By Mr. SCHUMER (for himself and Mr. VITTER):

S. 305. A bill to amend title IV of the Public Health Service Act to create a National Childhood Brain Tumor Prevention Network to provide grants and coordinate research with respect to the causes of and risk factors associated with childhood brain tumors, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. NELSON of Nebraska (for himself, Mr. CRAPO, Mr. WYDEN, Mr. THUNE, Mr. BROWN, Mr. JOHANNS, and Ms. STABENOW):

S. 306. A bill to promote biogas production, and for other purposes; to the Committee on Finance.

By Mr. WYDEN (for himself and Mr. CRAPO):

S. 307. A bill to amend title XVIII of the Social Security Act to provide flexibility in the manner in which beds are counted for purposes of determining whether a hospital may be designated as a critical access hospital under the Medicare program and to exempt from the critical access hospital inpatient bed limitation the number of beds provided for certain veterans; to the Committee on Finance.

By Mr. BAUCUS (for himself, Mr. TESTER, Mr. THUNE, Mr. CONRAD, Mr. CRAPO, and Mr. BROWN):

S. 308. A bill to amend title 23, United States Code, to improve economic opportunity and development in rural States through highway investment, and for other purposes; to the Committee on Environment and Public Works.

By Mr. BAUCUS (for himself, Mr. TESTER, Mr. THUNE, Mr. CRAPO, and Mr. CONRAD):

S. 309. A bill to amend title 23, United States Code, to improve highway transportation in the United States, including rural and metropolitan areas; to the Committee on Environment and Public Works.

By Mrs. BOXER:

S. 310. A bill to amend the Public Health Service Act to ensure that safety net family planning centers are eligible for assistance under the drug discount program; to the Committee on Health, Education, Labor, and Pensions.

By Mrs. BOXER:

S. 311. A bill to prohibit the application of certain restrictive eligibility requirements to foreign nongovernmental organizations with respect to the provision of assistance under part I of the Foreign Assistance Act of 1961; to the Committee on Foreign Relations.

By Mr. CARDIN (for himself and Mr. ENSIGN):

S. 312. A bill to amend the Internal Revenue Code of 1986 to allow a refundable credit against income tax for the purchase of a principal residence by a first-time homebuyer; to the Committee on Finance.

ADDITIONAL COSPONSORS

S. 45

At the request of Mr. ENSIGN, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S. 45, a bill to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

S. 85

At the request of Mr. VITTER, the name of the Senator from Florida (Mr. MARTINEZ) was added as a cosponsor of S. 85, a bill to amend title X of the Public Health Service Act to prohibit family planning grants from being awarded to any entity that performs abortions.

S. 96

At the request of Mr. VITTER, the names of the Senator from Alabama (Mr. SESSIONS) and the Senator from Florida (Mr. MARTINEZ) were added as cosponsors of S. 96, a bill to prohibit certain abortion-related discrimination in governmental activities.

S. 98

At the request of Mr. VITTER, the name of the Senator from Florida (Mr. MARTINEZ) was added as a cosponsor of S. 98, a bill to impose admitting privilege requirements with respect to physicians who perform abortions.

S. 138

At the request of Mr. KERRY, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 138, a bill to amend the Internal Revenue Code of 1986 to repeal alternative minimum tax limitations on private activity bond interest, and for other purposes.

S. 144

At the request of Mr. KERRY, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 144, a bill to amend the Internal Revenue Code of 1986 to remove cell phones from listed property under section 280F.

S. 167

At the request of Mr. KOHL, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of S. 167, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to enhance the COPS ON THE BEAT grant program, and for other purposes.

S. 169

At the request of Mr. ISAKSON, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S. 169, a bill to provide for a biennial budget process and a biennial appropriations process and to enhance oversight and the performance of the Federal Government.

S. 181

At the request of Ms. MIKULSKI, the name of the Senator from Delaware (Mr. KAUFMAN) was added as a cosponsor of S. 181, a bill to amend title VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act of 1967, and to modify the operation of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, to clarify that a discriminatory compensation decision or other practice that is unlawful under such Acts occurs each time compensation is paid pursuant to the discriminatory compensation decision or other practice, and for other purposes.

S. 250

At the request of Mr. SCHUMER, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 250, a bill to amend the Internal Revenue Code of 1986 to provide a higher education opportunity credit in place of existing education tax incentives.

S. 252

At the request of Mr. AKAKA, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 252, a bill to amend title 38, United States Code, to enhance the capacity of the Department of Veterans Affairs to recruit and retain nurses and other critical health-care professionals, to improve the provision of health care for veterans, and for other purposes.

S. 253

At the request of Mr. ISAKSON, the names of the Senator from Florida (Mr. MARTINEZ) and the Senator from Louisiana (Mr. VITTER) were added as cosponsors of S. 253, a bill to amend the Internal Revenue Code of 1986 to expand the application of the homebuyer credit, and for other purposes.

S. 271

At the request of Ms. CANTWELL, the names of the Senator from Iowa (Mr. HARKIN) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of S. 271, a bill to amend the Internal Revenue Code of 1986 to provide incentives to accelerate the production and adoption of plug-in electric vehicles and related component parts.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself, Mr. KOHL, and Ms. KLOBUCHAR):

S. 301. A bill to amend title XI of the Social Security Act to provide for transparency in the relationship between physicians and manufacturers of drugs, devices, biologicals, or medical supplies for which payment is made under Medicare, Medicaid, or SCHIP; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, I rise to introduce a bill today. Over the past several years, I have worked to establish greater transparency in the financial relationships and financial disclosure requirements between physicians and manufacturers of drugs, of biologics, and medical devices.

In the last Congress, the 110th, Senator HERB KOHL of Wisconsin and I introduced what is entitled the Physician Payments Sunshine Act, which is intended to bring some much-needed transparency to these relationships between physicians and manufacturers.

To explain why this bill is so important, let me point to a number of investigations I have conducted in the depth and scope of these relationships between physicians on the one hand, and manufacturers of drugs, biologics, and medical devices on the other hand.

My findings to date are troubling and reveal significant undisclosed financial ties between physicians and industry. Some examples: These relationships, at times, resulted in annual incomes of over $1 million to individual physicians from just one company.

Another example. My investigations determined that several prominent physicians at major universities had failed to disclose large sums of money to their research institutions. That was despite institutional as well as Federal requirements that these reportings take place.

This was also despite these physicians' involvement with Federal research study products made by the various drugmakers with whom they have financial relationships.

This Federal research has involved billions of dollars in taxpayers' money to fund this research.

My oversight has confirmed the need for a consistent, easy-to-understand national system of disclosure, as opposed to a patchwork of disclosure requirements at State and institutional levels, although I compliment States that have such laws on the books.

Today I am here to introduce, along with Senator KOHL, the Physician Payment Sunshine Act of 2009. The Physician Payment Sunshine Act would require that manufacturers of drugs, biologics, and medical devices disclose, on an annual basis, any financial relationships that they have with physicians. That information would be posted online by the Secretary of Health and Human Services in a format that is searchable, that would be clear and easy for the public to understand.

Whether the relationship is as simple as buying a doctor's dinner or as complex as a multimillion-dollar consulting arrangement, these relationships may affect prescribing practices and may influence research.

More importantly, they can obscure the most important issue existing between doctors and patients, and that is a question every doctor and patient has to consider: What is best for the patient?

This legislation Senator KOHL and I are introducing today closely parallels the version I circulated last year and follows some recent MedPAC recommendations.

MedPAC recommended a lower annual reporting threshold of $100—in the previous bill, it was higher—no de minimis exceptions for payments and a tighter preemption provision.

MedPAC will publish their final recommendations in their March report to Congress. I will take those recommendations into consideration and intend to continue pursuing policies that go beyond the transparency in health care than even the existing bill does.

There is a greater need for this legislation, and that greater need is demonstrated by a witness testifying at the Finance Committee hearing on health reform last year that industry and physician relationships are pervasive.

Drug and device companies spend billions and billions every year on marketing, product development, and research, and much of this money goes directly to doctors.

Last year, the Des Moines Register wrote:

> Your doctor's hand may be in the till of a drug company. So how can you know whether the prescription he or she writes is in your interest or the best interest of a drug company?

That is a pretty good question that we all ought to be looking at.

Many of these relationships are beneficial and appropriate. That is why we don't outlaw any of these relationships. What we do is make them be reported. And some of these should be reported on a more regular basis than they are even without this legislation.

Physicians play important roles in inventing and refining new devices or in conducting medical research. They are hired to educate other doctors. We don't do anything in this legislation to end those professional relationships.

But as is often the case, a few bad apples can spoil the whole barrel. It is clear Congress needs to act now to pass disclosure legislation.

Currently, drug and device makers have to comply with a number of State requirements, each State giving its own definition and own rules.

Patients as well as other doctors have no way to learn about these important relationships. This information should not only be available to those few Americans lucky enough to live in a State already requiring some level of disclosure.

Even in the States currently requiring disclosure, most do not apply that law to medical device companies. Some States do not even make public the information they collect, which is of little value to patients who might want to know if their doctors have a relationship with a drug company or a medical device company about which they ought to know.

Now, this bill isn't adding new burdens to the industry. By creating a central reporting system, the legislation actually relieves burdens. In addition, I am hopeful that this bill will enjoy the same wide-ranging support as the prior legislation that Senator KOHL and I put in during the 110th Congress.

I want to be clear—and this is the second time I am being clear on this point—this legislation does not regulate the business of drug and device companies. Let the people in industry do their business since they have the training and the skills to get the job done. But keep the American people apprised of the business you are doing and how you are doing it. After all, what is at risk isn't merely private interest but the health and well-being of all Americans who depend upon the drugs and medical devices to sustain and to improve their lives.

In this process of what we call transparency, in this process that we call sunshine legislation, I often quote from an opinion of Justice Brandeis, I think in 1914, where he said: ''Sunlight is the best disinfectant.'' And that is what Senator KOHL and I are aiming to accomplish with this Physician Payment Sunshine Act, just a little sunlight so the public is better informed.

Mr. KOHL. Mr. President, I rise today to reintroduce the Physician Payments Sunshine Act, along with my colleague Senator GRASSLEY. This legislation will be a great step forward in increasing transparency of the relationships between pharmaceutical and medical device companies and our Nation's physicians, for the benefit of their patients.

I want to begin by underscoring the fact that industry payments to physicians for research purposes or products they have helped develop are completely legitimate. Medical breakthroughs as a result of research have saved countless lives and could not have been achieved without the diligence of these me cal professionals. We must acknowledge, however, that conflicts of interest do exist in some cases. Transparency will help to illuminate the difference between legitimate and questionable relationships.

It has been estimated that the drug industry spends $19 billion annually on marketing to physicians in the form of gifts, lunches, drug samples and sponsorship of education programs. Americans pay the price as through unnecessarily high drug costs and skyrocketing health insurance premiums. Rising drug prices hurt us all by undermining our private and public health systems, including Medicare and Medicaid.

Even more alarming is the notion that these gifts and payments can compromise physicians' medical judgment by putting their financial interest ahead of the welfare of their patients. Recent studies show that the more doctors interact with drug marketers, the more likely doctors are to prescribe the expensive new drug that is being marketed to them.

As a businessman, I understand that companies have the right to spend as much as they choose to promote their products. But as the largest payer of prescription drug costs, the Federal Government has an obligation to examine and take action when companies attempt to manipulate the market.

I believe the Physician Payments Sunshine Act presents a long overdue solution to combat this potentially harmful influence. The legislation would require manufacturers of pharmaceutical drugs, devices and biologics to disclose the amount of money they give to doctors through payments, gifts, honoraria, travel and other means. These disclosures would be registered in a national, publicly accessible online database, managed by the U.S. Department of Health and Human Services. Those companies who fail to report will be subject to financial penalty.

In the year and a half since the Sunshine bill was first introduced, several States have passed their own laws forcing disclosure, and several leading pharmaceutical companies have voluntarily implemented disclosure guidelines. A comprehensive national bill would create a one-stop information

vault, here patients could easily gain access to data about these relationships. It is my hope that this online database will encourage patients to discuss any concerns they may have with their doctors.

A great deal of money changes hands in the health care field, and a good percentage of it is helping Americans live healthier lives. The Physician Payments Sunshine Act will provide the transparency necessary to raise that percentage. We deserve nothing less.

By Mr. VOINOVICH (for himself, Mr. LIEBERMAN, and Mr. CARPER):

S. 303. A bill to reauthorize and improve the Federal Financial Assistance Management Improvement Act of 1999; to the Committee on Homeland Security and Governmental Affairs.

Mr. VOINOVICH. Mr. President, I rise today to introduce the Federal Financial Assistance Management Improvement Act of 2009 with Senator LIEBERMAN and Senator CARPER.

When I came to the Senate in 1999, I introduced the Federal Financial Assistance Management Improvement Act of 1999 with Senators LIEBERMAN, Thompson and DURBIN because as a former mayor and governor, I had seen first-hand the problems and complications that existed in the federal grant making process.

Congress enacted our legislation to improve the effectiveness and performance of Federal financial assistance programs, simplify Federal financial assistance application and reporting requirements, improve the delivery of services to the public and coordinate the delivery of those services, and progress was made under the law, which is commonly known as ''P.L. 106–107.'' A 2005 Government Accountability Office, GAO, report noted that ''[m]ore than 5 years after passage of P.L. 106–107, cross-agency work groups have made some progress in streamlining aspects of the early phases of the grants life cycle and in some specific aspects of overall grants management . . . .'' However, GAO also noted that work remained to be done and in 2006 suggested that Congress consider reauthorizing the Federal Financial Assistance Management Improvement Act of 1999, which expired in 2007.

I believe that Congress should heed GAO's advice and reauthorize this important law, so last year I introduced S. 3341 with Senator LIEBERMAN to reauthorize the Federal Financial Assistance Management Improvement Act and make improvements to that Act based on the 2005 and 2006 recommendations of GAO. The bill passed the Senate in September 2008.

Today we are reintroducing that legislation, which requires the Director of the Office of Management and Budget, OMB, to improve the grants.gov website or develop another public website that allows grant applicants to search and apply for grants, report on the use of grants, and provide required certifications and assurances for grants. I believe such a website will enhance the transparency required by the Federal Funding Accountability and Transparency Act that Congress enacted in 2007.

The bill also requires the Director of OMB to develop a strategic plan for an end-to-end electronic capability for non-Federal entities to manage the Federal financial assistance they receive and requires each Federal agency to plan actions to implement that strategic plan. Each federal agency would be required to report to OMB on progress made in achieving its objectives under the OMB strategic plan, and the Director of OMB would be required to report to Congress biennially on progress made in implementing the Federal Financial Assistance Management Improvement Act.

In 1999 I said the Federal Financial Assistance Management Improvement Act was an important step toward detangling the web of duplicative Federal grants available to States, localities and community organizations. Last year I said that while some progress was made under that law to detangle the web, work remained to be done. I hope that Congress will quickly reauthorize this law so that OMB and Federal agencies continue their efforts to simplify and streamline the Federal grant process.

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. 303

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 ''Federal Financial Assistance Management Improvement Act of 2009''.

SEC. 2. REAUTHORIZATION.

Section 11 of the Federal Financial Assistance Management Improvement Act of 1999 (31 U.S.C. 6101 note) is amended—

(1) in the section heading, by striking ''**and sunset**''; and

(2) by striking ''and shall cease to be effective 8 years after such date of enactment''.

SEC. 3. WEBSITE RELATING TO FEDERAL GRANTS.

Section 6 of the Federal Financial Assistance Management Improvement Act of 1999 (31 U.S.C. 6101 note) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively;

(2) by inserting after subsection (d) the following:

''(e) WEBSITE RELATING TO FEDERAL GRANTS.—

''(1) IN GENERAL.—The Director shall establish and maintain a public website that serves as a central point of information and access for applicants for Federal grants.

''(2) CONTENTS.—To the maximum extent possible, the website established under this subsection shall include, at a minimum, for each Federal grant—

''(A) the grant announcement;

''(B) the statement of eligibility relating to the grant;

''(C) the application requirements for the grant;

''(D) the purposes of the grant;

''(E) the Federal agency funding the grant; and

''(F) the deadlines for applying for and awarding of the grant.

''(3) USE BY APPLICANTS.—The website established under this subsection shall, to the greatest extent practical, allow grant applicants to—

''(A) search the website for all Federal grants by type, purpose, funding agency, program source, and other relevant criteria;

''(B) apply for a Federal grant using the website;

''(C) manage, track, and report on the use of Federal grants using the website; and

''(D) provide all required certifications and assurances for a Federal grant using the website.''; and

(3) in subsection (g), as so redesignated, by striking ''All actions'' and inserting ''Except for actions relating to establishing the website required under subsection (e), all actions''.

SEC. 4. REPORT ON IMPLEMENTATION.

The Federal Financial Assistance Management Improvement Act of 1999 (31 U.S.C. 6101 note) is amended by striking section 7 and inserting the following:

''SEC. 7. EVALUATION OF IMPLEMENTATION.

''(a) IN GENERAL.—Not later than 9 months after the date of enactment of the Federal Financial Assistance Management Improvement Act of 2009, and every 2 years thereafter until the date that is 15 years after the date of enactment of the Federal Financial Assistance Management Improvement Act of 2009, the Director shall submit to Congress a report regarding the implementation of this Act.

''(b) CONTENTS.—

''(1) IN GENERAL.—Each report under subsection (a) shall include, for the applicable period—

''(A) a list of all grants for which an applicant may submit an application using the website established under section 6(e);

''(B) a list of all Federal agencies that provide Federal financial assistance to non-Federal entities;

''(C) a list of each Federal agency that has complied, in whole or in part, with the requirements of this Act;

''(D) for each Federal agency listed under subparagraph (C), a description of the extent of the compliance with this Act by the Federal agency;

''(E) a list of all Federal agencies exempted under section 6(d);

''(F) for each Federal agency listed under subparagraph (E)—

''(i) an explanation of why the Federal agency was exempted; and

''(ii) a certification that the basis for the exemption of the Federal agency is still applicable;

''(G) a list of all common application forms that have been developed that allow non-Federal entities to apply, in whole or in part, for multiple Federal financial assistance programs (including Federal financial assistance programs administered by different Federal agencies) through a single common application;

''(H) a list of all common forms and requirements that have been developed that allow non-Federal entities to report, in whole or in part, on the use of funding from multiple Federal financial assistance programs (including Federal financial assistance programs administered by different Federal agencies);

''(I) a description of the efforts made by the Director and Federal agencies to communicate and collaborate with representatives

of non-Federal entities during the implementation of the requirements under this Act;

''(J) a description of the efforts made by the Director to work with Federal agencies to meet the goals of this Act, including a description of working groups or other structures used to coordinate Federal efforts to meet the goals of this Act; and

''(K) identification and description of all systems being used to disburse Federal financial assistance to non-Federal entities.

''(2) SUBSEQUENT REPORTS.—The second report submitted under subsection (a), and each subsequent report submitted under subsection (a), shall include—

''(A) a discussion of the progress made by the Federal Government in meeting the goals of this Act, including the amendments made by the Federal Financial Assistance Management Improvement Act of 2009, and in implementing the strategic plan submitted under section 8, including an evaluation of the progress of each Federal agency that has not received an exemption under section 6(d) towards implementing the strategic plan; and

''(B) a compilation of the reports submitted under section 8(c)(3) during the applicable period.

''(c) DEFINITION OF APPLICABLE PERIOD.—In this section, the term 'applicable period' means—

''(1) for the first report submitted under subsection (a), the most recent full fiscal year before the date of the report; and

''(2) for the second report submitted under subsection (a), and each subsequent report submitted under subsection (a), the period beginning on the date on which the most recent report under subsection (a) was submitted and ending on the date of the report.''.

SEC. 5. STRATEGIC PLAN.

(a) IN GENERAL.—The Federal Financial Assistance Management Improvement Act of 1999 (31 U.S.C. 6101 note) is amended—

(1) by redesignating sections 8, 9, 10, and 11 as sections 9, 10, 11, and 12, respectively; and

(2) by inserting after section 7, as amended by this Act, the following:

''SEC. 8. STRATEGIC PLAN.

''(a) IN GENERAL.—Not later than 18 months after the date of enactment of the Federal Financial Assistance Management Improvement Act of 2009, the Director shall submit to Congress a strategic plan that—

''(1) identifies Federal financial assistance programs that are suitable for common applications based on the common or similar purposes of the Federal financial assistance;

''(2) identifies Federal financial assistance programs that are suitable for common reporting forms or requirements based on the common or similar purposes of the Federal financial assistance;

''(3) identifies common aspects of multiple Federal financial assistance programs that are suitable for common application or reporting forms or requirements;

''(4) identifies changes in law, if any, needed to achieve the goals of this Act; and

''(5) provides plans, timelines, and cost estimates for—

''(A) developing an entirely electronic, web-based process for managing Federal financial assistance, including the ability to—

''(i) apply for Federal financial assistance;

''(ii) track the status of applications for and payments of Federal financial assistance;

''(iii) report on the use of Federal financial assistance, including how such use has been in furtherance of the objectives or purposes of the Federal financial assistance; and

''(iv) provide required certifications and assurances;

''(B) ensuring full compliance by Federal agencies with the requirements of this Act, including the amendments made by the Federal Financial Assistance Management Improvement Act of 2009;

''(C) creating common applications for the Federal financial assistance programs identified under paragraph (1), regardless of whether the Federal financial assistance programs are administered by different Federal agencies;

''(D) establishing common financial and performance reporting forms and requirements for the Federal financial assistance programs identified under paragraph (2), regardless of whether the Federal financial assistance programs are administered by different Federal agencies;

''(E) establishing common applications and financial and performance reporting forms and requirements for aspects of the Federal financial assistance programs identified under paragraph (3), regardless of whether the Federal financial assistance programs are administered by different Federal agencies;

''(F) developing mechanisms to ensure compatibility between Federal financial assistance administration systems and State systems to facilitate the importing and exporting of data;

''(G) developing common certifications and assurances, as appropriate, for all Federal financial assistance programs that have common or similar purposes, regardless of whether the Federal financial assistance programs are administered by different Federal agencies; and

''(H) minimizing the number of different systems used to disburse Federal financial assistance.

''(b) CONSULTATION.—In developing and implementing the strategic plan under subsection (a), the Director shall consult with representatives of non-Federal entities and Federal agencies that have not received an exemption under section 6(d).

''(c) FEDERAL AGENCIES.—

''(1) IN GENERAL.—Not later than 6 months after the date on which the Director submits the strategic plan under subsection (a), the head of each Federal agency that has not received an exemption under section 6(d) shall develop a plan that describes how the Federal agency will carry out the responsibilities of the Federal agency under the strategic plan, which shall include—

''(A) clear performance objectives and timelines for action by the Federal agency in furtherance of the strategic plan; and

''(B) the identification of measures to improve communication and collaboration with representatives of non-Federal entities on an on-going basis during the implementation of this Act.

''(2) CONSULTATION.—The head of each Federal agency that has not received an exemption under section 6(d) shall consult with representatives of non-Federal entities during the development and implementation of the plan of the Federal agency developed under paragraph (1).

''(3) REPORTING.—Not later than 2 years after the date on which the head of a Federal agency that has not received an exemption under section 6(d) develops the plan under paragraph (1), and every 2 years thereafter until the date that is 15 years after the date of enactment of the Federal Financial Assistance Management Improvement Act of 2009, the head of the Federal agency shall submit to the Director a report regarding the progress of the Federal agency in achieving the objectives of the plan of the Federal agency developed under paragraph (1).''.

(b) TECHNICAL AND CONFORMING AMENDMENT.—Section 5(d) of the Federal Financial Assistance Management Improvement Act of 1999 (31 U.S.C. 6101 note) is amended by inserting '', until the date on which the Federal agency submits the first report by the Federal agency required under section 8(c)(3)'' after ''subsection (a)(7)''.

By Mr. DORGAN:

S. 304. A bill to amend the Internal Revenue Code of 1986 to stimulate business investment, and for other purposes; to the Committee on Finance.

Mr. DORGAN. Mr. President, today I am introducing legislation called the Main Street Recovery Act to boost business investment and help jumpstart the ailing U.S. economy. We are facing our most serious financial challenge since the Great Depression and we must respond aggressively. Our financial services sector is in shambles and other business sectors are suffering.

Employers have been slashing jobs at an alarming rate—including 2.6 million jobs last year—to reduce operating costs. Some economists are predicting that the unemployment rate could jump to 10-percent or more this year in many parts of the country.

The manufacturing and construction sectors have been particularly hard hit during this downturn. The manufacturing sector laid off 791,000 workers in 2008. The unemployment rate among construction workers in December was 15.3 percent, eight percentage points higher than for the economy as a whole. More than 1.4 million experienced construction workers are currently unemployed.

I believe immediate action is needed to prevent our economy from sliding into a deeper recession that would lead to more bankrupt businesses and massive layoffs of workers across the country. That is why I will support a stimulus program that will create jobs by investing in infrastructure projects such as roads, bridges, water projects and more.

But I also think we need to provide some targeted tax incentives to encourage the business community to consider making capital investments even during the economic slowdown. The legislation I am introducing today includes the following tax incentives that I believe can stimulate business investment: a temporary 15-percent investment tax credit. To encourage manufacturers and producers not to wait on making crucial equipment and machinery purchases, we should give them every incentive to make these purchases now or in the near future when these investments will most benefit the economy.

We can accomplish this by offering a temporary, 15-percent tax credit through June 30, 2010 for businesses that purchase new equipment and machinery that is used as an integral part of manufacturing or production. Investment tax credits have been proven to work and will help generate growth and jobs in the nation's manufacturing and construction sectors.

Enhanced 50-percent bonus depreciation. To promote business investment now, when the economy needs it most,

we should extend the expiring 50-percent bonus depreciation for eligible assets placed in service over the next 18 months. This will help businesses make capital investments during the economic downturn by allowing businesses to write-off a larger share of their eligible business investments more quickly from their federal income taxes.

Increased $250,000 small business expensing. To help small businesses buy the equipment and machinery they need to weather this economic storm and begin to grow again, we should extend the expiring expensing provision that allows small businesses to expense, i.e. immediately deduct, up to $250,000 of their equipment and machinery purchases over the next year and a half.

In addition, there are many business owners that do not require new equipment or machinery but instead want to build a new business—maybe a restaurant, perhaps a retail shop or make interior and other improvements to such properties. Expanding the bonus depreciation and small business expensing provisions outlined above to cover investments in commercial real property will help provide business owners with the financial assistance they need to build that building or make long overdue improvements.

I am very pleased to have the support of the U.S. Chamber of Commerce and the National Restaurant Association for my proposals as part of a robust economic stimulus package.

The Senate is working on a large economic recovery package and I am optimistic that the package will include these important provisions. I am told that the Senate Finance Committee plans to mark up the tax portion of this package next week, and I am pleased that Chairman BAUCUS has recognized the need to help our Main Street businesses. In my judgment, including the tax incentives I have proposed will help stimulate much-needed economic activity and get our economy growing and creating jobs once again.

By Mr. WYDEN (for himself and Mr. CRAPO):

S. 307. A bill to amend title XVIII of the Social Security Act to provide flexibility in the manner in which beds are counted for purposes of determining whether a hospital may be designated as a critical access hospital under the Medicare program and to exempt from the critical access hospital inpatient bed limitation the number of beds provided for certain veterans; to the Committee on Finance.

Mr. WYDEN. Mr. President, I am pleased to be joined today by my colleague Senator MIKE CRAPO, to introduce this important piece of legislation for America's rural hospitals. I first introduced this legislation in 2007 with Senator Smith, and I am proud to continue our fight for rural hospitals in this Congress. Today, my fellow Oregonian, Representative GREG WALDEN, is introducing this same bill in the House of Representatives.

The Medicare program is turning rural communities into ''health care sacrifice'' zones. Under current law, critical access hospitals either have to risk their financial viability or their patient's health if a 26th patient walks in their door. Rural hospitals need greater flexibility from the Medicare program to fulfill their obligations to their communities—especially, but not limited to, their veterans—in times of public health emergencies.

The Balanced Budget Act of 1997 merged a Montana initiative, the medical assistance facility demonstration, and the Rural Primary Care Hospital program into a new category of hospitals called critical access hospitals CAH. By design, the Critical Access Hospital program in Medicare ensures that rural communities have access to acute care and emergency services 24 hours a day, 7 days a week.

In order to obtain this designation, hospitals must meet certain requirements, such as being located more than 35 miles from any other hospital, or receiving certification by the state to be a ''necessary provider.'' Critical access hospitals must also provide 24-hour emergency care services.

As a designated critical access hospital, Medicare pays these hospitals based on its reported costs. Each critical access hospital receives 101 percent of its costs for outpatient, inpatient, laboratory, and therapy services. There are nearly 1,300 hospitals across the United States in 47 states that operate under a critical access hospital designation. Twenty-five of them are in Oregon.

One requirement of this program is that there be no more than 25 beds occupied by patients at any one time. This requirement has proven to be too constricting for facilities during times of unexpected need, such as during an influenza outbreak or an influx of tourism to the community.

Critical access hospital administrators in Oregon, especially Dennis Burke from Good Shepherd Medical Center in Hermiston and Jim Mattes at Grande Ronde Hospital in LaGrande, have expressed to me how this restriction has lead to unnecessary risks to patient safety and health. Hospital administrators have been forced to divert the 26th and 27th patient in their hospitals to a hospital much farther from their homes and families.

This legislation makes two important changes to the Medicare Critical Access Hospital Program. First, this bill will provide the flexibility necessary for a critical access hospital to either choose to meet either the 25-bed-per-day limit or work with a limit of 20-beds-per-day averaged throughout the year. During times of spikes in public health need, these hospitals would be able to care for more patients even if the hospital would exceed the use of 25 beds.

Second, this bill exempts beds used by veterans whose care is paid for or coordinated by the Department of Veterans Affairs, VA, from counting against the 25-bed limit or 20-bed yearly average. This change gives CAHs the flexibility they need to treat America's military veterans at a time when the VA has divested in hospital care for our rural veterans, forcing them into these already tightly restricted community hospitals.

This bill also ensures that these hospitals are meeting the requirements under the law without breaking the bank. This new yearly average of 20 beds is set lower than the daily limit, 25 beds, to ensure that Medicare does not inappropriately expand this program. For example, Grande Ronde Hospital would save Medicare an average of $100,000 each year for ambulance transfers of Medicare/Medicaid patients, all of whom could be treated within their facility had it been able to be flexible on counting bed days.

I believe that these simple changes in the current law are critically important to keeping our rural hospitals open and their communities' health care needs served. As we look to expand access to health coverage, this bill will ensure that the nearly 1,300 critical access hospitals in the country have the flexibility they need to remain open for the millions of Americans who depend on them.

I hope my colleagues will join me in supporting this bill, and I look forward to working with Chairman BAUCUS and Ranking Member GRASSLEY and other members of the Finance Committee to secure passage of this important bill.

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. 307

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 ''Critical Access Hospital Flexibility Act of 2009''.

SEC. 2. FLEXIBILITY IN THE MANNER IN WHICH BEDS ARE COUNTED FOR PURPOSES OF DETERMINING WHETHER A HOSPITAL MAY BE DESIGNATED AS A CRITICAL ACCESS HOSPITAL UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1820(c)(2)(B) of the Social Security Act (42 U.S.C. 1395i–4(c)(2)(B)) is amended—

(1) in clause (iii), by inserting ''(or 20, as determined on an annual, average basis)'' after ''25''; and

(2) by adding at the end the following flush sentence:

''In determining the number of beds for purposes of clause (iii), only beds that are occupied shall be counted.''.

(b) EFFECTIVE DATE.—The amendments made by this section take effect on January 1, 2010.

SEC. 3. CRITICAL ACCESS HOSPITAL INPATIENT BED LIMITATION EXEMPTION FOR BEDS PROVIDED TO CERTAIN VETERANS.

(a) IN GENERAL.—Section 1820(c) of the Social Security Act (42 U.S.C. 1395i–4(c)) is amended by adding at the end the following new paragraph:

''(3) EXEMPTION FROM BED LIMITATION.—For purposes of this section, no acute care inpatient bed shall be counted against any numerical limitation specified under this section for such a bed (or for inpatient bed days with respect to such a bed) if the bed is provided for an individual who is a veteran and the Department of Veterans Affairs referred the individual for care in the hospital or is coordinating such care with other care being provided by such Department.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to cost reporting periods beginning on or after the date of the enactment of this Act.

AMENDMENTS SUBMITTED AND PROPOSED

SA 37. Mr. ISAKSON (for himself and Mr. CHAMBLISS) submitted an amendment intended to be proposed by him to the bill S. 181, to amend title VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act of 1967, and to modify the operation of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, to clarify that a discriminatory compensation decision or other practice that is unlawful under such Acts occurs each time compensation is paid pursuant to the discriminatory compensation decision or other practice, and for other purposes.

TEXT OF AMENDMENTS

SA 37. Mr. ISAKSON (for himself and Mr. CHAMBLISS) submitted an amendment intended to be proposed by him to the bill S. 181, to amend title VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act of 1967, and to modify the operation of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, to clarify that a discriminatory compensation decision or other practice that is unlawful under such acts occurs each time compensation is paid pursuant to the discriminatory compensation decision or other practice, and for other purposes; as follows:

On page 7, strike lines 11 through 20 and insert the following:

SEC. 6. EFFECTIVE DATE.

(a) IN GENERAL.—This Act, and the amendments made by this Act, take effect on the date of enactment of this Act, except as provided in subsection (b).

(b) CLAIMS.—This Act, and the amendments made by this Act, shall apply to each claim of discrimination in compensation under title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.), the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), title I and section 503 of the Americans with Disabilities Act of 1990, and sections 501 and 504 of the Rehabilitation Act of 1973, if—

(1) the claim results from a discriminatory compensation decision, and

(2) the discriminatory compensation decision is adopted on or after that date of enactment.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FINANCE

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on Thursday, January 22, 2009, at 10 a.m., in room 215 of the Dirksen Senate Office Building.

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

COMMITTEE ON FOREIGN RELATIONS

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Thursday, January 22, 2009, at 9:30 a.m.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet, during the session of the Senate, to conduct a hearing entitled ''What States are Doing to Keep us Healthy'' on Thursday, January 22, 2009. The hearing will commence at 10 a.m. in room 430 of the Dirksen Senate Office Building.

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

SELECT COMMITTEE ON INTELLIGENCE

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on Thursday, January 22, 2009 at 10 a.m.

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

UNANIMOUS-CONSENT AGREEMENT—EXECUTIVE SESSION

Mr. REID. Mr. President, I ask unanimous consent that on Monday, at 4 p.m., the Senate proceed to Executive Session to consider the nomination of Calendar No. 3, Timothy Geithner to be Secretary of the Treasury; that there be 2 hours of debate with respect to the nomination, equally divided and controlled between the chair and the ranking member of the Finance Committee or their designee; that at 6 p.m., with no intervening action or debate, the Senate proceed to vote on confirmation of the nomination; that upon confirmation, the motion to reconsider be laid upon the table; that there be no further motions in order, the President be immediately notified of the Senate's action and the Senate resume legislative session.

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

UNANIMOUS-CONSENT AGREEMENT—H.R. 2

Mr. REID. Mr. President, I ask unanimous consent that upon disposition of the Geithner nomination and resuming legislative session, the Senate proceed to Calendar No. 18, H.R. 2, the Children's Health Insurance Program Improvements Act.

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR—NOMINATION'S DISCHARGED

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to Executive Session to consider Calendar Nos. 1, 2, 4 and 5, and that the Banking Committee be discharged of PN64–4, PN65–14; that the Commerce Committee be discharged of PN64–10; that the Senate proceed to their consideration, en bloc; that the nominations be confirmed, and the motions to reconsider be laid upon the table, en bloc; that no further motions be in order, and any statements relating to the nominations be printed in the Record; that the President be immediately notified of the Senate's action and the Senate return to Legislative Session.

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

The nominations considered and confirmed en bloc are as follows:

DEPARTMENT OF STATE

Susan E. Rice, of the District of Columbia, to be the Representative of the United States of America to the United States of America to the United Nations, with the rank and status of Ambassador Extraordinary and Plenipotentiary, and the Representative of the United States of America in the Security Council of the United Nations.

Susan E. Rice, of the District of Columbia, to be Representative of the United States of America to the Sessions of the General Assembly of the United Nations during her tenure of service as Representative of the United States of America to the United Nations.

ENVIRONMENTAL PROTECTION AGENCY

Lisa Perez Jackson, of New Jersey, to be Administrator of the Environmental Protection Agency.

EXECUTIVE OFFICE OF THE PRESIDENT

Nancy Helen Sutley, of California, to be a Member of the Council on Environmental Quality.

HOUSING AND URBAN DEVELOPMENT

Shaun L.S. Donovan, of New York, to be Secretary of Housing and Urban Development.

SECURITIES AND EXCHANGE COMMISSION

Mary L. Schapiro, of the District of Columbia, to be a Member of the Securities and Exchange Commission for a term expiring June 5, 2014.

DEPARTMENT OF TRANSPORTATION

Ray LaHood, of Illinois, to be Secretary of Transportation.

NOMINATION OF SHAUN DONOVAN

Mr. DODD. Mr. President, today we are considering the nomination of Mr. Shaun Donovan, Commissioner of the New York City Department of Housing Preservation and Development to become the Secretary of the Department of Housing and Urban Development, HUD.

Mr. Donovan, has been nominated for a job fraught with significant challenges yet, for that very reason, imbued with great opportunities.

For the past 3 or 4 years, the country has been facing a growing housing