

transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

## AMENDMENT NO. 1084

At the request of Mrs. GILLIBRAND, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of amendment No. 1084 proposed to H.R. 627, a bill to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

## AMENDMENT NO. 1085

At the request of Mr. GREGG, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of amendment No. 1085 proposed to H.R. 627, a bill to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

## AMENDMENT NO. 1089

At the request of Mr. DURBIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of amendment No. 1089 intended to be proposed to H.R. 627, a bill to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

## AMENDMENT NO. 1090

At the request of Mr. DURBIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of amendment No. 1090 intended to be proposed to H.R. 627, a bill to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BINGAMAN:

S. 1028. A bill to amend the Public Health Service Act to improve the Nation's surveillance and reporting for diseases and conditions, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BINGAMAN. Mr. President, I am introducing legislation today entitled the Strengthening America's Public Health System Act of 2009.

The ongoing swine flu pandemic makes clear the necessity for a robust public health system in the U.S. This legislation is designed to strengthen epidemiology and laboratory capacity in State and local health departments and, correspondingly, national surveillance and reporting of infectious diseases and other conditions of public health importance.

Currently, many parts of the local-state-federal disease surveillance system are fragmented and paper-based, and have not fully benefited from new

technologies that could improve the completeness and timeliness of reporting. A 2007 survey found that 20 states are manually reporting diagnostic findings, albeit with a web interface, and 16 are completely paper-based. Only 2 State public health laboratories have bidirectional data flow and can both send and receive laboratory messages, the gold standard for disease reporting. The potential for new pathogen discovery, rapid electronic exchange of public health information, national bacterial and viral databases for DNA "fingerprinting" of infectious disease organisms has not been fully realized. My legislation focuses on improving electronic disease surveillance and reporting so that all state and local health departments and public health laboratories can readily and seamlessly receive, monitor, and report infectious diseases and other urgent conditions of public health importance. The bill also authorizes a process for determining a list of nationally notifiable diseases and conditions and, creates a national committee to evaluate best practices in public health surveillance.

The Strengthening America's Public Health System Act calls for the expansion of resources, renewed focus and mission, and new areas of special emphasis for several existing programs within the Centers for Disease Control and Prevention, CDC. These programs support public health capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance; detect new and emerging infectious disease threats, including laboratory capacity to detect antimicrobial resistant infections; identify and respond to disease outbreaks; and hire and train necessary professional staff.

The outbreak of swine flu that originated in Mexico highlights the need for cooperation between the U.S. and Mexico in the surveillance, reporting and control of infectious diseases that cross the border. Clear standards, however, have not yet been established for what information should be shared and how the sharing should take place. My legislation tasks the CDC to finalize and adopt the "Guidelines for U.S.-Mexico Coordination on Epidemiological Events of Mutual Interest" so that we have a clear mechanism in place for communication with public health officials in Mexico.

This important legislation has been endorsed by the: American Association of Public Health Veterinarians, American Public Health Association, American Society for Microbiology, Association for Professionals in Infection Control & Epidemiology, Association of Public Health Laboratories, Association of Schools of Public Health, Association of State and Territorial Health Officials, Center for Infectious Disease Research and Policy, Council of State and Territorial Epidemiologists, Infectious Diseases Society of America, National Association of County and City Health Officials, National Alliance of

State and Territorial AIDS Directors, National Association of State Public Health Veterinarians, National Public Health Information Coalition, Society for Healthcare Epidemiology of America, and Trust for America's Health.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1028

*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 "Strengthening America's Public Health System Act".

**SEC. 2. PURPOSES.**

The purpose of the programs authorized under this Act is to strengthen public health surveillance systems and disease reporting by—

(1) delineating existing grant mechanisms at the Centers for Disease Control and Prevention designed to enhance disease surveillance and reporting by improving and modernizing capacity at the State and local level—

(A) to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

(B) to detect new and emerging infectious disease threats; and

(C) to identify and respond to disease outbreaks;

(2) expanding eligibility for grantees;

(3) increasing funding to ensure all States and jurisdictions have appropriate surveillance and reporting capacity and can provide comprehensive electronic reporting, including laboratory reporting;

(4) delineating existing applied epidemiology, laboratory science, and informatics fellowship programs designed to reduce documented workforce shortages for these essential public health professionals at the State and local level and increasing funding for these programs;

(5) expanding the Epidemic Intelligence Service;

(6) delineating a refined process for establishing a list of nationally notifiable diseases and conditions;

(7) improving binational surveillance of diseases in the United States and Mexico border region, including developing improved standards and protocols for binational epidemiology, surveillance, laboratory analyses, and control of infectious diseases between the two nations; and

(8) establishing a forum to permit review and identification of best surveillance practices with a particular focus on improving coordination of animal-human disease surveillance.

**SEC. 3. STRENGTHENING PUBLIC HEALTH SURVEILLANCE SYSTEMS.**

Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) is amended by adding at the end the following:

**"Subtitle C—Strengthening Public Health Surveillance Systems****"SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.**

"(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by—

“(1) strengthening epidemiologic capacity;  
 “(2) enhancing laboratory practice;  
 “(3) improving information systems; and  
 “(4) developing and implementing prevention and control strategies.

“(b) ELIGIBLE ENTITIES.—In this section, the term ‘eligible entity’ means an entity that—

“(1) is—  
 “(A) a State health department;  
 “(B) a local health department that meets such criteria as the Director of the Centers for Diseases Control and Prevention determines for purposes of this section;

“(C) a tribal jurisdiction that meets such criteria as the Director of the Centers for Disease Control and Prevention determines for purposes of this section; or

“(D) a partnership established for purposes of this section between one or more eligible entities described in subparagraph (A), (B), or (C) and an academic center; and

“(2) submits to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) USE OF FUNDS.—

“(1) IN GENERAL.—An eligible entity shall use amounts received under a grant under this section for core functions described in this subsection including—

“(A) building public health capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

“(B) detecting new and emerging infectious disease threats, including laboratory capacity to detect antimicrobial resistant infections;

“(C) identifying and responding to disease outbreaks;

“(D) hiring necessary staff;

“(E) conducting needed staff training and educational development; and

“(F) other activities that improve surveillance as determined by the Director of the Centers for Disease Control and Prevention.

“(2) DEVELOPMENT AND MAINTENANCE OF INFORMATION EXCHANGE.—

“(A) NATIONAL STANDARDS.—Not later than 180 days after the date of the enactment of this subtitle, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in consultation with the National Coordinator for Health Information Technology, shall issue guidelines for public health entities that—

“(i) are designed to ensure that all State and local health departments and public health laboratories have access to information systems to receive, monitor, and report infectious diseases and other urgent conditions of public health importance; and

“(ii) are consistent with standards and recommendations for health information technology by the National Coordinator for Health Information Technology, and by the American Health Information Community (AHIC) and its successors.

“(B) SECURE INFORMATION SYSTEMS.—An eligible entity shall use amounts received through a grant under this section to ensure that the entity has access to a web-based, secure information system that complies with the guidelines developed under subparagraph (A). Such a system shall be designed—

“(i) to receive automated case reports of State and national reportable conditions from clinical systems and health care offices that use electronic health records and from clinical and public health laboratories, and to submit reports of nationally reportable conditions to the Director of the Centers for Disease Control and Prevention;

“(ii) to receive and analyze, within 24 hours, de-identified electronic clinical data for situational awareness and to forward such reports immediately to the Centers for

Disease Control and Prevention at the time of receipt;

“(iii) to manage, link, and process different types of data, including information on newly reported cases, exposed contacts, laboratory results, number of people vaccinated or given prophylactic medications, adverse events monitoring and follow-up, in an integrated outbreak management system;

“(iv) to geocode analyze, display, report, and map, using Geographic Information System technology, accumulated data and to share data with other local health departments, State health departments, and the Centers for Disease Control and Prevention;

“(v) to receive, manage, and disseminate alerts, protocols, and other information, including Health Alert Network and Epi-X information, as appropriate, for public health workers, health care providers, and public health partners in emergency response within each health department’s jurisdiction and to automate the exchange and cascading of such information with external partners using national standards;

“(vi) to have information technology security and critical infrastructure protection as appropriate to protect public health information;

“(vii) to have the technical infrastructure needed to ensure availability, backup, and disaster recovery of data, application services, and communications systems during natural disasters such as floods, tornados, hurricanes, and power outages; and

“(viii) to provide for other capabilities as the Secretary determines appropriate.

“(C) LABORATORY SYSTEMS.—An eligible entity shall use amounts received under a grant under this section to ensure that State or local public health laboratories are utilizing web-based, secure systems that are in compliance with the guidelines developed by the Secretary under subparagraph (A) and that—

“(i) are fully integrated laboratory information systems;

“(ii) provide for the reporting of electronic test results to the appropriate local and State health departments using currently existing national format and coding standards;

“(iii) have information technology security and critical infrastructure protection to protect public health information (as determined by the Secretary);

“(iv) have the technical infrastructure needed to ensure availability, backup, and disaster recovery of data, application services, and communications systems during natural disasters including floods, tornadoes, hurricanes, and power outages; and

“(v) address other capabilities as the Secretary determines appropriate.

“(D) OTHER USES.—In addition to the activities described in subparagraphs (B) and (C), an eligible entity (including the entity’s public health laboratory) may use amounts received under a grant under this section for systems development and maintenance, hiring necessary staff, and staff technical training. Grantees under this section may elect to develop their own systems or use federally developed systems in carrying out activities under this paragraph.

“(d) PRIORITY.—In allocating funds under subsection (f)(2) for activities under subsection (c)(2)(B) (relating to secure information systems), the Secretary shall give priority to eligible entities that demonstrate need.

“(e) REPORTS.—Not later than September 30, 2011, and each September 30 thereafter, the Secretary shall submit to Congress an annual report on the activities carried out under this section by recipients of assistance under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$190,000,000 for each of fiscal years 2010 through 2013, of which—

“(1) not less than \$95,000,000 shall be made available each such fiscal year for activities under subsection (c)(1);

“(2) not less than \$60,000,000 shall be made available each such fiscal year for activities under subsection (c)(2)(B); and

“(3) not less than \$32,000,000 shall be made available each such fiscal year for activities under subsection (c)(2)(C).

**“SEC. 2822. FELLOWSHIP TRAINING IN APPLIED PUBLIC HEALTH EPIDEMIOLOGY, PUBLIC HEALTH LABORATORY SCIENCE, PUBLIC HEALTH INFORMATICS, AND EXPANSION OF THE EPIDEMIC INTELLIGENCE SERVICE.**

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out activities to address documented workforce shortages in State and local health departments in the critical areas of applied public health epidemiology and public health laboratory science and informatics and may expand the Epidemic Intelligence Service.

“(b) SPECIFIC USES.—In carrying out subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention in a manner that is designed to alleviate shortages of the type described in subsection (a).

“(c) OTHER PROGRAMS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may provide for the expansion of other applied epidemiology training programs that meet objectives similar to the objectives of the programs described in subsection (b).

“(d) WORK OBLIGATION.—Participation in fellowship training programs under this section shall be deemed to be service for purposes of satisfying work obligations stipulated in contracts under section 338I(j).

“(e) GENERAL SUPPORT.—Amounts may be used from grants awarded under this section to expand the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention to better support all public health systems at all levels of government.

“(f) AUTHORIZATIONS OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$39,500,000 for each of fiscal years 2010 through 2013, of which—

“(1) \$5,000,000 shall be made available in each such fiscal year for epidemiology fellowship training program activities under subsections (b) and (c);

“(2) \$5,000,000 shall be made available in each such fiscal year for laboratory fellowship training programs under subsection (b);

“(3) \$5,000,000 shall be made available in each such fiscal year for the Public Health Informatics Fellowship Program under subsection (e); and

“(4) \$24,500,000 shall be made available for expanding the Epidemic Intelligence Service under subsection (a).

**“SEC. 2823. NATIONALLY NOTIFIABLE DISEASES AND CONDITIONS.**

“(a) IN GENERAL.—At the request of the Council of State and Territorial Epidemiologists, the Director of the Centers for Disease Control and Prevention shall assist the Council in developing or improving a process for States to conduct surveillance and submit reports to the Director on nationally notifiable diseases and conditions.

“(b) LIST OF NATIONALLY NOTIFIABLE DISEASES AND CONDITIONS.—The process under subsection (a) shall include a list of nationally notifiable diseases and conditions as follows:

“(1) The Council of State and Territorial Epidemiologists and the Director of the Centers for Disease Control and Prevention will jointly develop—

“(A) not later than 1 year after the date of the enactment of the Strengthening America’s Public Health System Act, a list of nationally notifiable diseases and conditions; and

“(B) a process for reviewing the list on an annual basis and, as appropriate, modifying the list, taking into account newly recognized diseases and conditions of public health importance and advances in diagnostic technology.

“(2) A disease or condition will be included on the list only if a majority of the States represented on the Council approve such inclusion.

“(3) The list will include standard definitions for confirmed, probable, and suspect cases for each nationally notifiable disease or condition.

“(4) The list will distinguish between—

“(A) diseases and conditions of urgent public health importance for which immediate action may be needed; and

“(B) diseases and conditions for which reporting is less urgent and mainly for the purpose of monitoring trends and evaluating public health intervention programs.

“(c) NOTIFICATIONS TO CDC.—The process under subsection (a) shall provide for reporting to the Director of the Centers for Disease Control and Prevention as follows:

“(1) For diseases and conditions described in subsection (b)(4)(A), reporting will occur—

“(A) by telephone or by using a system described in section 2821(c)(2)(B); and

“(B) within 24 hours of the State making a determination that a disease or condition meets the criteria for national reporting for that disease or condition.

“(2) For diseases and conditions described in subsection (b)(4)(B), reporting will occur—

“(A) by using a system described in section 2821(c)(2)(B); and

“(B) only if funding is sufficient for the State to conduct individual case surveillance and to have the necessary systems to support electronic reporting.

“(d) DEFINITIONS.—In this section, the term ‘nationally notifiable’, with respect to a disease or condition, means included on the list developed pursuant to subsection (b).

**“SEC. 2824. IMPROVING BINATIONAL SURVEILLANCE AND NOTIFICATION.**

“(a) FINDINGS.—The Congress finds as follows:

“(1) Nearly 1,000,000 people cross the international border between the United States and Mexico on a daily basis, and this transmobility of population presents actual cases and the potential risk of transmission of infectious diseases and disease agents between these countries.

“(2) Numerous infectious disease cases in the United States are binational in origin, thus requiring improved epidemiology, surveillance, follow-up investigations, and disease case management along the United States and Mexico border.

“(b) GUIDELINES FOR BINATIONAL COOPERATION.—Not later than 1 year after the date of the enactment of this subtitle, the Director of the Centers for Disease Control and Prevention shall—

“(1) develop an expedited review and approval process and adopt the resultant version of the ‘Guidelines for U.S.-Mexico Coordination on Epidemiological Events of Mutual Interest’, which have been developed with input from United States and Mexican State health agencies, including the Mexican Federal Health Secretariat, the United States Department of Health and Human Services, and the Centers for Disease Control and Prevention; and

“(2) use these guidelines as the basis for developing improved standards and protocols for binational epidemiology, surveillance, laboratory analyses, and control of infectious diseases between the United States and Mexico.

“(c) DEFINITION.—In this section, the term ‘binational’ refers to both sides of the United States-Mexico border, whether collectively, such as an activity or program being carried out concurrently by or in both countries, a phenomenon (for example, a disease outbreak or health emergency) affecting a population or geographic area in both countries, or a disease case that originated on one side of the border and was transmitted to the other.

**“SEC. 2825. EVALUATION OF BEST PRACTICES IN PUBLIC HEALTH SURVEILLANCE.**

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee—

“(1) to evaluate best practices in public health surveillance, including human and animal disease surveillance and environmental health monitoring of harmful exposures through air, water, soil, or other means; and

“(2) to assess systems needed for improving coordination among public health surveillance and monitoring systems.

“(b) COMPOSITION.—The committee established under subsection (a) shall be composed of—

“(1) an epidemiologist employed and designated by the Director of the Centers for Disease Control and Prevention;

“(2) an informatics specialist designated by the Director of the Centers for Disease Control and Prevention;

“(3) an epidemiologist designated by the Director of the Centers for Disease Control and Prevention to represent the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry;

“(4) a representative of an academic center or professional, scientific association designated by the American Society for Microbiology;

“(5) a food scientist designated by the Commissioner of Food and Drugs;

“(6) an individual designated by the Secretary of Agriculture from the Division of Veterinary Services;

“(7) a wildlife disease specialist designated by the Secretary of Agriculture;

“(8) an epidemiologist employed by a State and designated by the Council of State and Territorial Epidemiologists;

“(9) a public health laboratorian employed by a State and designated by the Association of Public Health Laboratories;

“(10) a public health veterinarian employed by a State and designated by the National Association of State Public Health Veterinarians;

“(11) a laboratorian designated by the American Association of Veterinary Laboratory Diagnosticians;

“(12) a State health official designated by the Association of State and Territorial Health Officials;

“(13) a local health official designated by the National Association of County and City Health Officials;

“(14) an environmental health scientist employed and designated by the Administrator of the Environmental Protection Agency; and

“(15) a representative with expertise in the Department of Veterans Affairs’ disease monitoring systems.

“(c) FUNCTIONS.—The committee established under subsection (a) shall—

“(1) review innovative approaches adopted by State and local agencies to improve disease detection;

“(2) evaluate best practices in public health surveillance;

“(3) develop model data sharing agreements among local, State, and Federal health agencies;

“(4) assess systems needed for coordinated animal and human disease surveillance and develop recommendations for the improvement of such surveillance; and

“(5) disseminate findings and recommendations to relevant local, State and Federal agencies.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$750,000 for each of fiscal years 2010 through 2011.”

By Mr. ROCKEFELLER (for himself, Ms. SNOWE, and Mr. KERRY):

S. 1029. A bill to create a new incentive fund that will encourage States to adopt the 21st Century Skills Framework; to the Committee on Finance.

Mr. ROCKEFELLER. Mr. President, today, along with my colleague Senator SNOWE of Maine and Senator KERRY of Massachusetts, I am introducing legislation to provide incentives for States to adopt the 21st Century Skills Framework. I take this step because the knowledge base and skills set that most students learn in school should expand to provide students with the skills like critical thinking and problem solving, needed to succeed in modern workplaces and communities. Increasingly, these settings are no longer defined by conventional boundaries such as time, distance, language, and culture. Moreover, rigorous higher education coursework, career challenges, and a globally competitive workforce—all demand that America’s schools align their classroom environments with real world environments by infusing 21st century skills into their learning and teaching.

What are those skills? The framework describes essential attributes of learning that America’s children need in order to succeed as citizens and workers in the 21st century. These include mastery in the core subjects of English, reading, mathematics, science, foreign languages, civics, Government, economics, art, history, and geography. This bill does not ignore core curriculum, but it seeks to add skills and new awareness to this basic knowledge. Today’s students need preparation to put their education in context including a sense of global awareness; financial, economic, business and entrepreneurial literacy; civic literacy; and health and wellness awareness that complements the traditional core subjects. Given the fast pace of our workplace and culture, our students need the ability to engage in life-long learning that ensures adaptability in the face of rapidly changing work environments brought on by new scientific, technological, and social developments. Plus, students need to be able to use information and communications technology both to learn core

academic subjects and to gain 21st century content knowledge and abilities.

The 21st Century Skills Framework also identifies the critical role teachers must play in bringing life skills into their classrooms—skills that include leadership, ethics, accountability, adaptability, personal productivity, personal responsibility, self-direction, and social responsibility. West Virginia is working to include this model in their classrooms, and I have watched how this model enhances the engagement of students.

In today's global, knowledge-based economy these 21st Century skills form the lifeblood of a productive workforce particularly in scientific, engineering, and other advanced technological sectors. If the U.S. is to exercise continued economic leadership internationally we must enable strong partnerships to form among educators, administrators, policy makers, and the business community so that they may work collectively to better prepare our students for the realities of the 21st century.

This initiative began in 2002 with funding from the U.S. Department of Education to support innovative education reforms. The partnership was a collaboration of educators and businesses, particularly high-tech business that did surveys and meetings to discuss the real skills that students need to learn to succeed. It clearly builds on the core subjects, but it adds the skills and awareness that are essential to the workplace.

The purpose of the 21st Century Skills Incentive Fund Act is to offer competitive grants from in the Department of Education for States willing to invest in education reform. To qualify, States need to have a plan for implementations of the 21st Century Skills Framework. It also calls an assessment of progress towards the four student learning priorities and evaluation.

Ten States have also already taken steps to implement the 21st Century Skills initiative, including Arizona, Iowa, Kansas, Maine, Massachusetts, New Jersey, North Carolina, South Dakota, West Virginia, and Wisconsin. Such States that are willing and eager to engage in such reforms deserve the chance to compete for incentives.

In my own State of West Virginia and in the other committed States, education leaders report enthusiasm for reforms.

Although the economic downturn has current challenges for new investment in education, waiting for a better time to engage in reform would be unwise. Today's sixth grade class, will be entering the work force in 2015, after high school or 2019 after college, they need to be prepared. The 21st Century Skills Incentive Act makes attention to this imperative a national priority.

By Mrs. LINCOLN (for herself and Ms. COLLINS):

S. 1030. A bill to amend the Internal Revenue Code of 1986 to eliminate the

reduction in the credit rate for certain facilities producing electricity from renewable resources; to the Committee on Finance.

Mrs. LINCOLN. Mr. President, I have come to my colleagues today, having come down to the floor last week, when I came to the Senate floor to announce a new plan to give working families and businesses the tools they need to succeed during this current economic crisis we are in. I come today also to add to my Arkansas plan a package of tax cuts and Tax Code simplification measures designed to move Arkansas and our State's hard-working families forward. Together, these tax measures will allow working families and small businesses to get ahead and emerge from the economic crisis stronger and more competitive.

We have a lot of small businesses, hard-working families down in Arkansas; entrepreneurs who unfortunately feel as though during this crisis they are not getting much out of Washington. We want to change that attitude. We want to make sure they are getting our support and that we as the Government are creating an atmosphere and an environment where they can be successful.

We are also going to encourage innovation and entrepreneurship to create new jobs and lessen our dependence on foreign oil and reduce the burden on working families and small businesses by simplifying our Tax Code. It is way too complicated these days. We have created too much of a complicated code that people can't use it for its intended purposes, and that is, obviously, to encourage good, healthy businesses to thrive and to be competitive.

Last week, I introduced a number of legislative measures that will allow working families and small businesses to emerge from the economic crisis stronger and more competitive than before. This week, my Arkansas plan focuses on encouraging innovation and entrepreneurship to create new jobs here at home and lessen our dependence on foreign oil. All of us want to be able to be more independent. We want to make sure we are creating jobs here, but we also want to know that, globally, we are more independent as a country and that we are not seeing that dependence on imported oil coming from other places.

Yesterday, I introduced the USA Jobs Act of 2009, which offers a new research and development bonus incentive to companies that both research and manufacture their products in the United States. Before, in the stimulus package, we extended the research and development tax credit to encourage more research and development of new ideas and new products, new methodologies so we could create jobs from those. We also need to make sure we are not sending those new ideas and that new research somewhere else on the globe to be able to be produced or manufactured. We want to incentivize that it stays right here at home.

Our Nation faces record unemployment, with more than 540,000 Americans put out of work last month alone and 90,000 job losses in Arkansas. It is more important now than ever before that we encourage the creation and preservation of American jobs. My bill provides a new job tax credit for manufacturers that do a substantial portion of their research and manufacturing right here at home in the United States. This new tax credit will encourage greater domestic production, which would, in turn, lead to the creation of more American jobs.

Today, I am focused on a series of alternative energy and conservation proposals as well. My first bill provides an even playing field for all renewable energy production. The Federal Tax Code currently offers an income tax credit for the production of electricity produced from renewable energy resources, but not all resources are treated the same. Under current law, some energy resources receive a higher level credit than others, and as a result, certain new renewable energy technologies have a more difficult time finding the necessary investment capital they need to start that process of investing in new technology and getting it to the marketplace in a reasonable way so it is cost-effective.

These are critical ideas that exist out there. We need to make sure everybody is at the table. When we look at renewable energy, we see that there are a multitude of great ideas out there, but getting those ideas to the table and then out into the marketplace is a critical part of that journey. If we don't make sure everyone has that same benefit with their ideas and technologies and being able to get out there, if it is not a fair playing field, then we are going to lose multiple opportunities.

I hope we will look forward and not backward in terms of how we are incentivizing this renewable energy. So much of what we see in terms of complications or challenges small businesses face in finding investment capital is particularly problematic with the pursuit of renewable energy opportunities in my home State of Arkansas, where biomass is a predominant renewable resource but only gets half the tax credit that many other resources receive.

That is ridiculous. We have a tremendous resource right here and available to us—not just in Arkansas but in many States in our country. It can play a tremendous role in lifting our dependence on foreign oil and finding renewable sources of energy.

My proposal would level the playing field for all energy resources by increasing the value of the credit to a full credit level for those resources that currently receive only a partial credit. It certainly makes sense not only in the sense that there are certain resources that exist today that are moving forward in their technology, but there are also resources down the road. It is amazing to me to see what

scientists are doing, even with things like algae, to be able to produce oil, and looking at how we can use our agricultural byproducts—a host of things, any of that woody biomass that we can begin to put to good use in making energy and be less dependent on imported oil.

Also, I am introducing legislation today that provides long-term certainty for producers and consumers of biofuels. Currently, the U.S. Tax Code includes credits to encourage the production of biodiesel and renewable diesel, which are proven alternative fuels that will help us lessen our dependence on foreign oil. Every barrel of biofuel that we produce is a barrel of imported oil we would not have to import. These incentives have been extended on a short-term basis in recent years and are scheduled to expire at the end of this year.

When we see all of these great ideas and we see people who are willing to invest their capital and their time and energy and resources into moving these industries to the marketplace, and in a reasonable, cost-effective way they can then integrate it into the marketplace, it takes resources. But it takes predictability in our Tax Code as well, knowing they are going to be able to depend on a certain tax treatment over a certain period of time that allows them to access that capital in the capital market.

If these credits were allowed to expire, these new technologies in renewable fuels would be priced significantly higher than petroleum diesel and, as a result, would not be competitive in the fuels marketplace. Biofuel producers and consumers in our State need the certainty that these economic incentives provide and help to sustain this new market.

We cannot move forward in changing our mindset and our marketplace from an old energy economy to a new one if we don't embrace the idea that we have to produce some predictability for these new emerging industries and fuels in a way they can—particularly in these difficult economic times—access the capital they need to move forward with the ideas and development and the production of all of these great new ideas that exist out there.

My proposal would provide a 10-year extension of the credits through 2018 to provide a stable environment for the creation of a strong domestic biofuels industry.

I want to highlight a bill I introduced a few weeks ago with Senators ROBERTS, SNOWE, CANTWELL, and COLLINS that would allow electricity from biomass produced onsite to qualify for the section 45 renewable electricity production tax credit.

According to the American Forest and Paper Association, in 2005, the industry produced 28.5 million megawatt hours of biomass-based electricity, which avoided the use of more than 200 million barrels of oil. There it is, plain and simple—what we can be doing with

an industry that has available to them—the biomass—from byproducts and from other woody products that are there, which may be discarded or unusable—to be able to produce electricity from a renewable source.

The use of biomass electricity, whether produced onsite or purchased from a utility, has the same positive impact of reducing fossil fuel consumption and should be encouraged. That is exactly what we want to do. We want to encourage these types of activities and what we can do in terms of creating new and innovative ideas with renewable energy.

Later this week I plan to introduce a bill to also encourage workforce training and development. Together, I think these bills will create jobs at home. They will help strengthen our economy and reduce our dependence on foreign oil. These are all priorities I think each one of the Members of this body seek to achieve. I, for one, decided to put together a plan that I think is particularly good for my State, with a series of different types of bills that I am introducing—last week, this week, and next week—in a way that I think can be productive for my State. I think most Senators will find that these are tools that will be just as effective for their States as well. I encourage them to take a look at what we are doing.

Next week, I will complete the roll-out of our Arkansas plan by introducing reform measures to simplify the Tax Code and reduce the burden on Americans, and particularly Arkansas's working families and businesses by working to build a tax structure that is fair and equitable for all Americans.

Again, I encourage my colleagues to take a look at these commonsense measures to see how they will benefit their own constituents. I work hard in the Senate to be pragmatic and look for solutions that are good for everybody and, more important, that are focused on the issues that are important to us as a country, like getting our economy back on track, making sure Americans can keep jobs, and for those who have lost jobs, we can put back to work, with the new ideas that we know Americans are so very capable of.

We must make our Nation's working families and our small businesses a top priority. The Arkansas plan does just that. I will continue to fight to bring our families the relief they need and our business owners the tools they require to invest and grow and be competitive in the global marketplace that we have been begging so longingly for over the years. We need to make sure Government is going to create that environment where they can do just that—invest, grow, and be competitive.

By Mrs. BOXER:

S. 1031. A bill to amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes; to the Com-

mittee on Health, Education, Labor, and Pensions.

Mrs. BOXER. Mr. President, as we mark the end of National Nurses Week, I want to express my heartfelt appreciation to the dedicated professionals who serve on the front lines of our health care system. Nurses are heroes—not just to their patients, but to the families and loved ones who rely on their compassion and care.

While we celebrate nurses this week, we must also acknowledge that too many nurses are overworked because of staffing levels that are simply inadequate.

Nurses treat patients not just in hospitals or emergency rooms but in homes, schools, community health centers and more. Nurses take on a lot of different duties and roles, but they all have at least one thing in common—they are all on the front lines of providing care to patients.

For decades nurses have been telling us that there are not enough of them, especially in hospitals. Study after study has been done—we know there is a nationwide nursing shortage.

By 2020, it is estimated that the demand for full time nurses will exceed supply by 1 million nurses.

This is unacceptable. We must address a problem that affects the quality of care that patients receive and drives too many nurses away from the hospital bedside.

That is why I am introducing the National Nursing Reform and Patient Advocacy Act, which will not only help address the nationwide shortage of skilled nurses, it will improve the quality of health care for all Americans.

The National Nursing Reform and Patient Advocacy Act champions nursing rights, nursing ratios, and nursing reform.

Specifically, this bill protects the rights of nurses to speak out for their patients and to speak out for themselves, without the fear of discrimination or retaliation, because if there is a problem in a hospital nurses should be able to talk about it.

This bill sets minimum nurse to patient ratios, because you cannot give patients high quality care without giving nurses the time to provide it. It offers transparency in the process of establishing staffing plans in hospitals and puts forward the tools to report inadequate staffing or care.

This bill reforms the role of hospitals not just in retaining nurses but also in training nurses. It creates a Registered Nurse Workforce Initiative that invests in the education of nurses and nursing faculty, because we will need many more nurses to meet the needs of our Nation—especially after we expand access to health care.

President Obama has made improving patient safety and quality care one of the cornerstones of the health care reform effort. You can't have high quality health care without a high quality nurse workforce to provide it.

Ten years ago, nurses in California fought and won a major battle for their

patients and for themselves—and the results were minimum nurse to patient ratios in California hospitals.

I am proud to bring this fight to Washington, DC and to pursue federal legislation that would extend these rights, ratios and reforms to nurses in hospitals across the country.

Reports on California ratios have only begun to show what all of the nurses in this room already know—that setting a minimum standard for safe staffing can be the difference between life and death of patients.

A 2002 study found that for every patient added to a nurse's workload there is a seven percent increase in the chance of death following common surgeries.

In California, the hospitals that have seen the greatest effect in reduced mortality were the ones that started with the worst staffing ratios.

We also know that hospitals are losing good nurses because of these staffing shortages. A poll of nurses nationwide found that almost half of the nurses who plan to quit their job say that inadequate staffing is the reason they are leaving. The cost of replacing these valuable workers has been estimated at \$25,000 to \$60,000 per nurse.

Too many nurses get burned out by being overloaded with too many patients. Too many nurses have given up on serving in hospitals because the hospitals have given up on providing a better environment for both nurses and patients.

We need to remind hospitals that by investing more in their nursing staff, they will save money by avoiding costly medical mistakes and providing better care for their patients—and most importantly, they will save lives.

I strongly believe that health care reform cannot succeed unless we invest in our health care workforce. At 2.9 million strong, nurses are the largest health care workforce in our country, and this investment is long overdue.

My new legislation builds on the success of California's historic law for registered nurse staffing ratios. Under the California ratios law, lives are being saved, nurses' ability to be effective advocates for their patients is stronger and more registered nurses are entering the workforce and staying at the bedside longer—which is easing the State's nursing shortage.

Nurses are not just the face of the movement to improve health care in our country, they are the face of health care in our country. This bill is for them and the patients they so faithfully serve.

By Mr. LEVIN (for himself and Mr. MCCAIN) (by request):

S. 1033. A bill to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2010, and for other purposes; to the Committee on Armed Services.

Mr. LEVIN. Mr. President, Senator MCCAIN and I are today introducing, by

request, the administration's proposed National Defense Authorization Act for fiscal year 2010. As is the case with any bill that is introduced by request, we introduce this bill for the purpose of placing the administration's proposals before Congress and the public without expressing our own views on the substance of these proposals. As chairman and ranking member of the Armed Services Committee, we look forward to giving the administration's requested legislation our most careful review and thoughtful consideration.

By Mr. REID (for himself, Mrs. FEINSTEIN, and Mrs. BOXER):

S. 1035. A bill to enhance the ability of drinking water utilities in the United States to develop and implement climate change adaptation programs and policies, and for other purposes; to the Committee on Environment and Public Works.

Mr. REID. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1035

*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 "Drinking Water Adaptation, Technology, Education, and Research (WATER) Act".

**SEC. 2. FINDINGS.**

Congress finds that—

(1) the consensus among climate scientists is overwhelming that climate change is occurring more rapidly than can be attributed to natural causes, and that significant impacts to the water supply are already occurring;

(2) among the first and most critical of those impacts will be change to patterns of precipitation around the world, which will affect water availability for the most basic drinking water and domestic water needs of populations in many areas of the United States;

(3) drinking water utilities throughout the United States, as well as those in Europe, Australia, and Asia, are concerned that extended changes in precipitation will lead to extended droughts;

(4) supplying water is highly energy-intensive and will become more so as climate change forces more utilities to turn to alternative supplies;

(5) energy production consumes a significant percentage of the fresh water resources of the United States;

(6) since 2003, the drinking water industry of the United States has sponsored, through a nonprofit water research foundation, various studies to assess the impacts of climate change on drinking water supplies;

(7) those studies demonstrate the need for a comprehensive program of research into the full range of impacts on drinking water utilities, including impacts on water supplies, facilities, and customers;

(8) that nonprofit water research foundation is also coordinating internationally with other drinking water utilities on shared research projects and has hosted international workshops with counterpart European and Asian water research organizations to develop a unified research agenda for applied research on adaptive strategies to address climate change impacts;

(9) research data in existence as of the date of enactment of this Act—

(A) summarize the best available scientific evidence on climate change;

(B) identify the implications of climate change for the water cycle and the availability and quality of water resources; and

(C) provide general guidance on planning and adaptation strategies for water utilities; and

(10) given uncertainties about specific climate changes in particular areas, drinking water utilities need to prepare for a wider range of likely possibilities in managing and delivery of water.

**SEC. 3. RESEARCH ON THE EFFECTS OF CLIMATE CHANGE ON DRINKING WATER UTILITIES.**

(a) IN GENERAL.—The Administrator of the Environmental Protection Agency, in cooperation with the Secretary of Commerce, the Secretary of Energy, and the Secretary of the Interior, shall establish and provide funding for a program of directed and applied research, to be conducted through a nonprofit drinking water research foundation and sponsored by water utilities, to assist the utilities in adapting to the effects of climate change.

(b) RESEARCH AREAS.—The research conducted in accordance with subsection (a) shall include research into—

(1) water quality impacts and solutions, including research—

(A) to address probable impacts on raw water quality resulting from—

(i) erosion and turbidity from extreme precipitation events;

(ii) watershed vegetation changes; and

(iii) increasing ranges of pathogens, algae, and nuisance organisms resulting from warmer temperatures; and

(B) on mitigating increasing damage to watersheds and water quality by evaluating extreme events, such as wildfires and hurricanes, to learn and develop management approaches to mitigate—

(i) permanent watershed damage;

(ii) quality and yield impacts on source waters; and

(iii) increased costs of water treatment;

(2) impacts on groundwater supplies from carbon sequestration, including research to evaluate potential water quality consequences of carbon sequestration in various regional aquifers, soil conditions, and mineral deposits;

(3) water quantity impacts and solutions, including research—

(A) to evaluate climate change impacts on water resources throughout hydrological basins of the United States;

(B) to improve the accuracy and resolution of climate change models at a regional level;

(C) to identify and explore options for increasing conjunctive use of aboveground and underground storage of water; and

(D) to optimize operation of existing and new reservoirs in diminished and erratic periods of precipitation and runoff;

(4) infrastructure impacts and solutions for water treatment and wastewater treatment facilities and underground pipelines, including research—

(A) to evaluate and mitigate the impacts of sea level rise on—

(i) near-shore facilities;

(ii) soil drying and subsidence;

(iii) reduced flows in water and wastewater pipelines; and

(iv) extreme flows in wastewater systems; and

(B) on ways of increasing the resilience of existing infrastructure, planning cost-effective responses to adapt to climate change, and developing new design standards for future infrastructure that include the use of energy conservation measures and renewable

energy in new construction to the maximum extent practicable;

(5) desalination, water reuse, and alternative supply technologies, including research—

(A) to improve and optimize existing membrane technologies, and to identify and develop breakthrough technologies, to enable the use of seawater, brackish groundwater, treated wastewater, and other impaired sources;

(B) into new sources of water through more cost-effective water treatment practices in recycling and desalination; and

(C) to improve technologies for use in—

(i) managing and minimizing the volume of desalination and reuse concentrate streams; and

(ii) minimizing the environmental impacts of seawater intake at desalination facilities;

(6) energy efficiency and greenhouse gas minimization, including research—

(A) on optimizing the energy efficiency of water supply and wastewater operations and improving water efficiency in energy production and management; and

(B) to identify and develop renewable, carbon-neutral energy options for the water supply and wastewater industry;

(7) regional and hydrological basin cooperative water management solutions, including research into—

(A) institutional mechanisms for greater regional cooperation and use of water exchanges, banking, and transfers; and

(B) the economic benefits of sharing risks of shortage across wider areas;

(8) utility management, decision support systems, and water management models, including research—

(A) into improved decision support systems and modeling tools for use by water utility managers to assist with increased water supply uncertainty and adaptation strategies posed by climate change;

(B) to provide financial tools, including new rate structures, to manage financial resources and investments, because increased conservation practices may diminish revenue and increase investments in infrastructure; and

(C) to develop improved systems and models for use in evaluating—

(i) successful alternative methods for conservation and demand management; and

(ii) climate change impacts on groundwater resources;

(9) reducing greenhouse gas emissions and improving energy demand management, including research to improve energy efficiency in water collection, production, transmission, treatment, distribution, and disposal to provide more sustainability and means to assist drinking water utilities in reducing the production of greenhouse gas emissions in the collection, production, transmission, treatment, distribution, and disposal of drinking water;

(10) water conservation and demand management, including research—

(A) to develop strategic approaches to water demand management that offer the lowest-cost, noninfrastructural options to serve growing populations or manage declining supplies, primarily through—

(i) efficiencies in water use and reallocation of the saved water;

(ii) demand management tools;

(iii) economic incentives; and

(iv) water-saving technologies; and

(B) into efficiencies in water management through integrated water resource management that incorporates—

(i) supply-side and demand-side processes;

(ii) continuous adaptive management; and

(iii) the inclusion of stakeholders in decisionmaking processes; and

(11) communications, education, and public acceptance, including research—

(A) into improved strategies and approaches for communicating with customers, decisionmakers, and other stakeholders about the implications of climate change on water supply and water management;

(B) to develop effective communication approaches—

(i) to gain public acceptance of alternative water supplies and new policies and practices, including conservation and demand management; and

(ii) to gain public recognition and acceptance of increased costs; and

(C) to create and maintain a clearinghouse of climate change information for water utilities, academic researchers, stakeholders, government agencies, and research organizations.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$25,000,000 for each of fiscal years 2010 through 2020.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 148—EX-PRESSING THE SENSE OF THE SENATE THAT THERE IS A CRITICAL NEED TO INCREASE RESEARCH, AWARENESS, AND EDUCATION ABOUT CEREBRAL CAVERNOUS MALFORMATIONS

Mr. UDALL of New Mexico submitted the following resolution; which was considered and agreed to:

S. RES. 148

Whereas cerebral cavernous malformation (in this resolution referred to as “CCM”), or cavernous angioma, is a devastating blood vessel disease that has enormous consequences for people affected and their families;

Whereas cavernous angiomas are malformations in the brain that cannot be detected easily, except through very specific medical imaging scans;

Whereas people with CCM are rarely aware that they have the disease, which makes taking blood thinners or aspirin risky;

Whereas, according to the Angioma Alliance, in the general population, 1 in approximately 200 people has CCM;

Whereas, according to the Angioma Alliance, more than ½ of the people with CCM experience symptoms at some point in their lives;

Whereas, according to the Angioma Alliance, there is a hereditary form of CCM, caused by a mutation or deletion on any 1 of 3 genes, that is characterized by multiple cavernous malformations;

Whereas, according to the Angioma Alliance, each child born to parents with the hereditary form of CCM has a 50 percent chance of having CCM;

Whereas, according to the Angioma Alliance, a specific genetic mutation of CCM called the “common Hispanic mutation”, which has been traced to the original Spanish settlers of the Americas in the 1590’s, has now spread across at least 17 generations of families;

Whereas while CCM is more prevalent in certain States, families throughout the United States are at risk;

Whereas a person with CCM could go undiagnosed until sudden death, seizure, or stroke;

Whereas there is a shortage of physicians who are familiar with CCM, making it difficult for people with CCM to receive timely diagnosis and appropriate care;

Whereas the shortage of such physicians has a disproportionate impact on thousands of Hispanics across the United States;

Whereas CCM has not been studied sufficiently by the National Institutes of Health and others;

Whereas there is a need to expeditiously initiate pilot studies to research the use of medications to treat CCM; and

Whereas medications that treat CCM will enable preventive treatment that reduces the risk of hemorrhage in those who have been diagnosed, thereby saving lives and dramatically reducing healthcare costs: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that there is a critical need to increase research, awareness, and education about cerebral cavernous malformations.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 1092. Mr. LEVIN (for himself and Mrs. MCCASKILL) submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, to amend the Truth in Lending Act to establish fair and transparent practices relating to the extension of credit under an open end consumer credit plan, and for other purposes; which was ordered to lie on the table.

SA 1093. Mr. LEVIN (for himself and Mrs. MCCASKILL) submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1094. Mr. LEVIN (for himself, Mrs. MCCASKILL, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1095. Mr. LEVIN submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1096. Mr. LEVIN (for himself, Ms. COLLINS, and Mr. MENENDEZ) submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1097. Mr. LEVIN submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1098. Mr. UDALL, of New Mexico submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1099. Mrs. FEINSTEIN (for herself, Mr. CORKER, Mr. CASEY, Mr. GRASSLEY, Mr. KERRY, and Mr. LEVIN) submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1100. Mr. DURBIN (for himself and Mr. BOND) submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD (for himself and Mr. SHELBY) to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1101. Mr. BURR submitted an amendment intended to be proposed by him to the bill H.R. 627, supra; which was ordered to lie on the table.

SA 1102. Mr. MENENDEZ submitted an amendment intended to be proposed to amendment SA 1058 proposed by Mr. DODD