

(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 Com-

troller 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. 254g(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, \$170,296,310; 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”;

(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.”

Amend the title so as to read: “A bill to amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.”

Mr. DURBIN. I ask unanimous consent that the substitute amendment, which is at the desk, be agreed to; the committee substitute, as amended, be agreed to; the bill, as amended, be read a third time and passed; the amendment to the title be agreed to; and the motions to reconsider be laid upon the table, with no interviewing action or debate; and that any statements related to the bill be printed in the RECORD.

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

The amendment (No. 5088), was agreed to.

(The amendment is printed in today’s RECORD under “Text of Amendments”.)

The Committee amendment, as amended, was agreed to.

The bill (S. 901), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

The title was amended so as to read:

A bill to amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.

PAROLE COMMISSION EXTENSION ACT OF 2008

Mr. DURBIN. I ask unanimous consent that the Senate proceed to the immediate consideration of S. 3294, introduced earlier today by Senators LEAHY and SPECTER.

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

The assistant legislative clerk read as follows:

A bill (S. 3294) to provide for the continued performance of the functions of the United States Parole Commission.

There being no objection, the Senate proceeded to consider the bill.

Mr. LEAHY. Madam President, I am pleased the Senate will unanimously pass the United States Parole Commission Act of 2008, a bill Senator SPECTER and I introduced that will extend the life of the U.S. Parole Commission by 3 years. Without quick action by Congress, the Commission will expire on

October 31, 2008. Senate passage is an important first step to ensure this does not happen.

The U.S. Parole Commission is responsible for granting or denying parole for incarcerated Federal and DC prisoners who were sentenced before the Federal and DC governments abolished parole. The Commission was created and empowered to consider the requests of these "old law" Federal and DC inmates, but it also has jurisdiction over DC offenders who are on supervised release from prison.

Originally slated to expire in 1992, Congress has extended the life of the Commission four times. Another extension is necessary to ensure the orderly administration of the law, and to avoid the risk of premature release of offenders. If the authorization lapses, the law requires the Commission to set release dates for all parole-eligible Federal prisoners. In addition, there is no mechanism to handle DC parolees who are on supervised release from prison.

A limited extension will avoid these potential problems, and will give the Justice Department time to evaluate whether any changes to the Commission are necessary.

I urge the House to work quickly to pass this bill and send it to the President so that it can be effective before the Commission's authorization expires in October.

Mr. DURBIN. I ask unanimous consent the bill be read three times and passed; the motion to reconsider be laid upon the table, with no intervening action or debate; and any statements be printed in the RECORD.

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

The bill (S. 3294) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 3294

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 "United States Parole Commission Extension Act of 2008".

SEC. 2. AMENDMENT OF SENTENCING REFORM ACT OF 1984.

For purposes of section 235(b) of the Sentencing Reform Act of 1984 (18 U.S.C. 3551 note; Public Law 98-473; 98 Stat. 2032), as such section relates to chapter 311 of title 18, United States Code, and the United States Parole Commission, each reference in such section to "21 years" or "21-year period" shall be deemed a reference to "24 years" or "24-year period", respectively.

EXECUTIVE SESSION

PROTOCOL OF AMENDMENTS TO CONVENTION ON INTERNATIONAL HYDROGRAPHIC ORGANIZATION

INTERNATIONAL CONVENTION AGAINST DOPING IN SPORT

Mr. DURBIN. I ask unanimous consent that the Senate proceed to execu-

tive session to consider the following treaties on the Executive Calendar: Nos. 10 and 11, and that the treaties be considered as having advanced to the various parliamentary stages up to and including the presentation of the resolutions of ratification; that any committee understanding, declaration, or condition be agreed to as applicable; that any statements be printed in the RECORD; and that the Senate take one vote on the resolutions of ratification to be considered as separate votes; further, that when the resolutions of ratification are voted on, the motions to reconsider be considered made and laid on the table, the President be immediately notified of the Senate's action, and the Senate resume legislative session, all without intervening action or debate.

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

The treaties and protocol will be considered to have passed through their various parliamentary stages, up to and including the presentation of the resolutions of ratification.

Mr. DURBIN. I ask for a division vote on the resolutions of ratification.

The PRESIDING OFFICER. A division has been requested.

Senators in favor of the resolutions of ratification of these treaties will rise and stand until counted.

Those opposed will rise and stand until counted.

On a division, two-thirds of the Senators present having voted in the affirmative, the resolutions of ratification are agreed to.

The resolutions of ratification agreed to are as follows:

TREATIES

[Protocol of Amendments to Convention on International Hydrographic Organization (Treaty Doc. 110-9)]

Resolved (two-thirds of the Senators present concurring therein), The Senate advises and consents to the ratification of the Protocol of Amendments to the Convention on the International Hydrographic Organization done at Monaco on April 14, 2005 (Treaty Doc. 110-9).

[International Convention Against Doping in Sport (Treaty Doc. 110-14)]

Resolved (two-thirds of the Senators present concurring therein),

Section 1. Senate Advice and Consent subject to an understanding, a declaration, and a condition.

The Senate advises and consents to the ratification of the International Convention Against Doping in Sport (the "Convention"), adopted by the United Nations Educational, Scientific, and Cultural Organization on October 19, 2005 (Treaty Doc. 110-14; EC 6772), subject to the understanding of section 2, the declaration of section 3, and the condition of section 4.

Section 2. Understanding.

The advice and consent of the Senate under section 1 is subject to the following understanding, which shall be included in the United States instrument of ratification:

It is the understanding of the United States of America that nothing in this Convention obligates the United States to provide funding to the World Anti-Doping Agency.

Section 3. Declaration.

The advice and consent of the Senate under section 1 is subject to the following declaration, which shall be included in the United States instrument of ratification:

Pursuant to Article 2(4), which defines "Athlete" for purposes of doping control as "any person who participates in sport at the international or national level as defined by each national anti-doping organization and accepted by States Parties and any additional person who participates in a sport or event at a lower level accepted by States Parties", the United States of America declares that "Athlete" for purposes of doping control means any athlete determined by the U.S. Anti-Doping Agency to be subject to or to have accepted the World Anti-Doping Code.

Section 4. Condition.

The advice and consent of the Senate under section 1 is subject to the following condition:

Not later than 60 days after an amendment to either of the Annexes that was concluded in accordance with the specific amendment procedure in Article 34 enters into force for the United States, the Secretary of State shall transmit the text of the amended Annex to the Committee on Foreign Relations and the Committee on the Judiciary of the Senate.

ORDERS FOR TUESDAY, JULY 22, 2008

Mr. DURBIN. Madam President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 10 a.m. tomorrow, Tuesday, July 22; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of the motion to proceed to S. 3268, the energy speculation bill, as under the previous order. I further ask that the Senate recess from 12:30 to 2:15 p.m. tomorrow to allow for the weekly caucus luncheons to meet. Finally, I ask that if cloture is invoked, the postcloture debate time from 2:15 p.m. until 6:15 p.m. be equally divided and controlled in 30-minute alternating blocks of time, with the majority controlling the first 30 minutes and the Republicans controlling the next 30 minutes.

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

PROGRAM

Mr. DURBIN. For the information of Senators, shortly after 11 a.m. tomorrow, the Senate will proceed to a roll-call vote on the motion to invoke cloture on the motion to proceed to the energy speculation bill.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. DURBIN. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:54 p.m., adjourned until Tuesday, July 22, 2008, at 10 a.m.