

and second times by unanimous consent, and referred as indicated:

By Mr. KERRY (for himself and Mr. LUGAR):

S. 1715. A bill to amend the United States International Broadcasting Act of 1994 to extend the authority of the Broadcasting Board of Governors to make grants for the purpose of operating Radio Free Asia; to the Committee on Foreign Relations.

By Mr. KERRY (for himself and Mr. LUGAR):

S. 1716. A bill to amend the Foreign Affairs Reform and Restructuring Act of 1998 to reauthorize the United States Advisory Commission on Public Diplomacy; to the Committee on Foreign Relations.

By Mr. AKAKA (for himself and Mr. BURR):

S. 1717. A bill to authorize major medical facility leases for the Department of Veterans Affairs for fiscal year 2010, and for other purposes; considered and passed.

By Mr. BENNETT:

S. 1718. A bill to require the conveyance of certain public land within the boundaries of Camp Williams, Utah, to support the training and readiness of the Utah National Guard; to the Committee on Energy and Natural Resources.

By Mr. BENNETT (for himself and Mr. HATCH):

S. 1719. A bill to provide for the conveyance of certain parcels of land to the town of Alta, Utah; to the Committee on Energy and Natural Resources.

By Mr. REED (for himself and Mr. LEAHY):

S. 1720. A bill to amend title VII of the Public Health Service Act to provide improved training and primary care; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SANDERS:

S. 1721. A bill to require the Secretary of Transportation to develop a national transportation low emissions energy plan; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mrs. MURRAY (for herself, Mr. CARDIN, Mr. CASEY, Ms. KLOBUCHAR, Mrs. BOXER, and Mr. ISAKSON):

S. Res. 288. A resolution designating September 26, 2009, as "National Mesothelioma Awareness Day"; considered and agreed to.

By Mr. SPECTER:

S. Res. 289. A resolution encouraging the people of the United States to reflect on and remember the integrity and courage of the 6,135 Christian men and women of Poland who acted to save their Jewish countrymen and countrywomen from extermination by Nazi Germany; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 451

At the request of Ms. COLLINS, the names of the Senator from Illinois (Mr. DURBIN), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from Iowa (Mr. HARKIN), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Illinois (Mr. BURRIS) and the Senator from Missouri (Mrs. MCCASKILL) were added as cosponsors

of S. 451, a bill to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of the Girl Scouts of the United States of America.

S. 583

At the request of Mr. PRYOR, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 583, a bill to provide grants and loan guarantees for the development and construction of science parks to promote the clustering of innovation through high technology activities.

S. 653

At the request of Mr. CARDIN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 653, a bill to require the Secretary of the Treasury to mint coins in commemoration of the bicentennial of the writing of the Star-Spangled Banner, and for other purposes.

S. 823

At the request of Ms. SNOWE, the name of the Senator from Colorado (Mr. BENNETT) was added as a cosponsor of S. 823, a bill to amend the Internal Revenue Code of 1986 to allow a 5-year carryback of operating losses, and for other purposes.

S. 1304

At the request of Mr. GRASSLEY, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1304, a bill to restore the economic rights of automobile dealers, and for other purposes.

S. 1647

At the request of Mr. REED, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 1647, a bill to provide for additional emergency unemployment compensation, and for other purposes.

S. 1660

At the request of Ms. KLOBUCHAR, the name of the Senator from New Hampshire (Mr. GREGG) was added as a cosponsor of S. 1660, a bill to amend the Toxic Substances Control Act to reduce the emissions of formaldehyde from composite wood products, and for other purposes.

S. 1674

At the request of Mr. WYDEN, the names of the Senator from Ohio (Mr. BROWN) and the Senator from Oklahoma (Mr. COBURN) were added as cosponsors of S. 1674, a bill to provide for an exclusion under the Supplemental Security Income program and the Medicaid program for compensation provided to individuals who participate in clinical trials for rare diseases or conditions.

S. 1681

At the request of Mr. LEAHY, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1681, a bill to ensure that health insurance issuers and medical malpractice insurance issuers cannot engage in price fixing, bid rigging, or market allocations to the detriment of competition and consumers.

S. 1692

At the request of Mr. LEAHY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1692, a bill to extend the sunset of certain provisions of the USA PATRIOT Act and the authority to issue national security letters, and for other purposes.

S. 1694

At the request of Mr. ROCKEFELLER, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1694, a bill to allow the funding for the interoperable emergency communications grant program established under the Digital Television Transition and Public Safety Act of 2005 to remain available until expended through fiscal year 2012, and for other purposes.

S. 1699

At the request of Mr. REED, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1699, a bill to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

S. 1702

At the request of Mr. UDALL of Colorado, the name of the Senator from Colorado (Mr. BENNETT) was added as a cosponsor of S. 1702, a bill to amend the Pittman—Robertson Wildlife Restoration Act to facilitate the establishment of additional or expanded public target ranges in certain states.

S. 1709

At the request of Ms. STABENOW, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1709, a bill to amend the National Agricultural Research, Extension, and Teaching Policy Act of 1977 to establish a grant program to promote efforts to develop, implement, and sustain veterinary services, and for other purposes.

AMENDMENT NO. 2484

At the request of Mr. INHOFE, his name was added as a cosponsor of amendment No. 2484 intended to be proposed to H.R. 3326, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2555

At the request of Mr. INHOFE, his name was added as a cosponsor of amendment No. 2555 intended to be proposed to H.R. 3326, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself and Mr. LEAHY):

S. 1720. A bill to amend title VII of the Public Health Service Act to provide improved training and primary

care; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today I, along with Senator LEAHY, introduce the Health Professions and Primary Care Reinvestment Act, which seeks to enhance the training and education of primary care providers and establish a new system for evaluating and analyzing primary care workforce programs funded by Title VII Health Professions Education and Training grants.

In 1963, in response to an impending physician shortage, Congress passed and President Johnson signed the Health Professions Educational Assistance Act into law. Qualified educational and medical institutions became eligible for grants to support primary care curriculum and faculty development, and scholarships and loans to train individuals in certain primary care health professions.

The country is, once again, facing a physician shortage. However, this time, the shortage is one component of a larger system-wide crisis.

The Health Professions and Primary Care Reinvestment Act takes an important step toward providing our primary care providers with the necessary resources for better coordinating care, integrating treatment options, and communicating with patients. It also would enhance the evaluation and analysis of programs funded by Title VII grants in an effort to ensure that funding is appropriately allocated.

The Title VII program deserves a robust evaluation and restructuring and I believe that the provisions set forth in the Health Professions and Primary Care Reinvestment Act will accomplish that goal. My colleagues on the Health, Education, Labor, and Pensions Committee agreed and voted to include similar provisions in the Affordable Health Choices Act, which was reported out of the Committee on July 15, 2009.

We must continue our efforts to reform our health care system. In doing so, we must not forget about the important need to ensure an adequate workforce to care for patients. I look forward to the full Senate considering these vitally important reforms.

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. 1720

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 "Health Professions and Primary Care Reinvestment Act".

SEC. 2. EDUCATION AND TRAINING FOR DELIVERY SYSTEM REFORM.

(a) **MEDICAL HOME TRAINING.**—Section 747(a) of the Public Health Service Act (42 U.S.C. 293k(a)) is amended—

(1) in paragraph (5), by striking "and" at the end;

(2) in paragraph (6), by striking the period and inserting "; and"; and

(3) by inserting after paragraph (6) the following:

"(7) to plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry, which may include—

"(A) providing training to primary care providers relevant to providing care through patient-centered medical homes (as defined by the Secretary for purposes of this paragraph, taking into account the criteria of the National Committee for Quality Assurance and other certifying entities);

"(B) developing tools and curricula relevant to patient-centered medical homes; and

"(C) providing continuing education relevant to patient-centered medical homes."

(b) **PRIORITIES OF DELIVERY SYSTEM REFORM.**—Section 747 of the Public Health Service Act (42 U.S.C. 293k) is amended by striking subsection (c) and inserting the following:

"(c) **PRIORITIES IN MAKING AWARDS.**—In awarding grants or contracts under this section, the Secretary shall give priority to qualified applicants that—

"(1) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice;

"(2) have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background;

"(3) provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;

"(4) establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations;

"(5) provide training in interdisciplinary, integrated care through collaboration among health professionals, including physician assistants, nurse practitioners, pharmacists, dentists, geriatricians, and mental and behavioral health professionals;

"(6) provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry; or

"(7) provide training in cultural competency and health literacy."

(c) **OTHER AMENDMENTS.**—Section 747 of the Public Health Service Act (42 U.S.C. 293k) is amended—

(1) in subsection (d)—

(A) by striking "subsection (a) may not exceed" and inserting "this section shall be"; and

(B) by striking the second sentence; and

(2) by striking subsection (e) and inserting the following:

"(e) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there are authorized to be appropriated \$125,000,000 for each of fiscal years 2010 through 2014. Fifteen percent of the amount appropriated in each such fiscal year shall be allocated to the physician assistant training programs described in subsection (a)(5), which prepare students for practice in primary care."

SEC. 3. HEALTH WORKFORCE INFORMATION AND ANALYSIS.

(a) **IN GENERAL.**—Section 761 of the Public Health Service Act (42 U.S.C. 294m) is amended—

(1) by redesignating subsection (c) as subsection (e);

(2) by striking subsection (b) and inserting the following:

"(b) **NATIONAL CENTER FOR HEALTH WORKFORCE ANALYSIS.**—

"(1) **ESTABLISHMENT.**—The Secretary shall establish the National Center for Health Workforce Analysis (referred to in this section as the "National Center") within the Department of Health and Human Services.

"(2) **PURPOSES.**—The purposes of the National Center are to—

"(A) carry out the activities under section 792(a); and

"(B) collect, analyze, and report data related to health workforce issues in coordination with the State and Regional Centers for Health Workforce Analysis described in subsection (c) (referred to in this section as the "State and Regional Centers").

"(3) **FUNCTIONS.**—The National Center shall—

"(A) annually evaluate the effectiveness of programs under this title, based on data reported by recipients of contracts or grants under this title, data collected from the State and Regional Centers described in subsection (c), and analyses conducted under paragraph (4);

"(B) develop and publish benchmarks for performance for programs under this title;

"(C) regularly produce and report to the relevant committees of Congress estimates of the supply, demand, and distribution of health professionals, such as physicians, dentists, nurses, physician assistants, pharmacists, mental and behavioral health professionals, public health workers, and long-term care workers, as appropriate;

"(D) establish, maintain, and make publicly available through the Internet a national health workforce database to collect data from—

"(i) longitudinal tracking systems (as defined in section 761(d)(2)) on performance measures (as developed under sections 748(d)(3), 756(d)(3), and 762(a)(3)); and

"(ii) the State and Regional Centers described in subsection (c);

"(E) establish and maintain a registry of each grant awarded under this title, including data on the project director, the institution, the type and year of the award, and the residency, fellowship, or internship program, as appropriate; and

"(F) biennially submit to the relevant committees of Congress a report on the activities of the National Center during the previous 2-year period.

"(4) **COLLABORATION AND DATA SHARING.**—

"(A) **IN GENERAL.**—The National Center shall collaborate with Federal agencies, health professions education organizations, health professions organizations, and professional medical societies for the purpose of linking data regarding grants awarded under this title with 1 or more of the following:

"(i) Data maintained by the Centers for Medicare & Medicaid Services.

"(ii) Data on participation in the National Health Service Corps.

"(iii) Data sets maintained by health professions education organizations, health professions organizations, or professional medical societies.

"(iv) Other data sets, as the Secretary determines appropriate.

"(B) **CONTRACTS FOR HEALTH WORKFORCE ANALYSIS.**—For the purpose of carrying out the activities described in subparagraph (A),

the National Center may enter into contracts with health professions education organizations, health professions organizations, or professional medical societies.

“(C) STATE AND REGIONAL CENTERS FOR HEALTH WORKFORCE ANALYSIS.—

“(1) IN GENERAL.—The Secretary shall award grants to, or enter into contracts with, eligible entities for purposes of—

“(A) collecting, analyzing, and reporting to the National Center data regarding programs under this title and data related to health workforce issues;

“(B) conducting, broadly disseminating, and making publicly available through the Internet research and reports on State, regional, and national health workforce issues, including research on the supply, demand, and distribution of health professionals;

“(C) evaluating the effectiveness of programs under this title and other policies related to health workforce issues; and

“(D) providing technical assistance to local and regional entities on the collection, analysis, and reporting of data related to health workforce issues.

“(2) ELIGIBLE ENTITIES.—To be eligible for a grant or contract under this subsection, an entity shall—

“(A) be a State, a State workforce commission, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity or a partnership of such entities; and

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

“(d) INCREASE IN GRANTS FOR LONGITUDINAL TRACKING SYSTEMS.—

“(1) IN GENERAL.—The Secretary shall increase the amount of a grant or contract awarded to an eligible entity under this title for the establishment and maintenance of a longitudinal tracking system.”

“(2) DEFINITION.—

“(A) IN GENERAL.—For purposes of paragraph (1), the term ‘longitudinal tracking system’ means a system that tracks students, residents, fellows, interns, or faculty who have received education, training, or financial assistance from programs under this title over a period of not less than 5 years, as specified by the Secretary.

“(B) CAPABILITY.—A longitudinal tracking system shall be capable of—

“(i) tracking participation in the National Health Service Corps, practice in federally qualified health centers, practice in health professional shortage areas and medically underserved areas, and practice in primary care; and

“(ii) collecting and reporting data on performance measures developed under sections 748(d)(3), 756(d)(3), and 762(a)(3).

“(C) GUIDELINES.—A longitudinal tracking system shall comply with guidelines issued under sections 748(d)(4), 756(d)(4), and 762(a)(4).

“(3) ELIGIBLE ENTITIES.—To be eligible to obtain an increase under this section, an entity shall be a recipient of a grant or contract under this title and have not previously received an increase under this section.”; and

(3) in subsection (e), as so redesignated—
(A) by striking paragraph (1) and inserting the following:

“(1) IN GENERAL.—

“(A) NATIONAL CENTER FOR HEALTH WORKFORCE ANALYSIS.—To carry out subsection (b), there are authorized to be appropriated \$1,000,000 for each of fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent fiscal year.

“(B) STATE AND REGIONAL CENTERS.—To carry out subsection (c), there are authorized to be appropriated \$4,500,000 for each of fiscal

years 2010 through 2014, and such sums as may be necessary for each subsequent fiscal year.

“(C) GRANTS FOR LONGITUDINAL TRACKING SYSTEMS.—To carry out subsection (d), there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.

“(D) CARRYOVER FUNDS.—An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.”; and

(B) in paragraph (2), by striking “subsection (a)” and inserting “paragraph (1)”.

(b) TRANSFER OF FUNCTIONS.—Not later than 180 days after the date of enactment of this Act, all of the functions, authorities, and resources of the National Center for Health Workforce Analysis of the Health Resources and Services Administration, as in effect on the date before the date of enactment of this Act, shall be transferred to the National Center for Health Workforce Analysis established under section 761 of the Public Health Service Act, as amended by subsection (a).

(c) PREFERENCE FOR USE OF LONGITUDINAL TRACKING SYSTEMS.—Section 791(a)(1) of the Public Health Service Act (42 U.S.C. 295j(a)(1)) is amended—

(1) in subparagraph (A), by striking “or” at the end;

(2) in subparagraph (B), by striking the period and inserting “; or”; and

(3) by adding at the end the following:

“(C) utilizes a longitudinal tracking system (as defined in section 761(d)(2)) and reports data from such system to the national workforce database (as established under section 761(b)(3)(D)).”

(d) PERFORMANCE MEASURES; GUIDELINES FOR LONGITUDINAL TRACKING SYSTEMS.—

(1) ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY.—Section 748(d) of the Public Health Service Act (42 U.S.C. 2931(d)) is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) not later than 3 years after the date of enactment of the Health Professions and Primary Care Reinvestment Act, develop, publish, and implement performance measures, which shall be quantitative to the extent possible, for programs under this part;

“(4) develop and publish guidelines for longitudinal tracking systems (as defined in section 761(d)(2)) for programs under this part; and

“(5) recommend appropriation levels for programs under this part.”

(2) ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.—Section 756(d) of the Public Health Service Act (42 U.S.C. 294f(d)) is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) not later than 3 years after the date of enactment of the Health Professions and Primary Care Reinvestment Act, develop, publish, and implement performance measures, which shall be quantitative to the extent possible, for programs under this part;

“(4) develop and publish guidelines for longitudinal tracking systems (as defined in section 761(d)(2)) for programs under this part; and

“(5) recommend appropriation levels for programs under this part.”

(3) ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.—Section 762(a) of the Public Health Service Act (42 U.S.C. 294(a)) is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) not later than 3 years after the date of enactment of the Health Professions and Primary Care Reinvestment Act, develop, publish, and implement performance measures, which shall be quantitative to the extent possible, for programs under this title, except for programs under part C or D;

“(4) develop and publish guidelines for longitudinal tracking systems (as defined in section 761(d)(2)) for programs under this title, except for programs under part C or D; and

“(5) recommend appropriation levels for programs under this title, except for programs under part C or D.”

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 288—DESIGNATING SEPTEMBER 26, 2009, AS “NATIONAL MESOTHELIOMA AWARENESS DAY”

Mrs. MURRAY (for herself, Mr. CARDIN, Mr. CASEY, Ms. KLOBUCHAR, Mrs. BOXER, and Mr. ISAKSON) submitted the following resolution; which was considered and agreed to:

S. RES. 288

Whereas mesothelioma is a terminal cancer related to exposure to asbestos that affects the lining of the lungs, abdomen, heart, or testicles;

Whereas workers who are exposed to asbestos on a daily basis over a long period of time are most at risk, but even short-term exposures to asbestos can cause the disease;

Whereas exposure to asbestos for as little as 1 month can cause mesothelioma 20 to 50 years later;

Whereas asbestos was used in the construction of virtually all office buildings, public schools, and homes built before 1975, and more than 3,000 products sold in the United States contain asbestos;

Whereas there is no known safe level of exposure to asbestos;

Whereas millions of workers in the United States have been, and continue to be, exposed to dangerous levels of asbestos;

Whereas the National Institutes of Health reported to Congress in 2006 that mesothelioma is a difficult disease to detect, diagnose, and treat;

Whereas the National Cancer Institute recognizes a clear need for new treatments to improve the outlook for patients with mesothelioma and other asbestos-related diseases;

Whereas the need to develop treatments for mesothelioma was overlooked for decades;

Whereas even the best available treatments for mesothelioma typically have only a very limited effect, and a person diagnosed with mesothelioma is expected to survive between 8 and 14 months;

Whereas mesothelioma has claimed the lives of such heroes and public servants as Admiral Elmo Zumwalt, Jr., and Congressman Bruce F. Vento;

Whereas many mesothelioma victims were exposed to asbestos while serving in the Navy;

Whereas it is believed that many of the firefighters, police officers, and rescue workers who served at Ground Zero on September