

Whereas Detroit, otherwise known as "Hockeytown, U.S.A.", is home to the most loyal fan base in the world;

Whereas the passion and support of all Red Wings fans have assisted the team through this long and difficult season, enabling the players to achieve the greatest prize in all of hockey, the Stanley Cup;

Whereas each Red Wings player made a valuable contribution to the team's success and will be remembered on the most illustrious sports trophy, the Stanley Cup; and

Whereas those Red Wings players are Chris Chelios, Dan Cleary, Pavel Datsyuk, Aaron Downey, Dallas Drake, Kris Draper, Jonathan Ericsson, Valtteri Filppula, Johan Franzen, Mark Hartigan, Dominik Hasek, Tomas Holmstrom, Jimmy Howard, Jiri Hudler, Tomas Kopecky, Niklas Kronwall, Brett Lebda, Nicklas Lidstrom, Andreas Lilja, Justin Abdelkader, Kirk Maltby, Darren McCarty, Derek Meech, Chris Osgood, Kyle Quincey, Brian Rafalski, Mikael Samuelsson, Mattias Ritola, Darren Helm, Jakub Kindl, Brad Stuart, and Henrik Zetterberg: Now, therefore, be it

*Resolved*, That the Senate congratulates the Detroit Red Wings on winning the 2008 National Hockey League Stanley Cup Championship.

#### SENATE RESOLUTION 594—DESIGNATING SEPTEMBER 2008 AS "TAY-SACHS AWARENESS MONTH"

Mr. BROWN submitted the following resolution; which was referred to the Committee on the Judiciary.

S. RES. 594

Whereas Tay-Sachs disease is a rare, genetic disorder that causes destruction of nerve cells in the brain and spinal cord due to the poor functioning of an enzyme called beta-hexosaminidase A;

Whereas there is no proven treatment or cure for Tay-Sachs disease and the disease is always fatal in children;

Whereas the disorder was named after Warren Tay, an ophthalmologist from the United Kingdom, and Bernard Sachs, a neurologist from the United States, both of whom contributed to the discovery of the disease in 1881 and 1887, respectively;

Whereas Tay-Sachs disease often affects families with no prior history of the disease;

Whereas approximately 1 in 27 Ashkenazi Jews, 1 in 30 Louisianan Cajuns, 1 in 30 French Canadians, 1 in 50 Irish Americans, and 1 in every 250 people are carriers of Tay-Sachs disease, which means approximately 1,200,000 Americans are carriers;

Whereas these unaffected carriers of the disease possess the recessive gene that can trigger the disease in future generations;

Whereas, if both parents of a child are carriers of Tay-Sachs disease, there is a 1 in 4 chance that the child will develop Tay-Sachs disease;

Whereas a simple and inexpensive blood test can determine if an individual is a carrier of Tay-Sachs disease, and all people in the United States, especially those citizens who are members of high-risk populations, should be screened; and

Whereas raising awareness of Tay-Sachs disease is the best way to fight this horrific disease: Now, therefore, be it

*Resolved*, That the Senate designates September 2008 as "Tay-Sachs Awareness Month".

#### SENATE CONCURRENT RESOLUTION 90—HONORING THE MEMBERS OF THE UNITED STATES AIR FORCE WHO WERE KILLED IN THE JUNE 25, 1996, TERRORIST BOMBING OF THE KHOBAR TOWERS UNITED STATES MILITARY HOUSING COMPOUND NEAR DHAHRAN, SAUDI ARABIA

Mr. MARTINEZ (for himself, Mr. BURR, Mr. WICKER, Mr. INHOFE, Mr. SUNUNU, Mr. NELSON of Florida, Mr. BAYH, and Mr. PRYOR) submitted the following concurrent resolution; which was referred to the Committee on Armed Services:

S. CON. RES. 90

Whereas June 25, 2008, marks the 12th anniversary of the terrorist bombing of the Khobar Towers United States military housing compound in Dhahran, Saudi Arabia, on June 25, 1996;

Whereas 19 members of the United States Air Force were killed, more than 500 other citizens of the United States were injured, and 297 innocent citizens of Saudi Arabia or Bangladesh were killed or injured in the terrorist attack;

Whereas the 19 members of the United States Air Force killed while serving the United States were Captain Christopher J. Adams, Staff Sergeant Daniel B. Cafourek, Sergeant Millard D. Campbell, Senior Airman Earl F. Cartrette, Jr., Technical Sergeant Patrick P. Fennig, Captain Leland T. Haun, Master Sergeant Michael G. Heiser, Staff Sergeant Kevin J. Johnson, Staff Sergeant Ronald L. King, Master Sergeant Kendall K. Kitson, Jr., Airman First Class Christopher B. Lester, Airman First Class Brent E. Marthaler, Airman First Class Brian W. McVeigh, Airman First Class Peter J. Morgera, Technical Sergeant Thanh V. Nguyen, Airman First Class Joseph E. Rimkus, Senior Airman Jeremy A. Taylor, Airman First Class Justin R. Wood, and Airman First Class Joshua E. Woody;

Whereas the families of those brave members of the Air Force still mourn their loss;

Whereas 3 months after the terrorist bombing, on September 24, 1996, the House of Representatives agreed to House Concurrent Resolution 200, 104th Congress, honoring the victims of the terrorist bombing;

Whereas, on June 25, 2001, the fifth anniversary of the terrorist bombing, the House of Representatives agreed to House Concurrent Resolution 161, 107th Congress, which was concurred in by the Senate on July 12, 2002, further honoring the victims of the bombing;

Whereas, on December 11, 2001, the Senate agreed to Senate Concurrent Resolution 55, 107th Congress, also marking the fifth anniversary of the terrorist bombing and honoring the victims of the bombing;

Whereas, on June 27, 2005, the House of Representatives agreed to House Concurrent Resolution 188, 109th Congress, further honoring the victims of the terrorist bombing;

Whereas those guilty of carrying out the attack have yet to be brought to justice; and

Whereas terrorism remains a constant and ever-present threat around the world: Now, therefore, be it

*Resolved by the Senate (the House of Representatives concurring)*, That, on the occasion of the 12th anniversary of the terrorist bombing of the Khobar Towers United States military housing compound in Dhahran, Saudi Arabia, Congress—

(1) recognizes the service and sacrifice of the 19 members of the United States Air Force who died in the attack;

(2) calls upon the people of the United States to pause and pay tribute to those brave members of the Air Force;

(3) extends its continued sympathies to the families of those who died; and

(4) assures all members of the Armed Forces serving anywhere in the world that their well-being and interests will at all times be given the highest priority.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 4980. Mr. NELSON of Florida (for himself, Mr. REID, Mr. JOHNSON, and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill S. 3101, to amend titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access, and for other purposes; which was ordered to lie on the table.

SA 4981. Mr. REID (for himself, Mr. LEVIN, Mr. BROWN, Ms. STABENOW, Mr. LAUTENBERG, and Mr. MENENDEZ) submitted an amendment intended to be proposed by him to the bill S. 3101, supra; which was ordered to lie on the table.

#### TEXT OF AMENDMENTS

SA 4980. Mr. NELSON of Florida (for himself, Mr. REID, Mr. JOHNSON, and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill S. 3101, to amend titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### SEC. \_\_\_\_ . INCREASING THE MEDICARE CAPS ON GRADUATE MEDICAL EDUCATION POSITIONS FOR STATES WITH A SHORTAGE OF RESIDENTS.

(a) DIRECT GRADUATE MEDICAL EDUCATION.—Section 1886(h)(4)(F) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amended—

(1) in clause (i), by inserting "clause (iii) and" after "subject to"; and

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

"(iii) INCREASE IN CAPS ON GRADUATE MEDICAL EDUCATION POSITIONS FOR STATES WITH A SHORTAGE OF RESIDENTS.—

"(I) IN GENERAL.—For cost reporting periods beginning on or after the date that is 16 months after the date of the enactment of this clause, the Secretary shall increase the otherwise applicable limit on the total number of full-time equivalent residents in the field of allopathic or osteopathic medicine determined under clause (i) with respect to a qualifying hospital in an eligible State by an amount determined appropriate by the Secretary. Such increase shall be phased-in over a period of 5 cost reporting periods beginning with the first cost reporting period in which the increase is applied under the previous sentence to the hospital. For each eligible State the aggregate number of such increases shall be—

“(aa) not less than 15; and  
 “(bb) not greater than the State resident cap increase.

“(II) QUALIFYING HOSPITAL.—In this clause, the term ‘qualifying hospital’ means a hospital located in an eligible State that the Secretary determines should receive an increase under this clause in the otherwise applicable limit on the total number of full-time equivalent residents in the field of allopathic or osteopathic medicine.

“(III) ELIGIBLE STATE.—In this clause, the term ‘eligible State’ means a State for which the National median medical resident ratio exceeds the State medical resident ratio.

“(IV) STATE RESIDENT CAP INCREASE.—In this clause, the term ‘State resident cap increase’ means, with respect to a State,  $\frac{1}{4}$  of the product of—

“(aa) the difference between the National median medical resident ratio and the State medical resident ratio; and

“(bb) the State population (as determined for purposes of subclause (VI)).

“(V) NATIONAL MEDIAN MEDICAL RESIDENT RATIO.—In this clause, the term ‘National median medical resident ratio’ means the median of all State medical resident ratios.

“(VI) STATE MEDICAL RESIDENT RATIO.—In this clause, the term ‘State medical resident ratio’ means, with respect to any State, the ratio of full-time equivalent residents in the State in approved medical residency training programs as of the date of the enactment of this clause to the population of the State as of such date, as determined by the Secretary.

“(VII) STATE.—In this clause, the term ‘State’ means a State and the District of Columbia.

“(VIII) CONSIDERATIONS IN DETERMINING RESIDENT CAP INCREASES.—In determining whether a hospital is a qualifying hospital, and how much of an increase in the resident cap a qualifying hospital shall receive under subclause (I), the Secretary shall take into consideration the demonstrated likelihood of the hospital filling resident positions that would be made available as a result of such increase within the first 3 cost reporting periods beginning on or after the date that is 16 months after the date of the enactment of this clause. The Secretary shall also take into consideration whether the new resident positions will be in primary care, preventive medicine, or geriatrics programs.”

(b) INDIRECT MEDICAL EDUCATION.—Section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by adding at the end the following new clause:

“(x) Clause (iii) of subsection (h)(4)(F) shall apply to clause (v) in the same manner and for the same period as such clause (iii) applies to clause (i) of such subsection.”

**SA 4981.** Mr. REID (for himself, Mr. LEVIN, Mr. BROWN, Ms. STABENOW, Mr. LAUTENBERG, and Mr. MENENDEZ) submitted an amendment intended to be proposed by him to the bill S. 3101, to amend titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . TREATMENT OF CERTAIN CANCER HOSPITALS.**

(a) IN GENERAL.—Section 1886(d)(1) of the Social Security Act (42 U.S.C. 1395ww(d)(1)) is amended—

(1) in subparagraph (B)(v)—

(A) by striking “or” at the end of subclause (II); and

(B) by adding at the end the following:

“(IV) a hospital that is a nonprofit corporation, the sole member of which is affiliated with a university that has been the recipient of a cancer center support grant from the National Cancer Institute of the National Institutes of Health, and which sole member (or its predecessors or such university) was recognized as a comprehensive cancer center by the National Cancer Institute of the National Institutes of Health as of April 20, 1983, if the hospital’s articles of incorporation specify that at least 50 percent of its total discharges have a principal finding of neoplastic disease (as defined in subparagraph (E)) and if, of December 31, 2005, the hospital was licensed for less than 150 acute care beds, or

“(V) a hospital (aa) that the Secretary has determined to be, at any time on or before December 31, 2011, a hospital involved extensively in treatment for, or research on, cancer, (bb) that is (as of the date of such determination) a free-standing facility, (cc)(aaa) for which the hospital’s predecessor provider entity was University Hospitals of Cleveland with medicare provider number 36-0137, or (bbb) received the designation on June 10, 2003, as the official cancer institute of its State;”

(2) in subparagraph (B), by inserting after clause (v) the following new clause:

“(vi) a hospital that—

“(I) is located in a State that as of December 31, 2006, had only one center under section 414 of the Public Health Service Act that has been designated by the National Cancer Institute as a comprehensive center currently serving all 21 counties in the most densely populated State in the nation (U.S. Census estimate for 2005: 8,717,925 persons; 1,134.5 persons per square mile), serving more than 70,000 patient visits annually;

“(II) as of December 31, 2006, served as the teaching and clinical care, research and training hospital for the Center described in subclause (II), providing significant financial and operational support to such Center;

“(III) as of December 31, 2006, served as a core and essential element in such Center which conducts more than 130 clinical trial activities, national cooperative group studies, investigator-initiated and peer review studies and has received as of 2005 at least \$93,000,000 in research grant awards;

“(IV) as of December 31, 2006, includes dedicated patient care units organized primarily for the treatment of and research on cancer with approximately 125 beds, 75 percent of which are dedicated to cancer patients, and contains a radiation oncology department as well as specialized emergency services for oncology patients; and

“(V) as of December 31, 2004, is identified as the focus of the Center’s inpatient activities in the Center’s application as a NCI-designated comprehensive cancer center and shares the NCI comprehensive cancer designation with the Center;”

(3) in subparagraph (E)—

(A) by striking “subclauses (II) and (III)” and inserting “subclauses (II), (III), and (IV);” and

(B) by inserting “and subparagraph (B)(vi)” after “subparagraph (B)(v)”.

(b) EFFECTIVE DATES; PAYMENTS.—

(1) APPLICATION TO COST REPORTING PERIODS.—

(A) Any classification by reason of section 1886(d)(1)(B)(vi) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B)(vi)), as inserted by subsection (a), shall apply to cost reporting periods beginning on or after January 1, 2006.

(B) The provisions of section 1886(d)(1)(B)(v)(IV) of the Social Security

Act, as added by subsection (a), shall take effect on January 1, 2008.

(2) BASE TARGET AMOUNT.—Notwithstanding subsection (b)(3)(E) of section 1886 of the Social Security Act (42 U.S.C. 1395ww), in the case of a hospital described in subsection (d)(1)(B)(vi) of such section, as inserted by subsection (a)—

(A) the hospital shall be permitted to resubmit the 2006 Medicare 2552 cost report incorporating a cancer hospital sub-provider number and to apply the Medicare ratio-of-cost-to-charge settlement methodology for outpatient cancer services; and

(B) the hospital’s target amount under subsection (b)(3)(E)(i) of such section for the first cost reporting period beginning on or after January 1, 2006, shall be the allowable operating costs of inpatient hospital services (referred to in subclause (I) of such subsection) for such first cost reporting period.

(3) DEADLINE FOR PAYMENTS.—Any payments owed to a hospital as a result of this subsection for periods occurring before the date of the enactment of this Act shall be made expeditiously, but in no event later than 1 year after such date of enactment.

(c) APPLICATION TO CERTAIN HOSPITALS.—

(1) INAPPLICABILITY OF CERTAIN REQUIREMENTS.—The provisions of section 412.22(e) of title 42, Code of Federal Regulations, shall not apply to a hospital described in section 1886(d)(1)(B)(v)(V) of the Social Security Act, as added by subsection (a).

(2) APPLICATION TO COST REPORTING PERIODS.—If the Secretary makes a determination that a hospital is described in section 1886(d)(1)(B)(v)(V) of the Social Security Act, as added by subsection (a), such determination shall apply as of the first cost reporting period beginning on or after the date of such determination.

(3) BASE PERIOD.—Notwithstanding the provisions of section 1886(b)(3)(E) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(E)) or any other provision of law, the base cost reporting period for purposes of determining the target amount for any hospital for which a determination described in paragraph (2) has been made shall be the first full 12-month cost reporting period beginning on or after the date of such determination.

(4) RULE.—A hospital described in subclause (V) of section 1886(b)(1)(B)(v) of the Social Security Act, as added by subsection (a), shall not qualify as a hospital described in such subclause for any cost reporting period in which less than 50 percent of its total discharges have a principal finding of neoplastic disease. With respect to the first cost reporting period for which a determination described in paragraph (2) has been made, the Secretary shall accept a self-certification by the hospital, which shall be applicable to such first cost reporting period, that the hospital intends to have total discharges during such first cost reporting period of which 50 percent or more have a principal finding of neoplastic disease.

**AUTHORITY FOR COMMITTEES TO MEET**

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on June 12, 2008 at 10 a.m. to conduct a hearing entitled “Condition of Our Nation’s Infrastructure: Perspectives From Mayors.”

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