

Whereas Stefanie gave the first Champion award to her beloved husband after Chris put his professional football career on hold to care for her when she was first treated; and

Whereas Stefanie was a loving mother to her 4 children: Now, therefore, be it

Resolved, That the Senate—

(1) acknowledges the outstanding achievements and profound impact of Stefanie Spielman in the fight against breast cancer;

(2) commends Stefanie for her commitment to caring for others suffering from breast cancer; and

(3) celebrates her life as a wife, mother, and advocate for breast cancer awareness, research, and treatment.

SENATE RESOLUTION 364—SUPPORTING THE OBSERVANCE OF NATIONAL DIABETES MONTH

Mrs. SHAHEEN (for herself and Mr. DURBIN) submitted the following resolution; which was considered and agreed to:

S. RES. 364

Whereas there are nearly 24,000,000 people in the United States with diabetes and 57,000,000 with pre-diabetes;

Whereas diabetes contributed to the deaths of over 300,000 people in the United States in 2007, making diabetes the seventh leading cause of death;

Whereas every minute, 3 people are diagnosed with diabetes;

Whereas each day approximately 4,384 people are diagnosed with diabetes and, in 2007, approximately 1,600,000 new cases of diabetes were diagnosed in people 20 years or older;

Whereas between 1990 and 2001, diabetes prevalence in the United States increased by more than 60 percent;

Whereas over 24 percent of diabetes is undiagnosed, down from 30 percent in 2005, and 50 percent 10 years ago;

Whereas over 10 percent of adults and nearly $\frac{1}{4}$ (23.1 percent) of people in the United States age 60 and older have diabetes;

Whereas diabetes is a serious chronic condition that affects people of every age, race, income level, and ethnicity;

Whereas Hispanic, African, Asian, and Native Americans are disproportionately affected by diabetes and suffer at rates much higher than the general population;

Whereas annually, 15,000 youth in the United States are diagnosed with type 1 diabetes and approximately 3,700 youth are diagnosed with type 2 diabetes;

Whereas 1 in 3 people in the United States born in the year 2000 will develop diabetes in their lifetime, and this statistic grows to nearly 1 in 2 for minority populations;

Whereas diabetes costs the United States an estimated \$174,000,000,000 in 2007, and \$1 in every \$10 spent on health care is attributed to diabetes and its complications;

Whereas approximately 1 out of every 4 Medicare dollars is spent on the care of people with diabetes;

Whereas every day 230 people with diabetes undergo an amputation, 120 people enter end-stage kidney disease programs, and 55 people go blind from diabetes;

Whereas there is not yet a cure for diabetes;

Whereas there are proven means to reduce the incidence of and delay the onset of type 2 diabetes;

Whereas people with diabetes live healthy, productive lives with the proper management and treatment; and

Whereas National Diabetes Month is celebrated in November: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Diabetes Month, including encour-

aging people in the United States to fight diabetes through raising public awareness about stopping diabetes and increasing education about the disease;

(2) recognizes the importance of early detection, awareness of the symptoms of diabetes, and the risk factors for diabetes, which include—

(A) being over the age of 45;

(B) coming from certain ethnic backgrounds;

(C) being overweight;

(D) having a low physical activity level;

(E) having high blood pressure; and

(F) a family history of diabetes or a history of diabetes during pregnancy; and

(3) supports decreasing the prevalence of diabetes, developing better treatments, and working toward an eventual cure in the United States through increased research, treatment, and prevention.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2790. Mr. CASEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table.

SA 2791. Ms. MIKULSKI (for herself, Mr. HARKIN, Mrs. BOXER, and Mr. FRANKEN) proposed an amendment to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra.

TEXT OF AMENDMENTS

SA 2790. Mr. CASEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 436, strike line 18 and all that follows through page 439, line 20, and insert the following:

SEC. 2101. PROTECTING LOW-INCOME CHILDREN FROM HARM AND ENSURING THAT THEY BENEFIT FROM HEALTH FORM.

(a) **INTEGRATING CHIP ELIGIBILITY WITH METHODOLOGIES USED FOR OTHER SUBSIDIES WHILE PRESERVING CHIP FOR CHILDREN WHO CURRENTLY QUALIFY AND ASSURING CHIP COVERAGE FOR LOW-INCOME CHILDREN.**—

(1) **DEFINITION OF TARGETED LOW-INCOME CHILD.**—Effective January 1, 2014, section 2110(b)(1) of the Social Security Act (42 U.S.C. 1397jj(b)(1)(B)) is amended by striking subparagraph (B) and inserting the following:

“(B) whose family’s modified gross income, as determined for purposes of allowing a premium credit assistance amount for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986, does not exceed 250 percent of the poverty line for a family of the size involved; and”.

(2) **STATE PLAN ELIGIBILITY REQUIREMENT.**—Section 2102(b)(1)(B) of such Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) in clause (iii), by striking “and” at the end;

(B) in clause (iv), by striking the period at the end and inserting “and” and

(C) by adding at the end the following:

“(v) with respect to fiscal years beginning with fiscal year 2014, may not deny eligibility or enrollment, because of excess family income, to any child whose family income is at or below the percentage of poverty level specified in section 2110(b)(1)(B), determined using the methodology described in such section.”.

(b) **MAINTENANCE OF EFFORT.**—Section 2105(d) of the Social Security Act (42 U.S.C. 1397ee(d)) is amended by adding at the end the following:

“(3) **CONTINUATION OF ELIGIBILITY STANDARDS FOR CHILDREN.**—

“(A) **FISCAL YEARS BEFORE FISCAL YEAR 2014.**—During the period that begins on the date of enactment of the Patient Protection and Affordable Care Act and ends on September 30, 2013, a State shall not have in effect eligibility standards, methodologies, or procedures under its State child health plan (including any waiver under such plan) for children (including children provided medical assistance for which payment is made under section 2105(a)(1)(A)) that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under such plan (or waiver) as in effect on October 1, 2009.

“(B) **FISCAL YEAR 2014 AND THEREAFTER.**—

“(i) **IN GENERAL.**—Subject to clause (ii), with respect to fiscal years beginning with fiscal year 2014 a State shall not have in effect eligibility standards, methodologies, or procedures under its State child health plan (including any waiver under such plan) for children that are more restrictive than the eligibility methodologies or procedures, respectively, under such plan (or waiver) as in effect on October 1, 2009.

“(ii) **EXCEPTION.**—A State that, prior to fiscal year 2014, has an income eligibility standard, methodology, or procedure under its State child health plan (including any waiver under such plan) for children whose family’s modified gross income (as determined for purposes of allowing a premium credit assistance amount for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986) exceeds 250 percent of the poverty line may modify such standard, methodology, or procedure so that it will not result in eligibility for children under the State plan in whose family modified gross income exceeds that percentage of the poverty line.

“(C) **RULE OF CONSTRUCTION.**—Subparagraphs (A) and (B) shall not be construed as preventing a State from applying eligibility standards, methodologies, or procedures for children under the State child health plan or under any waiver of the plan that are less restrictive than the eligibility standards, methodologies, or procedures, respectively, for children under the plan or waiver that were in effect on October 1, 2009.”.

(c) **PROTECTING CHIP CHILDREN AGAINST UNAFFORDABLE COSTS FOR ESSENTIAL HEALTH CARE.**—

(1) **CONTINUATION OF COST-SHARING PROTECTIONS FOR CHILDREN.**—Section 2103(e) of such Act (42 U.S.C. 1397cc(e)) is amended by adding at the end the following:

“(5) **CONTINUATION OF COST-SHARING PROTECTIONS FOR CHILDREN.**—

“(A) **IN GENERAL.**—Except as described in subparagraph (B), during the period that begins on the date of enactment of the Patient Protection and Affordable Care Act, a State shall not have in effect cost-sharing policies under its State child health plan (including any waiver under such plan) that increase premiums or out-of-pocket costs above the amounts for children of the same income

level (stated as a percentage of the Federal poverty level) under such plan (or waiver) as in effect on October 1, 2009.

“(B) EXCEPTION.—With respect to fiscal years beginning with fiscal year 2014, a State may increase cost-sharing amounts above those described in subparagraph (A) by an amount that does not exceed the median percentage increase in national household income since fiscal year 2013, as determined by the Secretary, for households with incomes at or below the percentage of poverty level specified in section 2110(b)(1)(B).

“(C) RULE OF CONSTRUCTION.—This paragraph shall not be construed to prevent a State from reducing premiums or out-of-pocket costs below the amounts described in subparagraph (A).”.

(2) EQUITABLE COVERAGE OF ESSENTIAL BENEFITS.—Section 2103(f) of such Act (42 U.S.C. 1397cc(f)) is amended by adding at the end the following:

“(4) EQUITABLE COVERAGE OF ESSENTIAL BENEFITS.—With respect to fiscal years beginning with fiscal year 2014, the State plan for child health assistance (including any waiver under such plan) may not deny (whether through a restriction on amount, duration, or scope, through excluding a category of health care services or items, or otherwise) a service or item to a child whose family income is at or below the percentage of poverty level specified in section 2110(b)(1)(B), determined using the methodology described in such section, if the State would cover or be required to cover such service or item had the child qualified for medical assistance under sub-clause (IV), (VI) or (VII) of section 1902(a)(10)(i).”.

(d) BASING FEDERAL PAYMENTS ON STATE CONDITIONS, RATHER THAN INFLEXIBLE DOLLAR AMOUNTS.—Section 2104(a) of such Act (42 U.S.C. 1397dd(a)) is amended by striking paragraph (16) and inserting the following:

“(16) notwithstanding any other provision of this title, for each of fiscal years 2013 through 2019, such amounts as are necessary to carry out this title.”.

(e) DEFRAYING STATE EXPANSION COSTS WITH ADDITIONAL FEDERAL DOLLARS.—Section 2105(b) of such Act (42 U.S.C. 1397dd(b)) is amended—

(1) by striking “For purposes” and inserting the following:

“(1) IN GENERAL.—For purposes”; and
(2) by adding at the end the following:

“(2) OPTION FOR INCREASED FEDERAL FINANCIAL PARTICIPATION BEGINNING IN FISCAL YEAR 2014.—Notwithstanding paragraph (1), beginning with fiscal year 2014, the enhanced FMAP determined for a State for a fiscal year (or for any portion of a fiscal year occurring during such period) shall be increased by 23 percentage points, but in no case shall exceed 94 percent. The increase in the enhanced FMAP under the preceding sentence shall not apply with respect to determining the payment to a State under subsection (a)(1) for expenditures described in subparagraph (D) of that subsection, paragraphs (8), (9), or (11) of subsection (c), or clause (4) of the first sentence of section 2105(b). A State may not qualify for an enhanced FMAP pursuant to this paragraph unless it implements—

“(A) each enrollment and retention provision described in subparagraphs (A), (B)(i), and (C) through (G), respectively, of section 2105(a)(4); and

“(B) any other practice for eligibility determination, enrollment or retention that the Secretary finds—

“(i) has a substantial impact increasing the number of eligible children who receive health coverage through State plans for child health assistance under this title or State plans for medical assistance under title XIX;

“(ii) reduces erroneous eligibility determinations under the state plans described in clause (i); and

“(iii) lowers operational administrative costs under the state plans described in clause (i).”.

(f) CONTINUING PERFORMANCE BONUSES FOR STATES THAT ENROLL LARGE NUMBERS OF ELIGIBLE CHILDREN.—Section 2105(a)(3) of such Act (42 U.S.C. 1397dd(a)(3)) is amended—

(1) in subparagraph (A), by striking “and ending with fiscal year 2013”; and

(2) in subparagraph (E), by adding at the end the following:

“(iv) LATER APPROPRIATIONS.—There is appropriated, out of any money in the Treasury not otherwise appropriated, for each of fiscal years 2013 through 2019, 25 percent of the amount described in clause (i), adjusted to reflect the proportionate change in Consumer Price Index for All Urban Consumers since fiscal year 2009, as determined by the Secretary.”.

(g) GIVING FAMILIES THE OPTION OF USING THEIR FEDERAL INCOME TAX RETURNS TO ESTABLISH ELIGIBILITY.—Section 6055 of the Internal Revenue Code of 1986, as added by section 1502(a) of the Patient Protection and Affordable Care Act, is amended by adding at the end the following:

“(f) USE OF INDIVIDUAL INCOME TAX RETURNS TO HELP DETERMINE ELIGIBILITY FOR SUBSIDIES.—

“(1) IN GENERAL.—For taxable years beginning not later than January 1, 2012, the Secretary shall develop forms that require all individuals filing returns with respect to income taxes under subtitle A—

“(A) to identify the members of the individual’s household who lack health insurance at the time the return is filed; and

“(B) to indicate whether there are members of the individual’s household who are under 19 years of age and for whom the individual requests disclosure of pertinent tax return information, pursuant to section 6103(c), to agencies determining eligibility for subsidies for purposes of helping such agencies determine whether the applicable household members qualify for subsidies. In developing the applicable language on tax forms, the Secretary shall consult with the Secretary of Health and Human Services. The goals of such consultation shall include maximizing the form’s comprehensibility to low-income taxpayers and the convenience of making such identification and indication.

“(2) TRANSFER OF INFORMATION.—When an individual identifies a household member pursuant to paragraph (1)(B), the Secretary shall promptly transfer pertinent tax return information to all agencies determining eligibility for subsidies in such member’s state of residence, except that such transfer shall not take place to an agency unless it is subject to an enforceable agreement or other legal obligation that meets the Secretary’s requirements for safeguarding taxpayer privacy and data security. The transfer described in this paragraph may take place through the data matching program described in section 1413(c)(2) of the Patient Protection and Affordable Care Act.

“(3) ELIGIBILITY DETERMINATION.—

“(A) IN GENERAL.—Notwithstanding any other provision of law except subparagraph (B), when an agency determining eligibility for subsidies receives the information described in paragraph (2), it shall determine such eligibility on the basis of such information and other information obtainable by data-matching, to the maximum extent possible.

“(B) EXCEPTIONS.—An agency described in subparagraph (A) shall base eligibility on information other than described in paragraph (2) (including through seeking additional information from the applicable individual or

household member, if such information cannot be obtained through other means)—

“(i) to the extent that an eligibility requirement for subsidies cannot be decided based on the information described in subparagraph (A);

“(ii) if the agency has good reason to believe that the information described in subparagraph (A) is inaccurate; or

“(iii) if the information described in subparagraph (A) does not result in a finding of eligibility for medical assistance under title XIX of the Social Security Act, in which case—

“(I) the agency shall provide the individual with notice of—

“(aa) the circumstances under which such individual or applicable household members may qualify for additional assistance; and

“(bb) an opportunity to request a determination of whether such circumstances apply to the individual or applicable household members; and

“(II) if the individual requests such a determination, the agency shall ensure that the individual and applicable household members receive—

“(aa) an opportunity to provide any additional information needed to determine whether the circumstances described in sub-clause (I)(aa) apply;

“(bb) a determination of whether the circumstances described in subclause (I)(aa) apply (but only if the individual or applicable household members furnish requested information that is necessary to such determination); and

“(cc) receive any subsidies for which the individual or applicable household members qualify.

“(4) DEFINITIONS.—In this subsection:

“(A) HOUSEHOLD.—The term ‘household’ includes the individual filing the return, the individual’s spouse (if any), and all dependents of the individual or the individual’s spouse (if any).

“(B) SUBSIDIES.—The term ‘subsidies’ includes premium credits under section 36B, medical assistance under title XIX of the Social Security Act, child health assistance under title XXI of such Act, and cost-sharing subsidies under section 1402 of the Patient Protection and Affordable Care Act.

“(C) PERTINENT TAX INFORMATION.—The term ‘pertinent tax information’ refers to all information on the tax return that is potentially relevant to determining the applicable household member’s eligibility for subsidies or that may facilitate data-matching with other records that are potentially relevant to determining such eligibility.

“(5) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to forbid the Secretary, pursuant to section 6013(c) and other applicable legal authority, or the Secretary of Health and Human Services from implementing, with respect to individuals who have attained age 19, policies and procedures similar to those described in paragraphs (1) through (3) with respect to individuals under 19 years of age.”.

(h) CONTINUING CHIP OUTREACH AND ENROLLMENT GRANTS.—Section 2113(a) of the Social Security Act (42 U.S.C. 1397mm(a)) is amended—

(1) in paragraph (2), by striking “such amounts” and inserting “the amounts described in paragraph (1)”; and

(2) by adding at the end the following:

“(3) ADDITIONAL GRANTS FOR FISCAL YEAR 2012 AND THEREAFTER.—There is appropriated, out of any money in the Treasury not otherwise appropriated, \$50,000,000 for each of fiscal years 2012 through 2019, for purposes of awarding grants to eligible entities to conduct outreach and enrollment efforts that are designed to increase the enrollment and participation of eligible children under this

title and title XIX and, with respect to fiscal years beginning with fiscal year 2014, premium credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing subsidies under section 1402 of the Patient Protection and Affordable Care Act. Such grants and appropriations shall supplement and not supplant grants and appropriations that are made pursuant to other provisions of this section.”.

(i) SECRETARIAL REPORT COMPARING CHIP TO SUBSIDIZED COVERAGE IN THE EXCHANGE.—

(1) IN GENERAL.—Not later than March 1, 2016, the Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall submit to Congress a report that compares—

(A) the health plan coverage offered to eligible children in fiscal year 2015 by an average or median State plan for child health assistance under title XXI of the Social Security Act; and

(B) the health plan coverage that such children would have received in fiscal year 2015 if they were enrolled in a qualified health benefits plan through an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act, and received all premium credits under section 36B of the Internal Revenue Code of 1986 and all cost-sharing subsidies under section 1402 of the Patient Protection and Affordable Care Act for which such children would have qualified if they were not eligible for child health assistance under title XXI of the Social Security Act.

(2) POLICY ANALYSIS.—If, as to an aspect of health plan coverage described in paragraph (3) (except as provided in the next sentence of this paragraph), the Secretary finds that the coverage described in paragraph (1)(A) is more favorable to families and children than is the coverage described in paragraph (1)(B), the report shall describe policy changes that would be needed to improve the latter coverage so that it reaches the level of favorability achieved by the former coverage. The analysis described in the previous sentence need not address the aspect of health plan coverage described in paragraph (3)(C)).

(3) HEALTH PLAN COVERAGE.—In this subsection, the term “health plan coverage” includes the following:

(A) The adequacy of covered benefits in meeting the health care needs of children, including those with special health care needs.

(B) Families’ out-of-pocket and premium costs.

(C) Public-sector costs.

(D) Adequacy of pediatric provider networks.

(E) Quality of care measures focused specifically on children.

(F) Legal protections for children.

(G) Barriers to enrollment and service utilization.

(H) Interstate variation.

(I) Continuity of coverage and care.

(J) The impact of placing children and parents in different health plans.

(4) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to prevent the report required under paragraph (1) from—

(A) analyzing State programs of child health assistance under title XXI of the Social Security Act that go beyond the average or median such program; or

(B) including in its comparative analysis factors in addition to those described in paragraph (3).

(j) SAFEGUARDING PROGRAM INTEGRITY AND IMPROVING EFFICIENCY BY PROVIDING HEALTH SUBSIDY PROGRAMS WITH ACCESS TO THE NATIONAL DIRECTORY OF NEW HIRES.—Section 453(j) of the Social Security Act (42 U.S.C.

653(j)) is amended by adding at the end the following:

“(12) INFORMATION COMPARISONS AND DISCLOSURE TO ASSIST IN ADMINISTRATION OF HEALTH SUBSIDY PROGRAMS.—

“(A) IN GENERAL.—If, for purposes of administering a State’s medical assistance program under title XIX, a State’s children’s health assistance program under title XXI, premium assistance under section 36B of the Internal Revenue Code of 1986, or reduced cost-sharing subsidies under section 1402 of the Patient Protection and Affordable Care Act, a State or Federal agency responsible for the administration of the program transmits to the Secretary the names and social security account numbers of individuals, the Secretary shall disclose to such agency information on the individuals and their employers maintained in the National Directory of New Hires, subject to this paragraph.

“(B) CONDITION ON DISCLOSURE BY THE SECRETARY.—The Secretary shall make a disclosure under subparagraph (A) only to the extent that the Secretary determines that the disclosure would not interfere with the effective operation of the program under this part.

“(C) USE AND DISCLOSURE OF INFORMATION BY STATE OR FEDERAL AGENCIES.—

“(i) IN GENERAL.—A State or Federal agency may not use or disclose information provided under this paragraph except for purposes of administering a program referred to in subparagraph (A).

“(ii) INFORMATION SECURITY.—A State or Federal agency shall have in effect data security and control policies that the Secretary finds adequate to ensure the security of information obtained under this paragraph and to ensure that access to such information is restricted to authorized persons for purposes of authorized uses and disclosures.

“(iii) PENALTY FOR MISUSE OF INFORMATION.—An officer or employee of a State agency described in this paragraph who fails to comply with this subparagraph shall be subject to the sanctions under subsection (1)(2) to the same extent as if the officer or employee were an officer or employee of the United States.

“(D) PROCEDURAL REQUIREMENTS.—State or Federal agencies requesting information under this paragraph shall adhere to uniform procedures established by the Secretary governing information requests and data matching under this paragraph.

“(E) REIMBURSEMENT OF COSTS.—The State or Federal agency shall reimburse the Secretary, in accordance with subsection (k)(3), for the costs incurred by the Secretary in furnishing the information requested under this paragraph.”.

“(k) DEFICIT REDUCTION CONTINGENCY.—

(1) IN GENERAL.—If a deficit reduction contingency applies to this section and the amendments made by this section, then there is appropriated, for each of fiscal years 2010 through 2019, to the Fund for Vulnerable Children and Families described in paragraph (2), out of any money in the Treasury not otherwise appropriated, an amount equal to 50 percent of the annualized deficit reduction contingency amount.

(2) THE FUND FOR VULNERABLE CHILDREN AND FAMILIES.—

(A) AUTHORITY TO ESTABLISH.—If a deficit reduction contingency applies as described in paragraph (1), the Secretary of Health and Human Services shall establish a Fund for Vulnerable Children and Families. Any dollars appropriated or donated to such Fund shall be used for any of the following purposes:

(i) Combating infant mortality.

(ii) Providing additional supports or services for low-income children with autism spectrum disorders or other disabilities.

(iii) Assisting in the provision of services to improve health care services (including mental health care services) for children in foster care under the responsibility of a State and homeless children.

(B) ANNUAL REPORTS.—The Secretary shall provide annual reports to the Congress that provide a full accounting of the revenue and expenditures of the Fund for Vulnerable Children and Families.

(3) DEFINITIONS.—In this subsection:

(A) DEFICIT REDUCTION CONTINGENCY.—A “deficit reduction contingency” applies to this section and the amendments made by this section if the Director of the Congressional Budget Office has found that such provisions, taken together (but without regard to this subsection), will cause a net reduction in the projected Federal budget deficit over the period of fiscal years 2010 through 2019.

(B) ANNUALIZED DEFICIT REDUCTION CONTINGENCY AMOUNT.—The term “annualized deficit reduction contingency amount” means the amount of the net deficit reduction described in subparagraph (A) divided by 10.

(1) CONFORMING AMENDMENT TO TITLE XXI MEDICAID MAINTENANCE OF EFFORT.—Section 2105(d)(1) of the Social Security Act (42 U.S.C. 1397ee(d)(1)) is amended by adding before the period “, except as required under section 1902(e)(14)”.
—

SA 2791. Ms. MIKULSKI (for herself, Mr. HARKIN, Mrs. BOXER, and Mr. FRANKEN) proposed an amendment to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; as follows:

On page 17, strike lines 9 through 24, and insert the following: “ance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—

“(1) evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;

“(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and

“(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

“(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph.”.

“Nothing in this subsection shall be construed to prohibit a plan or issuer from providing coverage for services in addition to those recommended by United States Preventive Services Task Force or to deny coverage for services that are not recommended by such Task Force.”.

NOTICE OF HEARING

COMMITTEE ON INDIAN AFFAIRS

Mr. DORGAN. Mr. President, I would like to announce that the Committee on Indian Affairs will meet on Thursday, December 3, 2009, at 2:15 p.m. in room 628 of the Dirksen Senate Office Building to conduct a business meeting on pending committee issues, to be followed immediately by an oversight hearing on Expanding Dental Health Care in Indian Country, and a second hearing entitled “Promises Made, Promises Broken: The Impact of Chronic Underfunding of Contract Health Services.”

Those wishing additional information may contact the Indian Affairs Committee at 202-224-2251.

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that Stic Harris, a fellow in the office of Senator FRANKEN, be granted floor privileges for the duration of the debate on H.R. 3590.

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

Mr. DODD. Mr. President, I ask unanimous consent that privileges of the floor be granted for the remainder of this Congress to the following members of my staff: Joe Caldwell and Melinda Leidy.

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

Mr. CASEY. Mr. President, I ask unanimous consent that a member of my staff, Avni Shridharani, be granted the privilege of the floor for the remainder of the Senate consideration of H.R. 3590.

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

Mr. DURBIN. Mr. President, I ask unanimous consent that Jeff Peltola and Rob Paolucci, fellows in the office of Senator PRYOR, be granted floor privileges during the consideration of H.R. 3590.

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

SUPPORTING THE OBSERVANCE OF NATIONAL DIABETES MONTH

Mr. DURBIN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 364, which was submitted earlier today.

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

The clerk will report.

The assistant legislative clerk read as follows:

A resolution (S. Res. 364) supporting the observance of National Diabetes Month.

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

Mr. DURBIN. Madam President, I ask unanimous consent that my name be added as a cosponsor of the resolution.

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

Mr. DURBIN. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 364) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 364

Whereas there are nearly 24,000,000 people in the United States with diabetes and 57,000,000 with pre-diabetes;

Whereas diabetes contributed to the deaths of over 300,000 people in the United States in 2007, making diabetes the seventh leading cause of death;

Whereas every minute, 3 people are diagnosed with diabetes;

Whereas each day approximately 4,384 people are diagnosed with diabetes and, in 2007, approximately 1,600,000 new cases of diabetes were diagnosed in people 20 years or older;

Whereas between 1990 and 2001, diabetes prevalence in the United States increased by more than 60 percent;

Whereas over 24 percent of diabetes is undiagnosed, down from 30 percent in 2005, and 50 percent 10 years ago;

Whereas over 10 percent of adults and nearly 1/4 (23.1 percent) of people in the United States age 60 and older have diabetes;

Whereas diabetes is a serious chronic condition that affects people of every age, race, income level, and ethnicity;

Whereas Hispanic, African, Asian, and Native Americans are disproportionately affected by diabetes and suffer at rates much higher than the general population;

Whereas annually, 15,000 youth in the United States are diagnosed with type 1 diabetes and approximately 3,700 youth are diagnosed with type 2 diabetes;

Whereas 1 in 3 people in the United States born in the year 2000 will develop diabetes in their lifetime, and this statistic grows to nearly 1 in 2 for minority populations;

Whereas diabetes costs the United States an estimated \$174,000,000,000 in 2007, and \$1 in every \$10 spent on health care is attributed to diabetes and its complications;

Whereas approximately 1 out of every 4 Medicare dollars is spent on the care of people with diabetes;

Whereas every day 230 people with diabetes undergo an amputation, 120 people enter end-stage kidney disease programs, and 55 people go blind from diabetes;

Whereas there is not yet a cure for diabetes;

Whereas there are proven means to reduce the incidence of and delay the onset of type 2 diabetes;

Whereas people with diabetes live healthy, productive lives with the proper management and treatment; and

Whereas National Diabetes Month is celebrated in November; Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Diabetes Month, including encouraging people in the United States to fight diabetes through raising public awareness about stopping diabetes and increasing education about the disease;

(2) recognizes the importance of early detection, awareness of the symptoms of diabetes, and the risk factors for diabetes, which include—

- (A) being over the age of 45;
- (B) coming from certain ethnic backgrounds;
- (C) being overweight;
- (D) having a low physical activity level;
- (E) having high blood pressure; and
- (F) a family history of diabetes or a history of diabetes during pregnancy; and
- (3) supports decreasing the prevalence of diabetes, developing better treatments, and working toward an eventual cure in the United States through increased research, treatment, and prevention.

ORDERS FOR TUESDAY, DECEMBER 1, 2009

Mr. DURBIN. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, Tuesday, December 1; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed to have expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of H.R. 3590, the health care reform legislation, for debate only, until 11:30 a.m., with the Republicans controlling the first 30 minutes and the majority controlling the next 30 minutes, and with the remaining time equally divided and controlled between the two leaders or their designees, and with Senators permitted to speak therein for up to 10 minutes each; further, that at 11:30 a.m. the Senate proceed to executive session to consider the nomination of Calendar No. 487, Jacqueline Nguyen, as provided for under the previous order; and finally, I ask that the Senate recess from 12:30 until 2:15 p.m. to allow for the weekly caucus luncheons.

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

PROGRAM

Mr. DURBIN. Madam President, under a previous order, at 12 noon, the Senate will proceed to vote on the confirmation of the Nguyen nomination. That will be the first vote of the day.

Following the recess for the caucus luncheons, the Senate will resume consideration of the health care reform legislation. Additional rollcall votes are expected to occur throughout the day.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. DURBIN. Madam President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 6:55 p.m., adjourned until Tuesday, December 1, 2009, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate: