

Whereas young girls are often pulled from school and required to fill their lost mother's roles;

Whereas a mother's death lowers family income and productivity which affects the entire community;

Whereas in countries with similar levels of economic development, maternal mortality is highest where women's status is lowest;

Whereas the United States ranks 41st among 171 countries in the latest UN list ranking maternal mortality;

Whereas the overall United States maternal mortality ratio is now 11 deaths per 100,000 live births, one of the highest rates among industrialized nations;

Whereas United States maternal deaths have remained roughly stable since 1982 and have not declined significantly since then;

Whereas the Centers for Disease Control estimates that the true level of United States maternal deaths may be 1.3 to 3 times higher than the reported rate; and

Whereas ethnic and racial disparities in maternal mortality rates persist and in the United States maternal mortality among black women is almost four times the rate among non-Hispanic white women: Now, therefore, be it

*Resolved*, That the Senate—

(1) makes a stronger commitment to reducing maternal mortality both at home and abroad through greater financial investment and participation in global initiatives; and

(2) recognizes maternal health as a human right.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 5088. Mr. DURBIN (for Mr. KENNEDY (for himself and Mr. HATCH)) proposed an amendment to the bill S. 901, to amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.

#### TEXT OF AMENDMENTS

SA 5088. Mr. DURBIN (for Mr. KENNEDY (for himself and Mr. HATCH)) proposed an amendment to the bill S. 901, to amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs; as follows:

In lieu of the matter proposed to be inserted, insert the following:

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care Safety Net Act of 2008".

##### SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE PUBLIC HEALTH SERVICE ACT.

(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

"(A) \$2,065,000,000 for fiscal year 2008;

"(B) \$2,313,000,000 for fiscal year 2009;

"(C) \$2,602,000,000 for fiscal year 2010;

"(D) \$2,940,000,000 for fiscal year 2011; and

"(E) \$3,337,000,000 for fiscal year 2012.".

(b) STUDIES RELATING TO COMMUNITY HEALTH CENTERS.—

(1) DEFINITIONS.—For purposes of this subsection—

(A) the term "community health center" means a health center receiving assistance under section 330 of the Public Health Service Act (42 U.S.C. 254b); and

(B) the term "medically underserved population" has the meaning given that term in such section 330.

##### (2) SCHOOL-BASED HEALTH CENTER STUDY.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall issue a study of the economic costs and benefits of school-based health centers and the impact on the health of students of these centers.

(B) CONTENT.—In conducting the study under subparagraph (A), the Comptroller General of the United States shall analyze—

(i) the impact that Federal funding could have on the operation of school-based health centers;

(ii) any cost savings to other Federal programs derived from providing health services in school-based health centers;

(iii) the effect on the Federal Budget and the health of students of providing Federal funds to school-based health centers and clinics, including the result of providing disease prevention and nutrition information;

(iv) the impact of access to health care from school-based health centers in rural or underserved areas; and

(v) other sources of Federal funding for school-based health centers.

##### (3) HEALTH CARE QUALITY STUDY.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary"), acting through the Administrator of the Health Resources and Services Administration, and in collaboration with the Agency for Healthcare Research and Quality, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes agency efforts to expand and accelerate quality improvement activities in community health centers.

(B) CONTENT.—The report under subparagraph (A) shall focus on—

(i) Federal efforts, as of the date of enactment of this Act, regarding health care quality in community health centers, including quality data collection, analysis, and reporting requirements;

(ii) identification of effective models for quality improvement in community health centers, which may include models that—

(I) incorporate care coordination, disease management, and other services demonstrated to improve care;

(II) are designed to address multiple, co-occurring diseases and conditions;

(III) improve access to providers through non-traditional means, such as the use of remote monitoring equipment;

(IV) target various medically underserved populations, including uninsured patient populations;

(V) increase access to specialty care, including referrals and diagnostic testing; and

(VI) enhance the use of electronic health records to improve quality;

(iii) efforts to determine how effective quality improvement models may be adapted for implementation by community health centers that vary by size, budget, staffing, services offered, populations served, and other characteristics determined appropriate by the Secretary;

(iv) types of technical assistance and resources provided to community health centers that may facilitate the implementation of quality improvement interventions;

(v) proposed or adopted methodologies for community health center evaluations of quality improvement interventions, including any development of new measures that are tailored to safety-net, community-based providers;

(vi) successful strategies for sustaining quality improvement interventions in the long-term; and

(vii) partnerships with other Federal agencies and private organizations or networks as appropriate, to enhance health care quality in community health centers.

(C) DISSEMINATION.—The Administrator of the Health Resources and Services Administration shall establish a formal mechanism or mechanisms for the ongoing dissemination of agency initiatives, best practices, and other information that may assist health care quality improvement efforts in community health centers.

##### (4) GAO STUDY ON INTEGRATED HEALTH SYSTEMS MODEL FOR THE DELIVERY OF HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED POPULATIONS.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on integrated health system models at not more than 10 sites for the delivery of health care services to medically underserved populations. The study shall include an examination of—

(i) health care delivery models sponsored by public or private non-profit entities that—

(I) integrate primary, specialty, and acute care; and

(II) serve medically underserved populations; and

(ii) such models in rural and urban areas.

(B) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the study conducted under subparagraph (A). The report shall include—

(i) an evaluation of the models, as described in subparagraph (A), in—

(I) expanding access to primary and preventive services for medically underserved populations; and

(II) improving care coordination and health outcomes; and

(ii) an assessment of—

(I) challenges encountered by such entities in providing care to medically underserved populations; and

(II) advantages and disadvantages of such models compared to other models of care delivery for medically underserved populations.

##### SEC. 3. NATIONAL HEALTH SERVICE CORPS.

###### (a) FUNDING.—

(1) NATIONAL HEALTH SERVICE CORPS PROGRAM.—Section 338(a) of the Public Health Service Act (42 U.S.C. 254k(a)) is amended by striking "2002 through 2006" and inserting "2008 through 2012".

(2) SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS.—Section 338H(a) of the Public Health Service Act (42 U.S.C. 254q(a)) is amended by striking "appropriated \$146,250,000" and all that follows through the period and inserting the following: "appropriated—

"(1) for fiscal year 2008, \$131,500,000;

"(2) for fiscal year 2009, \$143,335,000;

"(3) for fiscal year 2010, \$156,235,150;

"(4) for fiscal year 2011, \$170,236,310; and

"(5) for fiscal year 2012, \$185,622,980.".

(b) ELIMINATION OF 6-YEAR DEMONSTRATION REQUIREMENT.—Section 332(a)(1) of the Public Health Service Act (42 U.S.C. 254e(a)(1)) is amended by striking "Not earlier than 6 years" and all that follows through "purposes of this section.".

(c) ASSIGNMENT TO SHORTAGE AREA.—Section 333(a)(1)(D)(ii) of the Public Health

Service Act (42 U.S.C. 254f(a)(1)(D)(ii)) is amended—

- (1) in subclause (IV), by striking “and”;
- (2) in subclause (V), by striking the period at the end and inserting “; and”; and
- (3) by adding at the end the following:

“(VI) the entity demonstrates willingness to support or facilitate mentorship, professional development, and training opportunities for Corps members.”.

(d) PROFESSIONAL DEVELOPMENT AND TRAINING.—Subsection (d) of section 336 of the Public Health Service Act (42 U.S.C. 254h-1) is amended to read as follows:

“(d) PROFESSIONAL DEVELOPMENT AND TRAINING.—

“(1) IN GENERAL.—The Secretary shall assist Corps members in establishing and maintaining professional relationships and development opportunities, including by—

“(A) establishing appropriate professional relationships between the Corps member involved and the health professions community of the geographic area with respect to which the member is assigned;

“(B) establishing professional development, training, and mentorship linkages between the Corps member involved and the larger health professions community, including through distance learning, direct mentorship, and development and implementation of training modules designed to meet the educational needs of offsite Corps members;

“(C) establishing professional networks among Corps members; or

“(D) engaging in other professional development, mentorship, and training activities for Corps members, at the discretion of the Secretary.

“(2) ASSISTANCE IN ESTABLISHING PROFESSIONAL RELATIONSHIPS.—In providing such assistance under paragraph (1), the Secretary shall focus on establishing relationships with hospitals, with academic medical centers and health professions schools, with area health education centers under section 751, with health education and training centers under section 752, and with border health education and training centers under such section 752. Such assistance shall include assistance in obtaining faculty appointments at health professions schools.

“(3) SUPPLEMENT NOT SUPPLANT.—Such efforts under this subsection shall supplement, not supplant, non-government efforts by professional health provider societies to establish and maintain professional relationships and development opportunities.”.

#### SEC. 4. REAUTHORIZATION OF RURAL HEALTH CARE PROGRAMS.

Section 330A(j) of the Public Health Service Act (42 U.S.C. 254c(j)) is amended by striking “\$40,000,000” and all that follows and inserting “\$45,000,000 for each of fiscal years 2008 through 2012.”.

### NOTICES OF HEARINGS

#### PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. LEVIN. Mr. President, I would like to announce for the information of the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs will continue its hearing entitled, “Tax Haven Banks and U.S. Tax Compliance” on Friday, July 25, 2008, to call Peter S. Lowy as a witness. Mr. Lowy was originally scheduled to be a witness at the subcommittee's July 17 hearing. The subcommittee hearing will continue to examine how financial institutions located in offshore tax ha-

vens, including Liechtenstein and Switzerland, may be engaged in banking practices that could facilitate, and in some instances have resulted in, tax evasion and other misconduct by U.S. clients. The hearing will also continue to examine how U.S. domestic and international tax enforcement efforts could be strengthened. The subcommittee issued a staff report on July 17 summarizing its investigative findings.

The subcommittee hearing is scheduled for Friday, July 25, 2008, at 9:30 a.m., in Room 342 of the Dirksen Senate Office Building. For further information, please contact Elise Bean of the Permanent Subcommittee on Investigations at 224-9505.

#### PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. LEVIN. Mr. President, I would like to announce for the information of the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs will hold a hearing entitled, “Payroll Tax Abuse: Businesses Owe Billions and What Needs To Be Done About It.” The subcommittee hearing will examine the magnitude of outstanding payroll tax debt, the policies and procedures that are used to collect unpaid payroll taxes, and whether some businesses are engaged in abusive or potentially criminal activities with regard to the payment of payroll taxes. The subcommittee will release a Government Accountability Office, GAO, report entitled, “Tax Compliance: Businesses Owe Billions in Federal Payroll Taxes.” Witnesses for the upcoming hearing will include representatives from the Government Accountability Office and the Internal Revenue Service. A final witness list will be available Friday, July 25, 2008.

The subcommittee hearing is scheduled for Tuesday, July 29, 2008, at 9:30 a.m., in Room 342 of the Dirksen Senate Office Building. For further information, please contact Elise Bean of the Permanent Subcommittee on Investigations at 224-9505.

#### COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Senate Committee on Energy and Natural Resources. The hearing will be held on Thursday, July 31, 2008, at 9:30 a.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose of the hearing is to conduct oversight on the state of the Nation's transmission grid, as well as the implementation of the 2005 Energy Policy Act transmission provisions, including reliability, siting and infrastructure investment.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy

and Natural Resources, United States Senate, Washington, D.C. 20510-6150, or by e-mail to Gina Weinstock@energy.senate.gov.

For further information, please contact Leon Lowery at (202) 224-2209 or Gina Weinstock at (202) 224-5684.

### HEALTH CARE SAFETY NET ACT OF 2008

Mr. DURBIN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 548, S. 901.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (S. 901) to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the “Health Care Safety Net Act of 2007”.*

#### SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE PUBLIC HEALTH SERVICE ACT.

(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

“(A) \$2,213,020,000 for fiscal year 2008;

“(B) \$2,451,394,400 for fiscal year 2009;

“(C) \$2,757,818,700 for fiscal year 2010;

“(D) \$3,116,335,131 for fiscal year 2011; and

“(E) \$3,537,040,374 for fiscal year 2012.”.

(b) STUDIES RELATING TO COMMUNITY HEALTH CENTERS.—

(1) DEFINITIONS.—For purposes of this subsection—

(A) the term “community health center” means a health center receiving assistance under section 330 of the Public Health Service Act (42 U.S.C. 254b); and

(B) the term “medically underserved population” has the meaning given that term in such section 330.

(2) SCHOOL-BASED HEALTH CENTER STUDY.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall issue a study of the economic costs and benefits of school-based health centers and the impact on the health of students of these centers.

(B) CONTENT.—In conducting the study under subparagraph (A), the Comptroller General of the United States shall analyze—

(i) the impact that Federal funding could have on the operation of school-based health centers;

(ii) any cost savings to other Federal programs derived from providing health services in school-based health centers;

(iii) the effect on the Federal Budget and the health of students of providing Federal funds to school-based health centers and clinics, including the result of providing disease prevention and nutrition information;

(iv) the impact of access to health care from school-based health centers in rural or underserved areas; and