

S. 1328

At the request of Mr. LEAHY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1328, a bill to amend the Immigration and Nationality Act to eliminate discrimination in the immigration laws by permitting permanent partners of United States citizens and lawful permanent residents to obtain lawful permanent resident status in the same manner as spouses of citizens and lawful permanent residents and to penalize immigration fraud in connection with permanent partnerships.

S. 1379

At the request of Mrs. FEINSTEIN, the names of the Senator from Massachusetts (Mr. KENNEDY), the Senator from Wisconsin (Mr. FEINGOLD) and the Senator from New Jersey (Mr. LAUTENBERG) were added as cosponsors of S. 1379, a bill to amend chapter 35 of title 28, United States Code, to strike the exception to the residency requirements for United States attorneys.

AMENDMENT NO. 1094

At the request of Mr. KERRY, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of amendment No. 1094 proposed to H.R. 1495, a bill to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes.

AMENDMENT NO. 1098

At the request of Mr. DURBIN, his name was added as a cosponsor of amendment No. 1098 proposed to H.R. 1495, a bill to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes.

At the request of Mr. FEINGOLD, the names of the Senator from Massachusetts (Mr. KENNEDY), the Senator from California (Mrs. BOXER) and the Senator from Iowa (Mr. HARKIN) were added as cosponsors of amendment No. 1098 proposed to H.R. 1495, *supra*.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. STABENOW (for herself and Ms. SNOWE):

S. 1408. A bill improve quality in health care by providing incentives for adoption of modern information technology; to the Committee on Finance.

Ms. STABENOW. Mr. President, the evidence showing the ability of health IT to reduce costs and improve quality of care is simply overwhelming.

That is why Senator OLYMPIA SNOWE and I are reintroducing our Health-Tech legislation to accelerate the adoption of health information technology.

Businesses across the country are struggling to remain competitive in a

global market with skyrocketing health care costs.

The use of electronic medical records could save more than \$80 billion annually, reducing costs for businesses and taxpayers alike. We should be putting these systems in place immediately!

And, despite the best doctors, nurses, hospitals, and other health care providers in the world, some patients just are not getting the care they need.

Often times that is because our health care providers do not have the information they need about their patients, when they need it and where they need it.

And, our health care system are not currently set up to prevent errors; the most common medical errors include medication errors and the extra costs of treating drug-related injuries amount to at least \$3.5 billion a year.

As compelling as the cost savings is the promise health IT holds for improving the quality of our health care system.

Getting health IT into the hands of our doctors, hospitals, nursing homes and community clinics will mean patients get the care they need, at the right time, and in the best setting.

The value of health IT—saving lives and saving money—is well-known.

So why is it not being used more widely?

Health care providers are struggling to keep up with their daily needs; a major barrier to widespread use of IT is the initial investment cost.

The costs of implementing health IT can be staggering.

For example, the cost of an integrated electronic health record system for a three- to six-member physician practice is estimated to be \$70,000–\$100,000.

And, the savings from using health IT go primarily to the patients, employers, and insurers, not the providers.

If a patient needs one less x-ray because a hospital can pull up the x-ray performed by a radiologist in a different setting, that is one less co-payment for the patient, and one less bill to the patient's employer or insurer, or to the Medicare program.

It only makes sense for the Federal Government to invest some seed money.

Every day we delay providing Federal dollars, we delay getting health information technology systems in place, and businesses, taxpayers and patients pay in both dollars and lives.

The bill that Senator SNOWE and I are reintroducing today would address just that: It would put IT systems in the hands of providers by establishing a 5-year, \$4 billion grant program for health care providers and by providing tax incentives and adjusting Medicare payments for providers who use these systems.

The bill will be referred to the Finance Committee; Senator SNOWE and I are both members of the committee and will work to include our legislation

in any appropriate package the committee considers.

We have made an important change to our bill this Congress.

A patient's right to health information privacy is paramount, and is essential to the health care provider-patient relationship.

Therefore we have added a requirement that health IT systems funded by our legislation ensure the privacy and security of personal medical information, and that patients be informed if there is a breach in the privacy of their medical record.

We need to get this done. Widespread use of health information technology can revolutionize our health care system. Getting systems into the hands of providers is the first step.

Our legislation has the support of many consumer, provider, labor and business groups including: AFL-CIO, Altarum, American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Physicians, American Health Care Association, American Heart Association, American Society of Health-System Pharmacists, Ascension Health, Automation Alley, BlueCross/BlueShield of Michigan, DaimlerChrysler, Detroit Medical Center, e-Health Initiative, Families USA, Federation of American Hospitals, Ford Motor Company, General Motors Corporation, Greenway Medical Technologies, Healthcare Information and Management Systems Society (HIMSS), HR Policy Association, IBM, Marquette General Health System, McLaren Health Care Corporation, Michigan Health and Hospital Association, Michigan State Medical Society, National Association of Children's Hospitals, National Association of Community Health Centers, National Business Coalition on Health, National Business Group on Health, National Partnership for Women and Families, National Rural Health Association, Oracle, Saint John Health, Saint Joseph Mercy Health System—Ann Arbor, Michigan; Saint Joseph Mercy Oakland—Pontiac, Michigan; Saint Mary's Health Care—Grand Rapids, Michigan and Trinity Health.

I urge my colleagues to support this legislation.

Ms. SNOWE. President, today I join my colleague, Senator STABENOW of Michigan, in introducing the Health Information Technology Act of 2007, which will serve to improve the quality of health care through implementation of information technology, IT, in hospitals, health centers and physician practices throughout the country. Our legislation is necessary because as a nation we face two stark problems.

The first of these is a serious patient-safety problem. Indeed if most Americans were told today that 98,000 lives were lost needlessly last year and a cure was available they would undoubtedly call for action. Yet the Institute of Medicine, IOM, has reported that medical errors inflict that toll every

year, and we have the technology at our disposal to dramatically reduce those deaths.

The good news is that solutions exist. We have the technological ability to dramatically reduce medical errors and thus save lives. Many of us have heard about how drug interactions can be avoided by software systems which check a patient's prescriptions for hazards. Yet there are so many other applications which can improve health. For example, by reviewing and analyzing information, a health provider can help a patient better manage chronic diseases such as diabetes and heart disease, and avoid adverse outcomes.

Our second major problem is the escalating cost of health care. Our health spending now comprises 16 percent of GNP, and the price of coverage has grown so high that the number of Americans without health insurance reached nearly 47 million last year. Those trends are threatening our economic competitiveness in the world and each American's health security as well. The answer is not to simply expand coverage, because on our current trajectory, escalating costs would simply erode our ability to provide care. It is clear that some fundamental changes must be made in health care.

One of those changes must be the application of modern data technology to save lives and reduce costs. Indeed consider the savings when a physician can locate information efficiently. Tests do not have to be repeated and data is not delayed. In fact, a patient may obtain faster, higher quality care when, for example, multiple practitioners can review diagnostic test results right at their desktops. In an age where millions of Americans share family pictures over the internet in seconds, is it not long past time that a physician should be able to retrieve an x-ray just as easily?

The President certainly recognizes the disparity in technology in health versus other parts of our economy. He has declared a goal for every American to have an electronic medical record within ten years. I concur, we need this and more. In fact, once that record is in place we can do so many things better. From preventing drug interactions, to managing chronic diseases, to simply helping providers operate more efficiently. Most of us have been told at one time or another, "we're waiting to get the test results mailed," or "we're still waiting for your chart." Health care is one of the last bastions of such inefficiency. Indeed it is often easier to track the service history on one's automobile than to see your own health history.

The bad news is that the cost of new systems and a lack of standards have prevented us from reaping the benefits of new technologies. The President has made technology implementation a priority, and there is no doubt that a lack of standards has played a role in slowing IT adoption by many health

care providers. One must know that a system purchased will be compatible with others, and that, no matter what may happen in the future to a vendor, the huge investment one makes in building an electronic medical records would not be lost. In other words, your system must be able to communicate with other systems, and your investment in building electronic medical records must be preserved. So when a patient moves, their electronic "chart" should be able to move right along with them, and their continuity of care shouldn't be interrupted.

Yet standards alone aren't enough. Today many providers are struggling to make these investments, and for those which serve beneficiaries of Medicare, Medicaid and SCHIP, it can be exceedingly difficult. Our physicians, for example, have seen recent Medicare payment updates which have not even kept pace with inflation . . . and at the same time some expect that they will make a major investment in health IT.

The failure of that logic is clear because we know where the benefits are realized. The benefits to patients are evident, in fewer delays, in better outcome, lives saved. Health IT reduces costs as well, but primarily to those who pay for services, not to providers. Indeed it has been estimated that 89 percent of cost savings accrue to those who pay for services. It should be obvious then that the Federal Government would invest in health IT to reduce its expenditures on Medicare, Medicaid and SCHIP.

That is precisely what this legislation would do. Because as we look to the many studies and reports on health IT, one thing is clear. The annual cost savings actually exceeds the price of implementation. With that kind of return, it is indisputable that the Federal Government must employ health IT to see not only the savings in lives, but also better management of health care spending.

This legislation does that by providing grants to spur adoption among physicians, hospitals, long term care facilities, and both federally qualified health centers and community mental health centers. These grants are targeted to help provide the health IT resources providers need to serve our Federal beneficiaries. In fact, the size of an allowable grant for each provider is keyed to the proportion of the patient care which they deliver to Federal beneficiaries. So we will help these providers deliver better care to those on Medicare, Medicaid and SCHIP . . . while working to see costs reduced in those programs. That is simple common sense.

The legislation supports reasonable expenditures for a variety of expenses required to implement health care information technology. These include such components as computer hardware and software, plus installation and training costs. In addition, when installed we require that every system

must meet the HHS Secretary's interoperability standards.

Our new legislation even provides an alternative to those for-profit providers who do not wish to apply for a grant. Under this bill, such providers will be able to expense the cost of a qualified system.

I again want to stress the first goal of this legislation: to help build a safer medical-delivery system. The great successes of our health care system are largely due to our highly committed and talented health care professionals. The problem we are addressing today is not theirs, but is an endemic weakness of the system they depend upon. However, to utilize the solution, the Federal Government must step forward and provide the leadership necessary to make system changes a reality.

When the Medicare and Medicaid Programs began, we could only have dreamed about computerized clinical information systems. Now, today, we have this technology at our disposal, and I strongly believe that we cannot afford to delay implementation. In fact, as we face challenges in the financing of health entitlements, this is exactly the sort of initiative which will enable us to achieve the fundamental improvements to make these benefits more fiscally secure.

I hope my colleagues will join us in support of this legislation so we may soon achieve the goals of improving patient safety and reducing our escalating health care costs.

By Mr. LAUTENBERG (for himself and Ms. SNOWE):

S. 1411. A bill to amend the Clean Air Act to establish within the Environmental Protection Agency an office to measure and report on greenhouse gas emissions of Federal agencies; to the Committee on Environment and Public Works.

Mr. LAUTENBERG. Mr. President, I am pleased to introduce the Federal Government Greenhouse Gas Registry Act. This bill will create an inventory of the greenhouse gas emissions associated with the Federal Government. This includes the Government's buildings, automotive fleets and other sources of emissions. Understanding the "footprint" of the Federal Government's emission is essential to reducing those emissions.

The Federal Government is one of the largest emitters of greenhouse gases in the world. In particular, the largest owner or renter of buildings and owns the single largest fleet of cars in the United States. The buildings and the transportation sectors account for nearly two-thirds of all of the greenhouse gases in the country. The Federal Government must lead by example by reducing its own emissions.

Understanding the extent of an entity's emissions, through the development of a registry, is important to ultimately reducing emissions. The private sector already understands this. It has found that tracking and monitoring corporate emissions creates an

opportunity to easily reduce emissions by seeing where energy is inefficiently used. According to a recent report by the Pew Center on Global Climate Change, “the first step in developing a climate strategy is to analyze a company’s GHG emissions profile . . .”

My bill uses the GHG protocol, a rigorous standard developed by experts and used by companies, States and trading regimes around the world, including Johnson & Johnson, the California Climate Action Registry and the EU’s emission trading schemes. Utilizing such a well known and frequently used standard is important because it allows for comparison and benchmarking with other large emitters.

The Government Accountability Office, GAO, has also recognized the importance of measuring greenhouse gas emissions. According to a GAO report from April 2007—“Energy Audits Are Key to Strategy for Reducing Greenhouse Gas Emissions”—conducting emissions assessments would “. . . include information on cost-effectiveness and potential for reducing emissions.”

In closing, the Federal Government has an obligation to lead by example and this bill is a critical first step in reducing its emissions.

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. 1411

*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 “Federal Government Greenhouse Gas Registry Act of 2007”.

#### SEC. 2. FEDERAL GREENHOUSE GAS EMISSIONS.

The Clean Air Act (42 U.S.C. 7401 et seq.) is amended by adding at the end the following:

#### “TITLE VII—FEDERAL GREENHOUSE GAS EMISSIONS

##### “SEC. 701. DEFINITIONS.

“In this title:

“(1) AGENCY EMISSION BASELINE.—The term ‘agency emission baseline’, with respect to a Federal agency, means such quantity of the aggregate quantity of direct emissions, energy indirect emissions, and indirect emissions used to calculate the emission baseline as is attributable to the Federal agency.

“(2) DIRECT EMISSION.—The term ‘direct emission’ means an emission of a greenhouse gas directly from a source owned or controlled by the Federal Government, such as from a fleet of motor vehicles.

“(3) EMISSION ALLOWANCE.—The term ‘emission allowance’ means an authorization to emit, for any fiscal year, 1 ton of carbon dioxide (or the equivalent quantity of any other greenhouse gas, as determined by the Administrator).

“(4) EMISSION BASELINE.—The term ‘emission baseline’ means a quantity of greenhouse gas emissions equal to the aggregate quantity of direct emissions, energy indirect emissions, and indirect emissions for fiscal year 2005, as determined by the Office in accordance with section 702(b)(8).

“(5) ENERGY INDIRECT EMISSION.—The term ‘energy indirect emission’ means an emis-

sion of a greenhouse gas resulting from the production of electricity purchased and used by the Federal Government.

“(6) GREENHOUSE GAS.—The term ‘greenhouse gas’ means any of—

- “(A) carbon dioxide;
- “(B) methane;
- “(C) nitrous oxide;
- “(D) hydrofluorocarbons;
- “(E) perfluorocarbons; and
- “(F) sulfur hexafluoride.

“(7) INDIRECT EMISSION.—

“(A) IN GENERAL.—The term ‘indirect emission’ means an emission of greenhouse gases resulting from the conduct of a project or activity (including outsourcing of a project or activity) by the Federal Government (or any Federal officer or employee acting in an official capacity).

“(B) INCLUSIONS.—The term ‘indirect emission’ includes an emission of a greenhouse gas resulting from—

- “(i) employee travel; or
- “(ii) the use of an energy-intensive material, such as paper.

“(C) EXCLUSION.—The term ‘indirect emission’ does not include an energy indirect emission.

“(D) OFFICE.—The term ‘Office’ means the Federal Emissions Inventory Office established by section 702(a).

“(9) PROTOCOL.—The term ‘protocol’ means the Greenhouse Gas Protocol Corporate Accounting and Reporting Standard developed by the World Resources Institute and World Business Council on Sustainable Development.

#### “SEC. 702. FEDERAL EMISSIONS INVENTORY OFFICE.

“(a) ESTABLISHMENT.—There is established within the Environmental Protection Agency an office to be known as the ‘Federal Emissions Inventory Office’.

“(b) DUTIES.—The Office shall—

“(1) as soon as practicable after the date of enactment of this title, develop an emission inventory or other appropriate system to measure and verify direct emissions, energy indirect emissions, indirect emissions, and offsets of those emissions;

“(2) ensure that the process of data collection for the inventory or system is reliable, transparent, and accessible;

“(3)(A)(i) not later than 1 year after the date of enactment of this title, establish an emission baseline for the Federal Government; or

“(ii) not later than 180 days after the date of enactment of this title, if the Office determines that Federal agencies have not collected enough information, or sufficient data are otherwise unavailable, to establish an emission baseline, submit to Congress and the Administrator a report describing the type and quantity of data that are unavailable; and

“(B) after establishment of an emission baseline under subparagraph (A), periodically review and, if new information relating to the base year becomes available, revise the emission baseline, as appropriate;

“(4) upon development of the inventory or system under paragraph (1), use the inventory or system to begin accounting for direct emissions, energy indirect emissions, and indirect emissions in accordance with the protocol;

“(5) ensure that the inventory or other appropriate system developed under paragraph (1) is periodically audited to ensure that data reported in accordance with the inventory or system are relevant, complete, and transparent;

“(6) not later than 1 year after the date of enactment of this title—

“(A) develop such additional procedures as are necessary to account for emissions de-

scribed in paragraph (3), particularly indirect emissions; and

“(B) submit to Congress and the Administrator a report that describes any additional data necessary to calculate indirect emissions;

“(7) coordinate with climate change and greenhouse gas registries being developed by States and Indian tribes; and

“(8) not later than October 1 of the year after the date of enactment of this title, and annually thereafter, submit to Congress and the Administrator a report that, for the preceding fiscal year, for the Federal Government and each Federal agency—

“(A) describes the aggregate quantity of emissions (including direct emissions, energy indirect emissions, and indirect emissions); and

“(B) specifies separately the quantities of direct emissions, energy indirect emissions, and indirect emissions comprising that aggregate quantity.

#### “SEC. 703. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as are necessary to carry out this title.”

By Mr. HARKIN:

S. 1412. A bill to amend the Farm Security and Rural Development Act of 2002 to support beginning farmers and ranchers, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. HARKIN. Mr. President, today, along with Senators GRASSLEY, BROWN, and BAUCUS, I am introducing legislation that will expand opportunities for our next generation of farmers and ranchers. Over the next two decades, an estimated 400 million acres of agricultural land will be transferred to new owners. Today, farmers over the age of 65 outnumber those below the age of 35 by a margin of nearly two to one. The future structure, health and vitality of our Nation’s food and agriculture system depend on sound public policies that provide the next generation of farmers and ranchers the help they need to successfully enter farming and ranching.

The next generation of farmers and ranchers need access to training and mentoring which will help them obtain the critical management and marketing skills vital to their success. The Beginning Farmer and Rancher Program, created in the Farm Security and Rural Investment Act of 2002, is the first USDA program other than credit financing to focus specifically on beginning farmers and ranchers. The Beginning Farmer and Rancher Opportunity Act of 2007 would reauthorize this program and provide \$25 million a year in mandatory funding. We also propose to make beginning farmer issues, such as land transition, farm transfer and succession, and entry into farming priority research areas within the Initiative for Future Agriculture and Food Systems.

Beginning farmers and ranchers who are unable to obtain credit from commercial sources are eligible for Farm Service Agency direct farm ownership and operating loans up to an amount of \$200,000 for each type of loan. This limit has not been adjusted in nearly

two decades despite the rising cost of land, equipment and energy, and thus it is no longer sufficient. We propose to increase direct farm ownership and operating loan limits from \$200,000 to \$300,000 to reflect economic realities. The authorization of appropriations for direct loans is adjusted in the bill to reflect the new loan limits. It is important to increase direct loan authorization levels and appropriations, along with adjusting the direct farm ownership and operating loan limits or the net result may well be larger loans to fewer borrowers out of a constant pool of loan funds.

We propose several adjustments to the beginning farmer and rancher down payment loan program. This loan combines the financial resources of the beginning farmer, the Farm Service Agency and commercial or private lenders. Throughout the 1990s this program was very successful, but in recent years it has not been widely used due to low interest rates on traditional direct farm ownership loans. The interest rates on the down payment loan and direct farm ownership loan have been comparable so qualified borrowers have chosen to use the traditional FSA direct farm ownership loan for which no down payment is required.

The Beginning Farmer and Rancher Opportunity Act of 2007 would adjust the current interest rate of 4 percent for beginning farmer and rancher down payment loans to a floating rate of 4 percent below the regular FSA direct farm ownership interest rates, or 1 percent, whichever is greater. It would also reduce the beginning farmer's down payment from 10 percent to 5 percent of the total price of land and increase the FSA portion of the loan to 45 percent from 40 percent. A commercial lender or private seller would still be required to supply the remaining portion of the partnership loan.

These changes, along with a few others, would make the program more attractive for beginning farmers and ranchers. Creating more attractive incentives in this beginning farmer and rancher down payment loan program should result in limited Federal dollars supporting more qualified borrowers since the government's portion of financing a farm purchase is only 45 percent as opposed to the traditional direct farm ownership loan where the government finances 100 percent of the loan.

The Beginning Farmer and Rancher Opportunity Act of 2007 creates a new beginning farmer and rancher individual development account pilot program. This program is designed to help beginning farmers and ranchers with limited resources establish savings. Eligible program participants agree to save money which is matched by federal and local money. The savings may be used by a participant for capital expenditures for farm and ranch operation, including the purchase of land, buildings, equipment and livestock. This program will help participating

beginning farmers and ranchers save and invest in assets that will increase their long-term equity and likelihood of success.

The challenges beginning farmers and ranchers face are immense. The cost of land and equipment, obtaining credit, turning a profit and building equity in a highly uncertain business are just a few of the challenges. The Beginning Farmer and Rancher Opportunity Act of 2007 will help address the big challenge facing America's next generation of farmers and ranchers. This bill is a comprehensive initiative which provides farmers and ranchers critical help they need to enter and succeed in farming and ranching, to be good stewards of the land, to be innovative and entrepreneurial and to respond to rapidly changing markets and economic realities. I encourage my colleagues to support this important legislation and help enact it this year.

By Mr. ALEXANDER (for himself and Mr. KENNEDY):

S. 1414. A bill to amend the National Assessment of Educational Progress Authorization Act to require State academic assessments of student achievement in United States history and civics, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. KENNEDY. Mr. President, I am pleased to join Senator ALEXANDER this year in introducing the American History and Civics Achievement Act. The bill is part of a continuing effort to renew the national commitment to teaching history and civics in the Nation's public schools. It lays the foundation for more effective ways of teaching children about the Nation's past and the importance of civic responsibility. It contains no new requirements for schools, but it does offer a more frequent and effective analysis of how America's students are learning these important subjects.

The NAEP U.S. History and Civics results released today, for example, show that 86 percent of America's high school seniors cannot explain why this country was involved in the Korean war.

Nearly all eighth graders struggle to explain how the fall of the Berlin Wall affected our foreign policy.

Nearly 75 percent of eighth graders cannot explain the historical purpose of the Declaration of Independence.

We can't allow this trend to continue. While some progress has been made in improving student achievement in these subjects, too many students are still unable to grasp their importance.

Our economy and our future security rely on good schools that help students develop specific skills, such as reading and math. But the strength of our democracy and our standing in the world also depend on ensuring that children have a basic understanding of the Nation's past and what it takes to engage in our democracy. An appreciation of

the defining events in our Nation's history can be a catalyst for civic involvement.

Instilling such appreciation, and teaching the values of justice, equality, and civic responsibility should be an important mission of our public schools. Thanks to the hard work of large numbers of history and civics teachers in classrooms throughout America, we are making progress. Research conducted in history classrooms shows that children are using primary sources and documents more often to explore history, and are being assigned historical and biographical readings by their teachers more frequently.

But much more remains to be done to improve students' understanding of both of these subjects, and see to it that they are not left behind in their classrooms.

Good standards matter. They are the foundation for teaching and learning in every school. With the right resources, time, and attention, it is possible to develop creative and effective history and civics standards in every State.

Meeting high standards in reading and math is important, but it should not come at the expense of scaling back teaching in other core subjects such as history and civics. Integrating reading and math with other subjects often gives children a better way to master literacy and number skills, even while studying history, geography, and government.

That type of innovation deserves special attention in our schools. Making it happen requires a focus on good standards and student achievement, which we're proposing today. But it also requires added investments in teacher preparation and teacher mentoring, so that teachers are well prepared to use interdisciplinary methods in their lesson plans.

Our bill today takes several important steps to strengthen the teaching of American history and civics, and raise the standing of these subjects in school curriculums. Through changes in the National Assessment for Educational Progress, schools will be better able to achieve success on this important issue.

First, we propose a more frequent national assessment of children in American history under the NAEP—every 4 years. NAEP is the gold standard for measuring progress by students and reporting to the Nation on that progress. It makes sense to measure the knowledge and skills of children on the NAEP more frequently than every 5 or 6 years, to obtain a more timely picture of student progress and better address gaps in learning.

The bill also proposes to strengthen state standards in American history and civics, through a new State-level pilot assessment of these subjects under NAEP. The assessment would be conducted on an experimental basis in 10 States in grades 8 and 12. The National Assessment Governing Board will ensure that States with model

standards, as well as those whose standards are still under development, will participate in this assessment.

Moving NAEP to the State level does not carry any high stakes for schools. But it will provide an additional benchmark for States to develop and improve their standards. It is our hope that States will also be encouraged to undertake improvements in their history curricula and in their teaching of civics, and ensure that both subjects are a beneficiary and not a victim of school reform.

America's past encompasses great leaders with great ideas that contributed to our heritage and to the principles of freedom, equality, justice, and opportunity for all. Today's students will be better citizens in the future if they learn more about that history and about the skills needed to participate in our democracy. The American History and Civics Achievement Act is an important effort to reach that goal, and I urge my colleagues to support it.

By Mr. HARKIN (for himself and Ms. SNOWE):

S. 1415. A bill to amend the Public Health Service Act and the Social Security Act to improve screening and treatment of cancers, provide for survivorship services, and for other purposes; to the Committee on Finance.

Mr. HARKIN. Mr. President, I am honored to join with the distinguished Senator from Maine, Ms. SNOWE, to introduce the Cancer Screening, Treatment and Survivorship Act of 2007.

Last summer, Lance Armstrong came to Iowa to testify at a field hearing on cancer research. He is a national hero for winning the Tour de France 7 years in a row. But he has become a national treasure as America's No. 1 advocate for cancer research, detection, and treatment. I deeply appreciate his advocacy and tireless efforts to fight this disease. Lance is one of the millions of people across America who has been touched by cancer.

The bill I am introducing today is personal with me. I have lost 4 of my 5 siblings to cancer. And, with better detection and screenings, perhaps my siblings would have had a better outcome.

I believe passionately in doing our best to prevent cancer, by encouraging appropriate lifestyle choices. But I am equally passionate about the need to do a better job of detecting cancer as early as possible, so we have a better chance of beating it.

And that is the aim of the Cancer Screening, Treatment, and Survivorship Act of 2007. We have simple goals: To detect cancer earlier. To reduce cancer mortality rates. To improve the quality of life for those diagnosed with cancer. And, yes, to save health care dollars.

As I said, my hope is that the bill we are introducing today will take us to the next level and begin addressing survivorship and people that are living with this chronic disease. Together, we can work to improve the quality of life

for those diagnosed with cancer and save lives. I look forward to working with my colleagues to ensure that this legislation is passed and signed into law.

Ms. SNOWE. Mr. President, today I am pleased to join my colleague, Senator HARKIN of Iowa, to introduce the Cancer Screening, Treatment and Survivorship Act of 2007. This legislation will help us to realize a long-held vision—to see cancer conquered within our lifetimes.

Today nearly half of all Americans can expect to suffer from an invasive form of cancer. So it is indisputable that cancer research, screening, and treatment should continue to be a high public health priority. Many have called for an elimination of cancer death and suffering by 2015, and I supported that ambitious goal along with 91 of my Senate colleagues. Yet it is concrete action which is required if we are to make progress towards that objective.

Indeed, we have already seen remarkable progress in the diagnosis and treatment of cancer. Today, for example, more women are surviving breast cancer. Early diagnosis and modern treatments are saving lives. We have even seen that drug treatment can substantially reduce the recurrence of breast cancer.

And it is the strides which we have made in scientific discovery is fueling those advances. Senator HARKIN and I both worked to support the doubling of NIH funding—and the landmark work to map the human genome—and today we sit poised to make the progress of which generations have dreamed.

Yet, no matter what we learn, no matter what cures are developed—without access to screening and treatment, no cure is possible. And if one does not even know that the need for cure exists, no action can be taken. So cancer is one of a number of areas where we see stark disparities in health.

That is why I have joined with Senator HARKIN to introduce this legislation. As co-chairs of the Senate Prevention Coalition, we recognize that if we are to fundamentally improve both the quality and the cost of health care, we cannot continue to use a band-aid approach. Indeed to address illness late is only to increase the risk that individuals will not survive, and that we will provide only the most expensive tertiary care.

So we need a new approach—a new mind set. Part of that is prevention, but not just prevention of the disease, but also avoidance of the negative consequences of disease.

In no case is this so clear as with cancer. Because we know that early detection is so crucial to successful treatment, and this legislation recognizes that.

Under our legislation we will see cancer screening extended to those who today, too often are without such care. This act would provide grants to states

to employ screening programs to detect cancer early—when it is most treatable. Under our legislation, the HHS Secretary will examine those diagnostics which meet the standards of the U.S. Preventive Services Task Force and select those with highest promise in order to see that we can reduce the toll of cancer.

Those receiving grants will see that the public's awareness of screenings improves, that health professionals receive additional training in cancer detection and control, and that as new and better diagnostics are developed, Americans will have access to those advances without regard to their inability to pay. That is the first step in reducing the toll of cancer.

Those who do receive a positive diagnosis as a result of this act will obtain treatment referrals, and states will have the option to provide treatment to those individuals without access to care under Medicaid. States which elect to do so would receive an enhanced Federal match to provide the very treatment which we know not only saves lives, but reduces costs as well.

I know that some will argue that we cannot afford to add additional coverage to Medicaid. Yet to that I must answer that without coverage, many will simply see their disease progress, and ultimately end up Medicaid-eligible—but at a point when therapy is so much less effective. The cost of such deferral of care in both lives and health expenditures is enormous. So I hope that many states will elect to cover treatment, just as many already have for those women screened under the Breast and Cervical Cancer Screening program today.

This is a milestone moment, because today we begin to move forward in how we address cancer—giving the HHS Secretary the authority to work in cooperation with the states to see that we work to see every American has access to screening and treatment for cancer.

The step we are taking forward today is the product of so much work through the years. And this week, as cancer advocates—including Lance Armstrong and representatives of his foundation—press for action to achieve our vision of ending cancer in our lifetime, I am heartened by the promise before us.

I hope my colleagues will join us in support of this legislation so we may soon achieve the vision of our long war on cancer.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 203—CALLING ON THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF CHINA TO USE ITS UNIQUE INFLUENCE AND ECONOMIC LEVERAGE TO STOP GENOCIDE AND VIOLENCE IN DARFUR, SUDAN

Mr. MENENDEZ (for himself, Mr. BROWNBACK, Mr. FEINGOLD, Mr. LAUTENBERG, Mr. CASEY, Mr. LIEBERMAN,