 340B(a)(4) of the Public Health Service Act (42 U.S.C. 256b(a)(4)); and

''(E) any other entity or a consortium that serves children under a federally-funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the head start and early head start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act, and an elementary or secondary school.

''(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms 'Indian', 'Indian tribe', 'tribal organization', and 'urban Indian organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(g) APPROPRIATION.—There is appropriated, out of any money in the Treasury not otherwise appropriated, $50,000,000 for each of fiscal years 2008 through 2012 for the purpose of awarding grants under this section. Amounts appropriated and paid under the authority of this section shall be in addition to amounts appropriated under section 2104 and paid to States in accordance with section 2105, including with respect to expenditures for outreach activities in accordance with subsection (a)(1)(D)(iii) of such section.''.

TITLE V—IMPROVING THE QUALITY OF PEDIATRIC CARE

SEC. 501. REQUIRING COVERAGE OF EPSDT SERVICES, INCLUDING DENTAL SERVICES; STATE OPTION TO PROVIDE SUPPLEMENTAL COVERAGE OF DENTAL SERVICES.

(a) ADDITIONAL REQUIRED SERVICES.—

(1) REQUIRED COVERAGE OF EPSDT SERVICES, INCLUDING DENTAL SERVICES.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended—

(A) by redesignating paragraph (5) as paragraph (6); and

(B) by inserting after paragraph (4), the following:

''(5) OTHER REQUIRED SERVICES.—The child health assistance provided to a targeted low-income child shall include coverage of early and periodic screening, diagnostic, and treatment services described in subsections (a)(4)(B) and (r) of section 1905 and provided in accordance with section 1903(a)(43) (including dental services that are necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions).''.

(2) STATE CHILD HEALTH PLAN REQUIREMENT.—Section 2102(a)(7)(B) of such Act (42 U.S.C. 1397bb(c)(2)) is amended by inserting ''and services described in section 2103(c)(5)'' after ''emergency services''.

(3) CONFORMING AMENDMENT.—Section 2103(a) of such Act (42 U.S.C. 1397cc(a)) is amended, in the matter preceding paragraph (1), by striking ''subsection (c)(5)'' and inserting ''paragraphs (5) and (6) of subsection (c)''.

(b) STATE OPTION TO PROVIDE SUPPLEMENTAL COVERAGE OF DENTAL SERVICES UNDER SCHIP TO CHILDREN WITH OTHER HEALTH COVERAGE.—

(1) IN GENERAL.—Section 2110(b) of the Social Security Act (42 U.S.C. 1397jj(b)) is amended—

(A) in paragraph (1)(C), by inserting '', subject to paragraph (5),'' after ''under title XIX or''; and

(B) by adding at the end the following:

''(5) STATE OPTION TO PROVIDE SUPPLEMENTAL COVERAGE OF DENTAL SERVICES TO CHILDREN WITH OTHER HEALTH COVERAGE.—

''(A) IN GENERAL.—A State may waive the requirement of paragraph (1)(C) that a targeted low-income child may not be covered under a group health plan or under health insurance coverage in order to provide dental services that are not covered, or are only partially covered, under such plan or coverage. Nothing in subsection (c)(5) of section 2103 shall be construed as prohibiting a State from limiting the supplemental coverage of dental services provided in accordance with this paragraph and nothing in paragraph (2) or (3) of subsection (e) of such section shall be construed as prohibiting a State from imposing premiums, deductibles, cost-sharing, or similar charges for such coverage without regard to the requirements of either such paragraph.

''(B) ELIGIBILITY.—In waiving such requirement, a State may limit the application of the waiver to children whose family income does not exceed a level specified by the State, which may not exceed the maximum income level otherwise established for other children under the State child health plan.

''(C) CONTINUED APPLICATION OF DUTY TO PREVENT SUBSTITUTION OF EXISTING COVERAGE.—Nothing in this paragraph shall be construed as modifying the application of section 2102(b)(3)(C) to a State.''.

(2) APPLICATION OF ENHANCED MATCH UNDER MEDICAID.—Section 1905 of such Act (42 U.S.C. 1396d) is amended—

(A) in subsection (b), in the fourth sentence, by striking ''subsection (u)(3)'' and inserting ''(u)(3), or (u)(4)''; and

(B) in subsection (u), by redesignating paragraph (4) as paragraph (5) and by inserting after paragraph (3) the following:

''(4) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for supplemental coverage of dental services for children described in section 2110(b)(5).''.

(3) APPLICATION OF SECONDARY PAYOR PROVISIONS.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B) through (D) as subparagraphs (C) through (E), respectively; and

(B) by inserting after subparagraph (A) the following new subparagraph:

''(B) Section 1902(a)(25) (relating to coordination of benefits and secondary payor provisions) with respect to children provided supplemental coverage of dental services under a waiver described in section 2110(b)(5).''.

SEC. 502. PEDIATRIC QUALITY AND PERFORMANCE MEASURES PROGRAM.

Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) by redesignating section 1939 as section 1941; and

(2) by inserting after section 1938 the following:

''PEDIATRIC QUALITY AND PERFORMANCE MEASURES PROGRAM

''SEC. 1939. (a) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and in consultation with the Director of the Agency for Healthcare Research and Quality, shall establish a program to encourage and support the development of new and emerging quality and performance measures for providers of pediatric care through the activities described in subsection (c). In establishing the program, gaps in existing evidence-based measures and priority areas for advancement shall be identified.

''(b) PURPOSE.—The purpose of the program is to ensure that—

''(1) evidence-based pediatric quality and performance measures are developed; and

''(2) such measures are available for States, other purchasers of pediatric health care services, health care providers, and consumers to use.

''(c) PROGRAM ACTIVITIES.—

''(1) IDENTIFYING QUALITY AND PERFORMANCE MEASURES FOR PROVIDERS OF PEDIATRIC SERVICES AND OPPORTUNITIES FOR NEW MEASURES.—Not later than 3 months after the date of enactment of this section, the Secretary shall identify quality and performance measures for providers of pediatric services and opportunities for the development of new measures, taking into consideration existing evidence-based measures. In conducting this review, the Secretary shall—

''(A) ensure the inclusion of at least 1 measure related to children's dental and oral health; and

''(B) convene and consult with representatives of—

''(i) States;

''(ii) pediatric hospitals, pediatricians, and other pediatric health professionals;

''(iii) national organizations representing—

''(I) consumers of children's health care; and

''(II) purchasers of children's health care;

''(iv) experts in pediatric quality and performance measurement; and

''(v) a voluntary consensus standards setting organization and other organizations involved in the advancement of consensus on evidence-based measures of health care.

''(2) DEVELOPING, VALIDATING, AND TESTING NEW MEASURES.—The Secretary shall award grants or contracts to eligible entities (as defined in subsection (d)(1)) for the development, validation, and testing of new and emerging quality and performance measures, including at least 1 measure related to children's dental and oral health, for providers of pediatric services. Such measures shall—

''(A) provide consumers and purchasers (including States and beneficiaries under the program under this title and title XXI) with information about provider performance and quality; and

''(B) assist health care providers in improving the quality of the items and services they provide and their performance with respect to the provision of such items and services.

''(3) ACHIEVING CONSENSUS ON EVIDENCE-BASED MEASURES.—The Secretary shall award grants or contracts to eligible consensus entities (as defined in subsection (d)(2)) for the development of consensus on evidence-based measures for pediatric care, including at least 1 measure related to children's dental and oral health, that have broad acceptability in the health care industry.

''(d) ELIGIBLE ENTITIES.—

''(1) DEVELOPMENT, VALIDATION, AND TESTING.—For purposes of paragraph (2) of subsection (c), the term 'eligible entity' means—

''(A) organizations with demonstrated expertise and capacity in the development and evaluation of pediatric quality and performance measures;

''(B) an organization or association of health care providers with demonstrated experience in working with accrediting organizations in developing pediatric quality and performance measures; and

''(C) a collaboration of national pediatric organizations working to improve pediatric quality and performance measures.

''(2) ACHIEVEMENT OF CONSENSUS.—For purposes of paragraph (3) of such subsection, the term 'eligible consensus entity' means an organization, including a voluntary consensus standards setting organization involved in the advancement of consensus on evidence-based measures of health care.

''(e) ONGOING AUTHORITY TO UPDATE AND ADJUST PEDIATRIC MEASURES.—The Secretary may update and adjust measures developed and advanced under the program under this section in accordance with—

''(1) any changes that a voluntary consensus standards setting organization determines should be made with respect to such measures; or

''(2) new evidence indicating the need for changes with respect to such measures.

''(f) ADDITION OF PEDIATRIC CONSUMER ASSESSMENT MEASURES TO CAHPS HOSPITAL SURVEY CONDUCTED BY AHRQ.—The Director of the Agency for Healthcare Research and Quality shall ensure that consumer assessment measures for hospital services for children are added to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital survey conducted by such Agency.

''(g) APPROPRIATION.—There are authorized to be appropriated and there are appropriated, for the purpose of carrying out this section, $10,000,000, for each of fiscal years 2008 through 2012, to remain available until expended.''.

SEC. 503. GRANTS TO STATES FOR DEMONSTRATION PROJECTS TRANSFORMING DELIVERY OF PEDIATRIC CARE.

Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), as amended by section 502, is amended by inserting after section 1939 the following:

''GRANTS TO STATES FOR DEMONSTRATION PROJECTS TRANSFORMING DELIVERY OF PEDIATRIC CARE

''SEC. 1940. (a) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish demonstration projects,

including demonstration projects in each of the 4 categories described in subsection (d), to award grants to States to improve the delivery of health care services provided to children under this title and title XXI.

''(b) DURATION.—The demonstration projects shall be conducted for a period of 4 years.

''(c) ELIGIBILITY.—A State shall not be eligible to receive a grant under this section unless the State has demonstrated experience or commitment to the concept of transformation in the delivery of pediatric care.

''(d) CATEGORIES OF PROJECTS.—The following categories of projects are described in this subsection:

''(1) HEALTH INFORMATION TECHNOLOGY SYSTEMS.—Projects for developing health information technology systems, including technology acquisition, electronic health record development, data standards development, and software development, for pediatric hospital and physician services and other community-based services; implementing model systems; and evaluating their impact on the quality, safety, and costs of care.

''(2) DISEASE MANAGEMENT.—Projects for providing provider-based care disease management for children with chronic conditions (including physical, developmental, behavioral, and psychological conditions), demonstrating the effectiveness of provider-based management models in promoting better care, reducing adverse health outcomes, and preventing avoidable hospitalizations.

''(3) EVIDENCE-BASED QUALITY IMPROVEMENTS.—Projects for implementing evidence-based approaches to improving efficiency, safety, and effectiveness in the delivery of hospital care for children across hospital services, evaluating the translation of successful models of such evidence-based approaches to other institutions, and the impact of such changes on the quality, safety, and costs of care.

''(4) QUALITY AND PERFORMANCE MEASURES FOR PROVIDERS OF CHILDREN'S HEALTH CARE SERVICES.—Projects to pilot test evidence-based pediatric quality and performance measures for inpatient hospital services, physician services, or services of other health professionals, determining the reliability, feasibility, and validity of such measures, and evaluating their potential impact on improving the quality and delivery of children's health care. To the extent feasible, such measures shall have been approved by consensus standards setting organizations.

''(e) UNIFORM METRICS.—The Secretary shall establish uniform metrics (adjusted, as appropriate, for patient acuity), collect data, and conduct evaluations with respect to each demonstration project category described in subsection (d). In establishing such metrics, collecting such data, and conducting such evaluations, the Secretary shall consult with—

''(1) experts in each such demonstration project category;

''(2) participating States;

''(3) national pediatric provider organizations;

''(4) health care consumers; and

''(5) such other entities or individuals with relevant expertise as the Secretary determines appropriate.

''(f) EVALUATION AND REPORT.—The Secretary shall evaluate the demonstration projects conducted under this section and submit a report to Congress not later than 3 months before the completion of each demonstration project that includes the findings of the evaluation and recommendations with respect to—

''(1) expansion of the demonstration project to additional States and sites; and

''(2) the broader implementation of approaches identified as being successful in advancing quality and performance in the delivery of medical assistance provided to children under this title and title XXI.

''(g) WAIVER.—The Secretary may waive the requirements of this title and title XXI to the extent necessary to carry out the demonstration projects under this section.

''(h) AMOUNTS PAID TO A STATE.—Amounts paid to a State under this section—

''(1) shall be in addition to Federal payments made to the State under section 1903(a);

''(2) shall not be used for the State share of any expenditures claimed for payment under such section; and

''(3) shall be used only for expenditures of the State for participating in the demonstration projects, or for expenditures of providers in participating in the demonstration projects, including—

''(A) administrative costs of States and participating providers (such as costs associated with the design and evaluation of, and data collection under, the demonstration projects); and

''(B) such other expenditures that are not otherwise eligible for reimbursement under this title or title XXI as the Secretary may determine appropriate.

''(i) APPROPRIATION.—There are authorized to be appropriated and there are appropriated, for the purpose of carrying out this section, to remain available until expended $10,000,000 for each of fiscal years 2008 through 2012.''.

SEC. 504. REPORT BY THE COMPTROLLER GENERAL ON DESIGN AND IMPLEMENTATION OF A DEMONSTRATION PROJECT EVALUATING EXISTING QUALITY AND PERFORMANCE MEASURES FOR CHILDREN'S INPATIENT HOSPITAL SERVICES.

(a) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, the Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall submit a report to Congress containing recommendations for the design and implementation of a demonstration project to evaluate the suitability of existing quality and performance measures for children's inpatient hospital services for public reporting, differentiating quality, identifying best practices, and providing a basis for payment rewards.

(b) DEVELOPMENT OF RECOMMENDATIONS.—In developing the recommendations submitted under subsection (a), the Comptroller General shall accomplish the following:

(1) Consider which agency within the Department of Health and Human Services should have primary responsibility and oversight for such a demonstration project.

(2) Determine a sufficient number of participating hospitals and volume of children's cases, given existing measures that might be chosen for evaluation under such a demonstration project.

(3) Determine the number of States and variety of geographic locations that may be required to conduct such a demonstration project.

(4) Describe alternatives for administering and directing funding for such a demonstration project, taking into consideration the potential involvement of multiple States, State plans under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and State child health plans under title XXI of such Act (42 U.S.C. 1397aa et seq.). Such description shall be included in the recommendations submitted under subsection (a).

(5) Determine requirements for consistency in measures, metrics, and risk adjustment for such a demonstration project, across hospitals and across State lines.

(6) Consider the infrastructure requirements involved in public reporting of quality and performance measures for children's inpatient hospital services at the national and State levels, including the requirements involved with respect to maintaining such measures and data.

(7) Estimate the cost of undertaking such a demonstration project.

(c) SUGGESTION OF EXISTING MEASURES FOR EVALUATION UNDER THE DEMONSTRATION PROJECT.—

(1) IN GENERAL.—The report submitted under subsection (a) shall include suggestions for existing measures to be evaluated under the demonstration project recommended in such report, including, to the extent feasible, measures with respect to—

(A) high volume pediatric inpatient conditions;

(B) high cost pediatric inpatient services;

(C) pediatric conditions with predicted high morbidities; and

(D) pediatric cases at high risk of patient safety failures.

(2) SUGGESTED MEASURES.—The measures suggested under paragraph (1) shall be measures representing process, structure, patient outcomes, or patient and family experience—

(A) that are evidence-based;

(B) that are feasible to collect and report;

(C) that include a mechanism for risk adjustment when necessary; and

(D) for which there is a consensus within the pediatric hospital community or a consensus determined by a voluntary consensus standards setting organization involved in the advancement of evidence-based measures of health care.

(3) CONSULTATION.—In determining the existing measures suggested under paragraph (1), the Comptroller General shall consult with representatives of the following:

(A) National associations of pediatric hospitals and pediatric health professionals.

(B) Experts in pediatric quality and performance measurement.

(C) Voluntary consensus standards setting organizations and other organizations involved in the advancement of consensus on evidence-based measures.

(D) The Department of Health and Human Services, States, and other purchasers of health care items and services.

SEC. 505. MEDICAL HOME DEMONSTRATION PROJECT.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall establish a medical home demonstration project (in this section referred to as the ''project'') under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq.; 1397aa et seq.) to redesign the health care delivery system by providing targeted, accessible, continuous, coordinated, and family-centered care to eligible individuals.

(2) ELIGIBLE INDIVIDUALS DEFINED.—In this section, the term ''eligible individual'' means an individual who—

(A) is receiving child health assistance under a State child health plan implemented under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), title XIX of such Act (42 U.S.C. 1396 et seq.), or both such titles; and

(B) is a member of a high need population (as determined by the Secretary).

(3) PROJECT GOALS.—The project shall be designed in order to determine whether, and if so, the extent to which, medical homes accomplish the following:

(A) Increase—

(i) cost efficiencies of health care delivery;

(ii) access to appropriate health care services;

(iii) patient satisfaction;

(iv) school attendance; and

(v) the quality of health care services provided, as determined based on measures of quality the Secretary determines are broadly accepted in the health care community.

(B) Decrease—

(i) inappropriate emergency room utilization; and

(ii) duplication of health care services provided.

(C) Provide appropriate—

(i) preventive care; and

(ii) referrals to multidisciplinary services.

(b) PROJECT DESIGN.—

(1) DURATION.—The project shall be conducted for a 5 year period.

(2) SITES.—

(A) IN GENERAL.—The project shall be conducted in 8 States on a State-wide basis.

(B) APPLICATION.—A State seeking to participate in the project shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(3) CONDUCT OF PROJECT.—

(A) AGREEMENTS WITH ACADEMIC INSTITUTIONS.—A participating State may enter into an agreement with an academic institution in order to have the institution conduct the project, provide technical assistance and monitoring, and to participate in the evaluation of the project under subsection (e)(1).

(B) CHOICE OF PARTICIPATING PHYSICIAN PRACTICES.—

(i) IN GENERAL.—A participating State shall establish procedures for physician practices to participate in the project by providing coordinated care to eligible individuals. Such participation shall be on a voluntary basis.

(ii) STANDARDS FOR PARTICIPATING PHYSICIAN PRACTICES.—The procedures established under clause (i) shall encourage physician practices participating in the project to demonstrate that they have—

(I) identified care coordinators, family resource guides, family advisors, and a family advisory committee;

(II) developed care plans for eligible individuals; and

(III) taken such other actions as the State determines appropriate in order to provide coordinated care to eligible individuals.

(c) PROJECT REQUIREMENTS.—Each participating State shall establish procedures in order to ensure that the following requirements are met:

(1) Each eligible individual in the State who is enrolled in the project is provided a medical home with access to appropriate medical care.

(2) Each medical home in the State that is participating in the project—

(A) provides for physician-directed care coordination;

(B) uses health information technology (including patient registry systems, clinical decision support tools, remote monitoring, and electronic medical record systems);

(C) communicates with physician practices participating in the project, eligible individuals receiving health care through the medical home, and other health care providers (as appropriate) with respect to health matters, including through electronic mail and telephone consultations;

(D) makes arrangements with teams of other health professionals, including care coordinators, and facilitates linkages to community resources to extend access to the full spectrum of health care services that eligible individuals require;

(E) establishes networks with community practices, hospitals, and community health care providers to facilitate the exchange of ideas and resources in order to improve project outcomes; and

(F) acts as a facilitator in order to ensure that eligible individuals enrolled in the medical home under the project receive high-quality care at the appropriate time and place in a cost-effective manner.

(3) The State provides payment (in accordance with subsection (d)) and appropriate support for physician-directed care coordination services provided to eligible individuals under the project.

(d) PAYMENT.—

(1) IN GENERAL.—The Secretary shall establish a structure for payments to participating States for the cost of services provided under the project. Such structure shall provide payments based on the performance of medical homes located in the State in achieving quality and efficiency goals (as defined by the Secretary).

(2) PAYMENTS FOR HEALTH INFORMATION TECHNOLOGY.—

(A) IN GENERAL.—The Secretary shall establish a prospective, bundled, and risk adjusted structural practice payment to cover health information technology expenses incurred by medical homes under the project.

(B) IN GENERAL.—Such payments shall take into account any expenses the medical home incurs in order to acquire and utilize health information technology, such as clinical decision support tools, patient registries, and electronic medical records.

(3) PAYMENTS FOR PHYSICIAN WORK OUTSIDE OF OFFICE VISITS.—The Secretary shall establish a prospective, bundled, and risk adjusted structural care coordination payment that represents the value of physician work provided to eligible individuals under the project that is done outside of any office visits.

(e) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary, in consultation with appropriate pediatric medical associations, shall evaluate the project in order to determine the effectiveness of medical homes in terms of quality improvement, patient and provider satisfaction, and the improvement of health outcomes.

(2) REPORT.—Not later than 12 months after completion of the project, the Secretary shall submit to Congress a report on the project containing the results of the evaluation conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines to be appropriate.

(f) FUNDING.—

(1) IN GENERAL.—There are authorized to be appropriated, such sums as may be necessary to carry out this section.

(2) PROHIBITION.—Amounts paid to a State under the project shall not be used for purposes of claiming a Federal matching payment under section 1903(a) or 2105(a) of the Social Security Act (42 U.S.C. 1396b(a); 1397ee(a)).

(g) WAIVER.—The Secretary shall waive compliance with such requirements of titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq.; 1397aa et seq.) to the extent and for the period the Secretary finds necessary to conduct the project.

SEC. 506. DISEASE PREVENTION AND TREATMENT DEMONSTRATION PROJECTS FOR ETHNIC AND RACIAL MINORITY CHILDREN.

(a) DEFINITIONS.—In this section:

(1) CHILD.—The term ''child'' has the meaning given such term in section 2110(c)(1) of the Social Security Act (42 U.S.C. 1397jj(c)(1)).

(2) MEDICAID.—The term ''Medicaid'' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) PROJECTS.—The term ''projects'' means the demonstration projects established under subsection (b)(1).

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(5) SCHIP.—The term ''SCHIP'' means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(6) TARGET INDIVIDUAL.—

(A) IN GENERAL.—The term ''target individual'' means a child—

(i) who is a member of a racial and ethnic minority group; and

(ii) who is enrolled in a State Medicaid program or a State child health plan under SCHIP.

(B) RACIAL AND ETHNIC MINORITY GROUP.—The term ''racial and ethnic minority group'' has the meaning given such term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(1)).

(b) DEMONSTRATION PROJECTS.—

(1) ESTABLISHMENT.—The Secretary shall establish demonstration projects for the purpose of developing models and evaluating methods that—

(A) improve the quality of medical assistance and child health assistance provided to target individuals under Medicaid and SCHIP in order to reduce disparities in the provision of health care services;

(B) improve clinical outcomes, satisfaction, quality of life, and the appropriate use of services covered and referral patterns under Medicaid and SCHIP among target individuals;

(C) eliminate disparities in the rate of preventive measures, such as well child visits and immunizations, among target individuals; and

(D) promote collaboration with community-based organizations to ensure cultural competency of health care professionals and linguistic access for persons with limited English proficiency.

(2) DESIGN.—

(A) INITIAL DESIGN.—Not later than 1 year after the date of enactment of this Act, the Secretary shall—

(i) evaluate best practices in the private sector, community programs, and academic research with respect to methods for reducing health care disparities among target individuals; and

(ii) design the projects based on such evaluation.

(B) NUMBER AND PROJECT AREAS.—

(i) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall implement not less than 9 projects, including the following:

(I) Two projects for each of the 4 following racial and ethnic minority groups:

(aa) American Indians, including Alaskan Natives, Eskimos, and Aleuts.

(bb) Asian Americans and Pacific Islanders.

(cc) Blacks.

(dd) Hispanics (as defined in section 1707(g)(2) of the Public Health Service Act (42 U.S.C. 300u–6(g)(2)).

(II) One project within Puerto Rico.

(ii) SUBPOPULATIONS.—The 2 projects implemented for the groups described in clause (i)(I) shall each target different ethnic subpopulations within such groups.

(iii) RURAL AND INNER-CITY AREAS.—Not less than 1 of the projects implemented under clause (i)(I) shall be conducted in a rural area and not less than 1 of such projects shall be conducted in an inner-city area.

(c) REPORTS TO CONGRESS.—

(1) IN GENERAL.—Not later than 2 years after the date on which the Secretary initially implements the projects, and biannually thereafter for the duration of the projects, the Secretary shall submit to Congress a report on the projects.

(2) CONTENTS OF REPORT.—Each report submitted under paragraph (1) shall include the following:

(A) A description of the projects.

(B) An evaluation of—

(i) the cost and benefits of the projects, including whether the projects have reduced expenditures under Medicaid and SCHIP;

(ii) the quality of the health care services provided to target individuals under the projects, including whether the projects have reduced racial and ethnic health disparities in the quality of health care services provided to such individuals;

(iii) beneficiary and health care provider satisfaction under the projects; and

(iv) whether, based on the factors evaluated under clauses (i) through (iii), the projects should be continued or conducted on an expanded basis.

(C) Any other information with respect to the projects the Secretary determines appropriate.

(3) EXPANSION OF PROJECTS; IMPLEMENTATION OF RESULTS.—If the initial report submitted under paragraph (1) includes an evaluation under paragraph (2)(B)(iv) that the projects initially established under subsection (b)(1) should be continued or conducted on an expanded basis, the Secretary—

(A) shall continue to conduct such projects; and

(B) may conduct such additional projects as the Secretary determines appropriate.

(d) FUNDING FOR PROJECTS.—

(1) IN GENERAL.—There are authorized to be appropriated, such sums as may be necessary to carry out projects under this section.

(2) PROHIBITION.—Amounts paid to a State or territory under the projects shall not be used for purposes of claiming a Federal matching payment under section 1903(a) or 2105(a) of the Social Security Act (42 U.S.C. 1396b(a); 1397ee(a)).

(e) WAIVER.—The Secretary shall waive compliance with such requirements of titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq.; 1397aa et seq.) to the extent and for the period the Secretary finds necessary to conduct the projects.

TITLE VI—COMMISSION ON CHILDREN'S HEALTH COVERAGE

SEC. 601. COMMISSION ON CHILDREN'S HEALTH COVERAGE.

(a) ESTABLISHMENT OF COMMISSION.—

(1) ESTABLISHMENT.—There is established a commission to be known as the ''Commission on Children's Health Coverage'' (referred to in this section as the ''Commission'').

(2) MEMBERSHIP.—

(A) IN GENERAL.—The Committee shall be composed of 10 members with academic training and practical experience in—

(i) the areas of—

(I) child health and development;

(II) maternal health and development;

(III) pediatric care;

(IV) health care financing;

(V) community-based participatory research;

(VI) public health;

(VII) data collection, analysis, and reporting; and

(VIII) health and health care disparities; and

(ii) such other areas as the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') determines appropriate.

(B) SELECTION.—The Secretary shall appoint members of the Committee. No candidate for appointment on the Committee shall be asked to provide non-relevant information, such as voting record, political party affiliation, or position on particular policies.

(3) TERM; VACANCIES.—

(A) TERM.—A member shall be appointed for the life of the Commission.

(B) VACANCIES.—A vacancy on the Commission—

(i) shall not affect the powers of the Commission; and

(ii) shall be filled in the same manner as the original appointment was made.

(4) MEETINGS.—The Commission shall meet at the call of the Chairperson.

(5) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(6) CHAIRPERSON AND VICE CHAIRPERSON.—The Commission shall select a Chairperson from among the members of the Commission.

(b) DUTIES.—

(1) STUDY.—The Commission shall conduct a study of all matters relating to children's health coverage.

(2) RECOMMENDATIONS.—The Commission shall develop recommendations on policy improvements at the State and national levels, and in the private sector, with respect to children's health coverage.

(3) REPORT.—

(A) ANNUAL REPORTS.—During the 2 year period beginning on the date of enactment of this Act, the Commission shall submit to the President and Congress annual reports evaluating the status of children's health coverage, together with recommendations for such legislation and administrative administrative actions as the Commission determines would result in improvements in such health coverage at the State and national levels, and in the private sector.

(B) FINAL REPORT.—Not later than 3 years after such date of enactment, the Commission shall submit to the President and Congress a report that contains the recommendations of the Commission for such legislation and administrative actions as the Commission determines would result in comprehensive health coverage of all children in the United States.

(c) POWERS.—.

(1) HEARINGS.—The Commission may hold such hearings, meet and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this Act.

(2) INFORMATION FROM FEDERAL AGENCIES.—

(A) IN GENERAL.—The Commission may secure directly from a Federal agency such information as the Commission considers necessary to carry out this Act.

(B) PROVISION OF INFORMATION.—On request of the Chairperson of the Commission, the head of the agency shall provide the information to the Commission.

(3) POSTAL SERVICES.—The Commission may use the United States mails in the same manner and under the same conditions as other agencies of the Federal Government.

(4) GIFTS.—The Commission may accept, use, and dispose of gifts or donations of services or property.

(d) COMMISSION PERSONNEL MATTERS.—

(1) COMPENSATION OF MEMBERS.—

(A) NON-FEDERAL EMPLOYEES.—A member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which the member is engaged in the performance of the duties of the Commission.

(B) FEDERAL EMPLOYEES.—A member of the Commission who is an officer or employee of the Federal Government shall serve without compensation in addition to the compensation received for the services of the member as an officer or employee of the Federal Government.

(2) TRAVEL EXPENSES.—A member of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for an employee of an agency under subchapter I of chapter 57 of title 5, United States Code, while away from the home or regular place of business of the member in the performance of the duties of the Commission.

(3) STAFF.—

(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws (including regulations), appoint and terminate an executive director and such other additional personnel as are necessary to enable the Commission to perform the duties of the Commission.

(B) CONFIRMATION OF EXECUTIVE DIRECTOR.—The employment of an executive director shall be subject to confirmation by the Commission.

(C) COMPENSATION.—

(i) IN GENERAL.—Except as provided in subparagraph (B), the Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates.

(ii) MAXIMUM RATE OF PAY.—The rate of pay for the executive director and other personnel shall not exceed the rate payable for level V of the Executive Schedule under section 5316 of title 5, United States Code.

(4) DETAIL OF FEDERAL GOVERNMENT EMPLOYEES.—

(A) IN GENERAL.—An employee of the Federal Government may be detailed to the Commission without reimbursement.

(B) CIVIL SERVICE STATUS.—The detail of the employee shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services in accordance with section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of that title.

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

(f) TERMINATION OF COMMISSION.—The Commission shall terminate 90 days after the date on which the Commission submits the final report of the Commission under subsection (b)(3)(B).

By Mr. HARKIN:

S. 1367. A bill to amend the Public Health Services Act to provide methamphetamine prevention and treatment services; to the Committee on Health, Education, Labor, and Pensions.

Mr. HARKIN. Mr. President, I am honored today to introduce the Methamphetamine Abuse Treatment and Prevention Act. Meth is one of the most deadly, addictive, rapidly spreading drugs in history. It is ravaging rural and urban communities alike. And it is leaving a path of destruction, human, financial, and environmental, that is staggering.

We've seen violent crime increase significantly for the first time in more than a decade. This increase was most evident in the meth-plagued Midwest. We must realize meth abuse is not only a State problem, but a national problem that is threatening communities across the country.

Law enforcement efforts to curb the distribution of dangerous meth making chemicals and locking up fertilizers have been successful. In Iowa, we've reduced the number of meth labs by nearly 80 percent. But our effort to fight meth is not over. Unfortunately, many States have seen dramatic increases in the amount of crystal meth or ''ice'' smuggled into the State. Ice is a much purer and more dangerous form of the illegal stimulant. Addicts who no longer have access to meth manufactured through home labs are using this more dangerous form. This drug puts a heavy toll on our communities, our justice and health care system, and tears apart families.

We need to remember that the meth epidemic is a double scourge. It is a public safety crisis. And it is also a public health crisis. Even if we shut down every home-based lab, we would still have a meth problem in this country. It will not go away until we do a better job of preventing people from using meth in the first place and giving addicts the treatment they need to kick the habit for good.

Bear in mind that meth is more addictive than crack cocaine or heroin. More than 50 percent of meth users started when they were under age 18. Law enforcement officers across Iowa tell me that prevention and treatment are the keys to stopping this epidemic.

Yet this is exactly where we are falling short. There are 22 million Americans in need of treatment for substance addiction. Less than 3 million are able to get help. The bill I am introducing today would aggressively step up efforts to prevent meth addiction and provide more treatment options.

Given the highly addictive nature of methamphetamine, prevention is crucial. Over 50 percent of meth users started when they were under age 18. We must target our efforts to ensure that people do not ever start using meth. My bill provides grants to schools and communities for meth prevention programs. It creates a telephone helpline and an online parent resource center. When parents or family members want information on keeping their children safe from drugs, or they fear a young person is experimenting or in trouble with drugs, this telephone helpline and Internet resource will give live, real-time support and information, as well as referrals to community resources.

At the same time, the bill takes a comprehensive approach to treatment. We know that with proper treatment, meth addicts can recover and live productive lives. Every dollar spent on treatment saves taxpayers seven dollars, largely by reducing crime, incarceration, and health care costs. The bill that I am introducing today is designed to realize these savings by promoting a comprehensive approach to meth treatment.

This legislation promotes range of treatment options. First, it includes family-based treatment. Parental substance use is the culprit in at least 70 percent of all child welfare spending, yet only 10 percent of child welfare agencies are able to successfully find substance abuse programs for mothers and children. Comprehensive treatment specifically for parents can assist them in recovering and providing safe and nurturing environments for their children. This legislation provides critical resources for adolescent and family-based treatment services to ensure that young people and parents are able to access the treatment they need.

Second, this legislation includes grants to offer treatment services for nonviolent adults and juveniles as an alternative to jail and detention. Nearly 80 percent of those in jail have been identified as having a substance abuse problem and one-third of inmates reported being under the influence at the time of their offense. We must provide treatment in order to prevent recidivism and cycling through the justice system.

My bill also improves services to help recovering addicts make the transition from treatment to the community, including housing assistance and help finding work, education, and mental health services. These things are critical to long-term abstinence and recovery.

I ask for your help now in joining me to fighting the meth epidemic that is plaguing our country. This drug tears apart families and is a heavy burden on our communities, our justice and health care system. We must dedicate the time and resources to getting this problem under control and we must do it now.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 192—RECOGNIZING NATIONAL NURSES WEEK ON MAY 6 THROUGH MAY 12, 2007

Mr. DURBIN (for himself and Ms. MIKULSKI) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 192

Whereas, since 2003, National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing;

Whereas National Nurses Week is the time each year when nurses are recognized for the critical role they play in providing safe, high quality, and preventative health care;

Whereas nurses are the cornerstone of the Nation's complex health care system, representing the largest single component of the health care profession, with an estimated 2,900,000 registered nurses in the United States;

Whereas, according to a study published in the New England Journal of Medicine in May 2002, a higher proportion of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better outcomes for hospitalized patients;

Whereas nurses are experienced researchers and their work encompasses a wide scope of scientific inquiry including clinical research, health systems and outcomes research, and nursing education research;

Whereas nurses are currently serving the Nation admirably in the conflicts in Iraq and Afghanistan;

Whereas nurses help inform and educate the public to improve the practice of all nurses and, more importantly, the health and safety of the patients they care for;

Whereas our Nation continues to face a nursing shortage unprecedented in its depth and duration, with a projected 1,200,000 new and replacement nurses needed by 2014;

Whereas the nationwide nursing shortage has caused dedicated nurses to work longer hours and care for more acutely ill patients;

Whereas nurses are strong allies to Congress as they help inform, educate, and work closely with legislators to improve the education, retention, recruitment, and practice of all nurses and, more importantly, the health and safety of the patients they care for; and

Whereas nurses are an integral part of the health care delivery team and provide quality care, support, and education to patients and their families, conduct essential research, and serve as strong patient advocates: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the significant contributions of nurses to the health care system of the United States;

(2) supports the goals and ideals of National Nurses Week, as founded by the American Nurses Association; and

(3) encourages the people of the United States to observe National Nurses Week with appropriate recognition, ceremonies, activities, and programs to demonstrate the importance of nurses to the everyday lives of patients.

Mr. DURBIN. Mr. President, I rise today to express my sincere appreciation for the more than 2.9 million nurses in our country. In recognition of National Nurses Week, May 6 through 12, I am pleased to introduce a resolution with Senators MIKULSKI and SNOWE to commemorate this week and the valuable role of nurses nationwide.

Our resolution honors the contributions that nurses make day—after day—on the front lines of patient care. We do not thank nurses as often as we should. Nurses are an invaluable resource not only to our health care system but also to medical research—in health systems and outcomes, in nursing education, and in clinical settings. They serve our Nation admirably in our communities and in our military, including the current conflicts in Iraq and Afghanistan.

Nurses do so much for our country, yet one of the biggest challenges facing our health care system today is a shortage of nurses. According to an April 2006 report by the American Hospital Association, we need approximately 118,000 registered nurses to fill vacant positions nationwide. By 2020, there will be a shortfall of more than 1 million nurses.

The problem is not a lack of interest by capable people willing to be trained. The issue is a lack of faculty to educate future nurses. Last year, nursing colleges across the Nation denied admission to more than 40,000 qualified