

DURBIN) was added as a cosponsor of amendment No. 4575 proposed to H.R. 1586, an act to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide for modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself and Mr. MIKULSKI):

S. 3698. A bill to amend the Public Health Services Act to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. Mr. President, I am pleased to join my colleague from Maryland, Senator MIKULSKI, in introducing the Positive Aging Act, which will help to increase older Americans' access to quality mental health screening and treatment services in community-based care settings.

The legislation we are introducing today is particularly important for states like Maine that have a disproportionate number of older persons. Fifteen percent of Maine's population is 65 or older, and, with the highest median age, Maine is the "oldest" State in the nation. Moreover, our percentage of older adults is increasing, and, by 2036 more than 1 in 5 Mainers will be over the age of 65.

One of the most daunting public health challenges facing our nation today is how to increase access to quality mental health services for the more than 44 million Americans with severe, disabling mental disorders that can devastate their lives and the lives of the people around them.

What is often overlooked, however, is the prevalence of mental illness among our Nation's elderly. Studies have shown that more than 1 in 5 Americans aged 65 and older experience mental illness, and that as many as 80 percent of elderly persons in nursing homes suffer from some kind of mental impairment. Particularly disturbing is the fact that the mental health needs of older Americans are often overlooked or not recognized because of the mistaken belief that they are a normal part of aging and therefore cannot be treated.

While older Americans experience the full range of mental disorders, the most prevalent mental illness afflicting older people is depression. Ironically, while recent advances have made depression an eminently treatable disorder, only a minority of elderly depressed persons are receiving adequate treatment. Unfortunately, the vast majority of depressed elderly don't seek help. Many simply accept their feelings of profound sadness and do not realize that they are clinically depressed.

Moreover those who do seek help are often underdiagnosed or misdiagnosed, leading the National Institute of Mental Health to estimate that 60 percent of older Americans with depression are not receiving the mental health care that they need. Failure to treat this kind of disorder leads to poorer health outcomes for other medical conditions, higher rates of institutionalization, and increased health care costs.

Fortunately, important research is being done that is developing innovative approaches to improve the delivery of mental health care for older adults by integrating it into primary care settings. This research demonstrates that older adults are more likely to receive appropriate mental health care if there is a mental health professional on the primary care team, rather than simply referring them to a mental health specialist outside the primary care setting. Multiple appointments with multiple providers in multiple settings simply don't work for older patients who must also cope with concurrent chronic illnesses, mobility problems, and limited transportation options. The research also shows that there is less stigma associated with psychiatric services when they are integrated into general medical care.

The Positive Aging Act builds upon this research and authorizes funding for projects that integrate mental health screening and treatment services into community sites and primary care settings. Specifically, the Positive Aging Act of 2010 would authorize the Substance Abuse and Mental Health Services Administration to fund demonstration projects to support integration of mental health services in primary care settings. It would also support grants for community-based mental health treatment outreach teams to improve older Americans' access to mental health services. To ensure that these geriatric mental health programs have proper attention and oversight, it would mandate the designation of a Deputy Director for Older Adult Mental Health Services in the Center for Mental Health Services, and it would also include representatives of older Americans or their families and geriatric mental health professionals on the Advisory Council for the Center for Mental Health Services. Finally, it would require state plans under Community Mental Health Services Block Grants to include descriptions of the states' outreach to and services for older individuals.

We are fortunate today to have a variety of effective treatments to address the mental health needs of American seniors. The Positive Aging Act will help to ensure that older Americans have access to these important services. I therefore urge my colleagues to sign on as cosponsors of the legislation, which has been endorsed by a number of mental health and senior organizations, including the Alzheimer's Association, the American Geriatrics Society, the American Psychiatric Association,

the American Psychological Association, the American Association for Geriatric Psychiatry, and the National Alliance on Mental Illness.

By Mrs. MURRAY (for herself and Mr. CRAPO):

S. 3703. A bill to expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. MURRAY. Mr. President, I am pleased to introduce the Pulmonary Fibrosis Research Enhancement Act. Even though pulmonary fibrosis, or PF, kills almost as many people as breast cancer every year, it has not received the attention it deserves.

Imagine being told by a doctor that you have a life-threatening disease with no known cure, no consistent standard of care, and no reliable prognosis. Though environmental factors, including occupational exposure to pollutants, are believed to play a role in its onset, PF has no strong demographic profile. In most cases, the doctor can't even tell you what has caused you to get sick. That is exactly the situation faced by the 48,000 people who are diagnosed with PF every year in the United States.

Pulmonary fibrosis attacks the lungs, causing them to stiffen, thicken, and scar. As the disease progresses, it becomes harder and harder for oxygen to enter the bloodstream to feed the brain and other vital organs. Currently, the median survival rate for a person with PF is only around three years, and the disease kills roughly 40,000 people every year in the United States. That translates into someone with PF dying every 13 minutes.

Perhaps the core obstacle in the fight against PF is how shockingly little we know about the disease. Because the research on PF is still in its infancy and awareness of PF is less than it needs to be, more than half of the cases are initially misdiagnosed. The Pulmonary Fibrosis Research Enhancement Act will start shedding light on PF so that researchers and doctors can start to figure out how to treat it effectively. This bill will also make sure health care professionals have the information they need to make accurate diagnoses of their patients, catching PF in the early stages and allowing for earlier treatment.

The Pulmonary Fibrosis Research Enhancement Act will do two major things to bolster efforts against this disease.

First, the act will establish the National Pulmonary Fibrosis Advisory Board. The Advisory Board is charged with consulting with and advising the Director of the Centers for Disease Control to create a National Pulmonary Fibrosis Action Plan and with presenting the plan to Congress within one year of the bill's passage. Members

of this Advisory Board will come from government agencies, volunteer health organizations, patients and patient advocates, and leading scientists.

Second, the act will create the first National PF Registry to gather the data about PF prevalence, risk factors, and development that will help scientists make progress against this disease. This registry will allow researchers to see where those diagnosed with PF are located, which can help determine if there clusters of cases and shed light on any environmental factors. This registry will also be made available to all researchers, including the National Institutes of Health and the Department of Veterans Affairs, and will allow researchers to build on each others' work to develop treatments in a more streamlined and well-informed manner.

PF attacks Americans in all walks of life it knows no boundaries and can affect anyone. The prevalence of PF has increased more than 150 percent since 2001, and is expected to continue rising as the population of the United States ages. With that in mind, it is clearly time for Congress to take this first, long overdue step in the battle against PF. I urge my colleagues to support this bill so we can begin to bring relief to the hundreds of thousands of Americans who suffer from PF.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 606—DESIGNATING AUGUST 29, 2010, AS "RAILROAD RETIREMENT DAY"

Mr. BURRIS submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 606

Whereas the Railroad Retirement Act of 1935 (49 Stat. 967, chapter 812) was signed into law by President Franklin D. Roosevelt 75 years ago on August 29, 1935, establishing the beginnings of a new social insurance system for the rail industry of the United States that today protects families against loss of income due to the retirement, disability, or death of a wage earner and assists in meeting the medical expenses of the elderly and long-term disabled;

Whereas the railroad retirement program was enacted before the Social Security Act (42 U.S.C. 301 et seq.) and continues to be one of the most successful social insurance programs in the history of the Nation;

Whereas, during the past 75 years, railroad retirement benefits of over \$281,000,000,000 have been paid by the Railroad Retirement Board to more than 5,000,000 retired workers and their spouses and survivors;

Whereas today more than 200,000 individuals work in railroad employment and pay railroad retirement taxes;

Whereas the railroad retirement system today provides comprehensive monthly benefits to over 500,000 individuals in the United States; and

Whereas the rail industry continues to be an integral part of the transportation system of the United States and is vital to the economy of the Nation: Now, therefore, be it

Resolved, That the Senate—

(1) designates August 29, 2010, as "Railroad Retirement Day"; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe the day with appropriate ceremonies and activities.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4587. Ms. LANDRIEU (for Mrs. GILLIBRAND (for herself, Mr. INHOFE, and Ms. LANDRIEU)) proposed an amendment to the bill H.R. 5283, to provide for adjustment of status for certain Haitian orphans paroled into the United States after the earthquake of January 12, 2010.

TEXT OF AMENDMENTS

SA 4587. Ms. LANDRIEU (for Mrs. GILLIBRAND (for herself, Mr. INHOFE, and Ms. LANDRIEU)) proposed an amendment to the bill H.R. 5283, to provide for adjustment of status for certain Haitian orphans paroled into the United States after the earthquake of January 12, 2010; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as—

(1) the "Help Haitian Adoptees Immediately to Integrate Act of 2010"; or

(2) the "Help HAITI Act of 2010".

SEC. 2. ADJUSTMENT OF STATUS FOR CERTAIN HAITIAN ORPHANS.

(a) IN GENERAL.—The Secretary of Homeland Security may adjust the status of an alien to that of an alien lawfully admitted for permanent residence if the alien—

(1) was inspected and granted parole into the United States pursuant to the humanitarian parole policy for certain Haitian orphans announced by the Secretary of Homeland Security on January 18, 2010, and suspended as to new applications on April 15, 2010;

(2) is physically present in the United States;

(3) is admissible to the United States as an immigrant, except as provided in subsection (c); and

(4) files an application for an adjustment of status under this section not later than 3 years after the date of the enactment of this Act.

(b) NUMERICAL LIMITATION.—The number of aliens who are granted the status of an alien lawfully admitted for permanent residence under this section shall not exceed 1400.

(c) GROUNDS OF INADMISSIBILITY.—Section 212(a)(7)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(7)(A)) shall not apply to an alien seeking an adjustment of status under this section.

(d) VISA AVAILABILITY.—The Secretary of State shall not be required to reduce the number of immigrant visas authorized to be issued under the Immigration and Nationality Act (8 U.S.C. 1101 et seq.) for any alien granted the status of having been lawfully admitted for permanent residence under this section.

(e) ALIENS DEEMED TO MEET DEFINITION OF CHILD.—An unmarried alien described in subsection (a) who is under the age of 18 years shall be deemed to satisfy the requirements applicable to adopted children under section 101(b)(1) of the Immigration and Nationality Act (8 U.S.C. 1101(b)(1)) if—

(1) the alien obtained adjustment of status under this section; and

(2) a citizen of the United States adopted the alien prior to, on, or after the date of the decision granting such adjustment of status.

(f) NO IMMIGRATION BENEFITS FOR BIRTH PARENTS.—No birth parent of an alien who

obtains adjustment of status under this section shall thereafter, by virtue of such parentage, be accorded any right, privilege, or status under this section or the Immigration and Nationality Act (8 U.S.C. 1101 et seq.).

SEC. 3. COMPLIANCE WITH PAYGO.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

NOTICES OF INTENT TO SUSPEND THE RULES

Mr. DeMINT. Mr. President, I submit the following notice in writing: In accordance with rule V of the Standing Rules of the Senate, I hereby give notice in writing that it is my intention to move to suspend rule XXII for the purpose of proposing and considering the following Motion to Commit H.R. 1586 with instructions:

Mr. DeMINT moves to commit H.R. 1586 to the Committee on Finance with instructions to report the same back to the Senate with changes to include a permanent extension of the 2010 individual income tax rates, and to include provisions which decrease spending as appropriate to offset such permanent extension.

Mr. DeMINT. Mr. President, I submit the following notice in writing: In accordance with rule V of the Standing Rules of the Senate, I hereby give notice in writing that it is my intention to move to suspend rule XXII for the purpose of proposing and considering the following Motion to Commit with instructions H.R. 1586:

Mr. DeMINT moves to commit H.R. 1586 to the Committee on Finance with instructions to report the same back to the Senate with changes to include a permanent extension of current individual income tax rates on small businesses and provisions which decrease spending as appropriate to offset such permanent extension.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. SPECTER. Mr. President, I ask unanimous consent that the Committee on Agriculture, Nutrition, and Forestry be authorized to meet during the session of the Senate, on August 4, 2010, at 9:30 a.m. in room 328A of the Russell Senate Office Building.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. SPECTER. 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 "For-Profit Schools: The Student Recruitment Experience" on August 4, 2010. The hearing will commence at 10 a.m. in room