pick and choose where they can conduct those kinds of investigations. Every year, about 100 firefighters die in the line of duty in America and about 87,000 are injured. This fund is an investigative fund that helps find ways in which we can protect firefighter lives, whether it’s the kind of equipment that might have made a difference or a certain procedure that might have made a difference. Obviously, for those fire stations, fire houses with the losses or those that face future risk, to know we are selectively choosing where we investigate and where we do not do not do the job. We need to investigate all of those fatalities, and we need to do everything possible to provide our firefighters the procedures and equipment necessary to save lives.

This funding will add an additional $2.5 million to that investigative fund and allow us to complete our responsibility to those courageous firefighters across the country. I ask unanimous consent a letter from the International Association of Fire Fighters and the International Association of Fire Chiefs be printed in the RECORD. The motion being no objection, the material was ordered to be printed in the RECORD, as follows:

Hon. John F. Kerry, 304 Russell Senate Office Building, Washington, D.C.

Dear Senator Kerry: On behalf of the International Association of Fire Chiefs, representing nearly 13,000 chief fire and emergency officers, and the International Association of Fire Fighters, representing more than 280,000 professional fire fighters and emergency medical personnel, we are writing to express our strong support for your amendment to the FY 2008 Labor, Health and Human Services, Education and Related Agencies Appropriations Act providing $5 million for the Fire Fighter Fatality Investigation and Prevention Program (FFIP) of the National Institute for Occupational Safety and Health (NIOSH).

Of the 1.1 million firefighters who selflessly serve their communities and their country, approximately 100 die on the job each year. Currently, the National Fire Protection Association estimates that 50,100 firefighter injuries occurred in the line of duty in 2005 alone. The FFIP is instrumental in discovering the primary factors contributing to fire fighter deaths and recommending ways to prevent future deaths and injuries.

Since its inception in 1998, the FFIPP—in cooperation with fire departments and firefighters around the country—has conducted over 500 fatality investigations. The findings and recommendations of these investigations have led to increased awareness of fire fighter safety and health hazards, and to numerous cooperative efforts among and between the fire service and NIOSH to improve fire fighter safety and health. Despite such successes, fatality investigations are not as common nor as comprehensive as they should be. According to a recent report by the inspector general of the Department of Health and Human Services, such shortcomings are caused, in part, by a lack of resources.

Congress clearly intended for NIOSH to thoroughly investigate every fire fighter line-of-duty death. By doubling the funding allocated for the FFFIPP in FY 2007, your amendment will allow NIOSH to better fulfill its Congressional mandate and help prevent fire fighter injuries and deaths.

Thank you for your leadership in protecting the health and safety of our Nation’s first responders. We look forward to continue working with you to prevent future deaths and injuries among fire fighters.

Sincerely,

CHIEF STEVEN P. WINTERMANN, CFO, President, International Association of Fire Chiefs

HAROLD A. SCHATZBERGER, General President, International Association of Fire Fighters.

Mr. KERRY. I think both sides have now agreed to this amendment. The PRESIDING OFFICER. Is there further debate?

Mr. HARKIN. Mr. President, can we withhold for a second? The amendment by the Senator from Massachusetts is accepted on both sides.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

Mr. KERRY. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KERRY. I thank the Chair and the distinguished manager.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m. Thereupon, the Senate, at 12:41 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION APPROPRIATIONS ACT, 2008—Continued

The PRESIDING OFFICER. In my capacity as a Senator from the State of Delaware, I suggest the absence of a quorum.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mrs. FEINSTEIN. I ask to speak as in morning business.

The PRESIDING OFFICER. Without objection, the Senator is recognized.

CALIFORNIA WILDFIRES

Mrs. FEINSTEIN. Mr. President, I wanted to take a few minutes to do what Senator Boxer did yesterday, which is essentially to update the Senate on the catastrophic fires in California. I offer these words on behalf of Senator Boxer and myself.

Today there are 14 fires, big fires, burning in California. The bulk of them are uncontained and out of control. The containment factor is very small. More than half a million people have been told to evacuate their homes. More than 309,000 acres have been destroyed by fire, over 400 miles, from north of Los Angeles to South Dakota and across the Mexican border, and more, we fear, will be destroyed.

The deaths, fortunately, today are limited to one, with 34 injured throughout southern California, some of them firefighters. High wind and high temperatures persist. As you know, an outstanding is in effect for the California coast from Monterey to the Mexican border. More than 1,000 homes have been destroyed; 11,500 are now threatened. Today more than 100 commercial buildings have been destroyed, and 2,000 are threatened; 52 outbuildings have been destroyed and 550 are threatened.

Health warnings have been issued because of smoke and particulate matter. As you know, these fires are driven by hurricane and gale-force Santa Ana winds, which are warm and dry to the prevailing westerly flow, east to west. They are fueled by bone-dry brush from years of drought and virtually no humidity. Humidity is below 10 percent.

Fires are raging still in Malibu, at Lake Arrowhead in Irvine and Santa Clarita. The Arrowhead area is particularly dangerous because there are half a million acres of pine-beetle infested dead trees waiting to go up.

Of course, they are raging in San Diego County, which is bearing the brunt of two major fires which well could join. Already, the 300,000 people in San Diego County alone have been told to evacuate. More than 10,000 of them are now taking refuge in Qualcomm Stadium, home to the San Diego Chargers. There will be there for 48 to 72 more hours and possibly more.

Sanitary supplies are going to become a problem. It is going to be a real effort to get food and water to these evacuees and the hundreds of thousands of people displaced around southern California.

Both Senator BOXER and I spoke to the Governor, and he has declared a seven-county disaster area. Yesterday the President declared southern California a disaster area to be able to speed the Federal Emergency Management Agency’s relief, which is critical.

This is going to be a real test of FEMA. We are going to learn whether FEMA actually learned from the hurricane in New Orleans, a test of whether FEMA has gotten its act together post-Katrina.

FEMA must act quickly and urgently to get help to California. The State is going to need cots; it is going to need blankets; it is going to need water, food, and, most importantly, those sanitary facilities that are needed for the people who are camping out today, sleeping in cars, located in schools, or in Qualcomm Stadium.
Most importantly, this help has to be spread throughout the 14 different fire areas. It is not going to be enough to simply put it in one place.

Last night, the Secretary of the Interior informed me that the fires have crossed and are entering the Baja California, Mexico, and urged Mexican authorities to begin to speak out.

These fires are fast moving. You see them at a distance on a hill, and you do not believe you will be affected because the winds are contrary to what you expect. Then, suddenly, within a short period of time, 2 hours, the fire is upon you.

So people must be alert, and they must evacuate these fire areas. The military is pitching in. Fifteen hundred National Guard personnel are actively engaged or directly supporting firefighting efforts. We have 550 Active Duty marines, 17,000 California National Guard personnel are available. I believe we have more than 5,300 State of California firefighters on the line, and local aid is being received from local jurisdictions. Today, a combination of National Guard, Navy and Marine Corps aircraft, are either supporting firefighter efforts or are prepared to pitch in.

The problem is, with the wind and dense smoke, it is difficult for a plane or helicopter to know where they are going. Simply put, this is a disaster of huge proportions. It is catastrophic in terms of property loss and environmental damage.

Hopefully, it is not going to be a huge catastrophe in terms of loss of life. I do not think there is anything other than a catastrophic health incident that is more serious to a person or family than losing their home by flood or fire.

I know Californians will respond in their traditional stalwart and generous manner to help their neighbors. Both Senator Boxer’s and my heart go out to all Californians today.

I ask unanimous consent that the specific statistical roundup of these larger fires be printed in the Record.

There being no objection, the material was ordered to be printed in the Record, as follows:

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

Mr. BINGAMAN. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. BINGAMAN. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. HARKIN. I ask unanimous consent that the order for the quorum call be rescinded.

Mr. BINGAMAN. I ask unanimous consent that the order for the quorum call be rescinded.

Mr. BINGAMAN. Mr. President, I understand there is still some checking to see if there is any objection to setting aside the pending amendment so I may offer an amendment. While we are waiting, I wish to describe the substance of the amendment I intend to offer.

This amendment is intended to reduce the Social Security backlog. Most of us who go back to our home States on weekends and during recesses know about the Social Security backlog. We hear from individuals in our States about how long they have to wait to find out whether their Social Security disability claims have been approved. We hear about elderly people waiting in long lines for service at Social Security offices or the reasons signals when they call the 1-800 number that is provided for people trying to find out the status of their Social Security claim. But I am not sure most of us understand the extent of the backlog, the consequences of that, or the reasons for it.

For more than 70 years Social Security has provided millions of American workers and their families with a basic level of protection against poverty when a worker can no longer work due to old age. Of course, we are all aware of the disability now being covered by Social Security. Social Security benefits are paid to disabled individuals who have earned a sufficient number of credits under Social Security over their lifetime, and who are under Social Security coverage. They are entitled to benefits if they become disabled, as defined by Social Security, to the extent they are entitled to retirement benefits. They must have reached the age of 22 to be eligible for Social Security disability benefits. Benefits may begin as early as age 22 for those who are disabled due to severe mental or physical impairment.

The Social Security Administration is responsible for the administration of Social Security programs, including the determination of eligibility for benefits and the payment of benefits. The Social Security Administration is a federal agency within the United States Department of Health and Human Services. The Social Security Administration is responsible for administering the Social Security Act, which provides for old age, survivors, and disability insurance, as well as a number of other benefits.

Social Security Administration staffing levels are at their lowest since 1972. Thirty years ago, the Social Security Administration had more than 82,000 employees. In 2005 the Social Security Administration had 66,000 employees. In a few months, the expected employment at the Social Security Administration will drop below 60,000.

Thousands of employees are leaving the Social Security Administration’s field and hearing offices without being replaced. As many of us know, the field offices across the country are reducing their hours. In Carlsbad, NM—which I visited 2 weeks ago—due to a reduction in hours of service, seniors and people with disabilities are forced to line up around
the building, often waiting hours to get served. Even worse, some field offices are shutting their doors permanently.

Meanwhile, since 1990, the number of disabled workers drawing disability benefits has more than doubled. That number, from 3 million in 1990 to 6.8 million today. Field offices are averaging over $50,000 visitors a week during this current year.

As we know from the press, the first baby boomer officially filed for Social Security last week. So the demands on Social Security are only going to increase. In addition, Congress has significantly increased the Social Security Administration’s responsibilities as part of the Medicare Part D legislation.

So the Social Security Administration finds itself in a very dire circumstance. The Social Security Administration has over 1,400 field and hearing offices in cities and towns across the country. Mandatory costs, such as processing of disability and retirement claims, social security number queries, fraud investigations, central integrity review, guards, postage, employees’ salaries, and benefits are continuing to rise. Unfortunately, Congress appropriated on average each year for the last 7 years about $150 million less than the administration requested. The current budget situation has simply been compounded by years of sustained underfunding by the Congress.

According to the Social Security Administration, the present outlay of processing the hearing backlog would be $794 million. The difference between the amount of funding requested for administrative expenses and the amount appropriated for fiscal years 2001 through 2007 is $962 million—more than enough to address the backlog. So if we had actually appropriated what the administration asked for during fiscal years 2001 through 2007, we would largely have this backlog problem solved. Unfortunately, we did not do that.

I thank the chairman and the ranking member of this subcommittee on the Appropriations Committee for their significant efforts to address the backlog. As you know, the chairman of the subcommittee has been a tireless leader on issues affecting individuals with disabilities. For decades, he has led the way in the Senate on reducing barriers for individuals with disabilities and ensuring full community participation.

Fortunately, the chairman and the ranking member recognized the current challenges individuals with disabilities are facing in accessing disability benefits, and they have worked hard to increase administrative funds for the Social Security Administration by $125 million over the amount that was requested by the President. I believe we all recognize how important that infusion of funds will be.

In the committee report accompanying the hearing that we are considering, the chairman requested the Commissioner of Social Security to set forth a plan to reduce the backlog. As submitted, the Commissioner’s plan would include: accelerating review of cases that are likely or certain to be approved; improving hearing procedures; increasing adjudicatory capacity; and increasing efficiency through automation and improved business processes.

Unfortunately, the amount of funding in the bill does not go far enough, in my view, to substantially reduce the backlog. According to the Commissioner, this amount of funding will merely “stem the tide.” It will not address the backlog in a significant way.

The fiscal year 2008 budget resolution—which we all considered on the floor, and many of us voted for—recommends an increase of $30 million above the President’s request for the Social Security Administration’s administrative budget in order to reduce this backlog. The amendment I am intending to offer later today would get us to half this amount by increasing the Social Security Administration’s administrative budget by an additional $160 million. The amendment would give the Social Security Administration the resources it needs to reduce the backlog to help get rid of these long lines.

The amendment is paid for. The amendment would shift excess Medicare funds to pay for this critical increase in funding to the Social Security Administration in this 1 year. These offsetting funds have been identified in close collaboration with Finance Committee staff and, of course, Senator Baucus is a cosponsor of the amendment.

Importantly, these funds would be immediately replaced at the beginning of fiscal year 2009 with generally available funding that was passed as part of the Transitional Medical Assistance extenders package.

Finally, the amendment would also permit the U.S. Treasury Department to invest its excess operating capital. So this represents responsible oversight of the Department. This policy has been recommended by the Government Accountability Office and others. It is estimated this policy will generate tens of millions of dollars for the Federal Government over the next 10 years.

The bottom line is millions of Americans and their families—people whom we represent—rely on Social Security to protect them against poverty in the golden years of life and in their retirement. This incredible insurance program is breaking down because of our failure to fund the administration of the program.

So I urge my colleagues to support my amendment. It is being offered on behalf of myself, Senator Snowe from Maine, and Senator Baucus from Montana.

Mr. President, I do not believe we have yet gotten to a point procedurally where I am able to offer the amendment, so I yield the floor.

The PRESIDING OFFICER. The Senator yields the floor.

Who seeks recognition?

Mr. WEBB. Mr. President, I ask unanimous consent to speak as in morning business.

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

The PRESIDING OFFICER. The Senator yields back. Who seeks recognition?

Mr. WEBB. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CASEY. Mr. President, I ask unanimous consent that the order for morning business be suspended.

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

The remarks of Mr. CASEY are printed in today’s RECORD under “Morning Business.”

Mr. CASEY. Madam President, I yield the floor.

The PRESIDING OFFICER (Mrs. McCaskill). The Senator from Vermont is recognized.

Mr. SANDERS. Madam President, let me take this opportunity to thank Senator Harkin and Senator Specter for their very hard work on the Labor-HHS legislation and commend the ranking member, Senator Specter, and his staff as well. The reality is that the needs facing the people of our country who are impacted by this bill are enormous. There is, unfortunately, not enough funding available to accommodate those needs, and within that context, Senator Harkin and Senator Specter have done their very best.

I want to say a few words about one particular program which is important to me, which is important to the people of Vermont, and which is vitally important to this whole country as we try to deal with the health care crisis our country is now facing, a crisis in which 47 million Americans have no health insurance, even more are underinsured, and the cost of health care is soaring every day. What this legislation deals with and I think deals with quite well is understanding that it is important for us to grow the number of community health centers in this country.

The community health center program is a wonderful success story, and it is widely recognized as one of the most cost-effective programs in the entire Federal Government. Community health centers are community-run. They are run by the people in the community themselves. They are run on a nonprofit basis. They provide not only affordable health care to their people but affordable dental care, which is a growing crisis in America and in the State of Vermont. They provide mental health counseling——another serious issue. They provide low-
cost prescription drugs—in fact, the lowest cost prescription drugs available in America.

These federally qualified health centers serve people from all walks of life and all incomes. Whether you have private insurance, whether you have Medicare, whether you have Medicaid, or whether you have no health insurance, you are welcome into these community health centers. For those with no health insurance, payment is based on a sliding scale. If you don’t have a whole lot of money, you don’t have to pay a lot for your health or dental care.

Today, over 16 million Americans—16 million—benefit from the services health centers provide in every State and in almost every congressional district in our country. For an average Federal grant expenditure of only $124 per patient per year, these centers offer comprehensive health care, regardless of ability to pay. At a time when more and more Americans are losing their health insurance, when they are finding it hard to secure primary health care, these centers play an extraordinary role, and they deserve to be adequately funded.

This legislation provides $2.24 billion for the community health center program—a $250 million increase above the fiscal 2007 level. I thank Senators Harkin and Specter very much for their support for this program. It is estimated that this increase will allow us to expand or create some 500 new community health centers all over this country, serving an additional 2 million Americans. That is a big deal at a time when millions and millions of people are unable to find primary health care or just don’t have the funds to pay for it. Given the fact that we have 47 million Americans losing their health insurance, it is clear this is not enough, but it is a significant step forward.

In Vermont in recent years, we have expanded the number of federally qualified health centers from two to six, and my hope is that we can add an additional three or four more centers in the next 3 years. These centers now serve over 86,000 Vermonters and provide quality health care, quality dental care, low-cost prescription drugs, and mental health counseling in some 23 different locations around the State of Vermont. The centers are the medical home for 24 percent of Vermont’s Medicaid beneficiaries and serve 19 percent of our uninsured.

Nationally, health centers are not only providing quality, efficient care in underserved communities, they are filling a major gap in our Nation’s health care system where primary care is being compressed. It is no secret that in many parts of America, especially rural America, it is very, very hard for people to locate a primary health care physician. It is also imperative that these centers play a role, which is to go to the community rather than floating emergency rooms in hospitals, which are much more expensive.

In addition to this appropriations bill, we are also in the process of reauthorizing the community health center program in the Health, Education, Labor and Pensions Committee on which I serve, and I thank our chairman and our ranking member for putting forward legislation that has the support of 68 Members from both sides of the aisle.

So I think this issue of community health centers is very much an issue and an area supported by people from different political perspectives. It is doing an enormous job in providing health care to millions of Americans. I am glad we are going to take a step forward when we pass this legislation.

Mr. CRAPO. Madam President, I ask unanimous consent to speak as in morning business.

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

METHAMPHETAMINE CONTROL

Mr. CRAPO. Madam President, in September, the Finance Committee held a hearing on the efficacy, over the past year, of the Combat Methamphetamine Epidemic Act, known as the Combat Meth Act, for short. The Combat Meth Act implemented restrictions on drugs that go into the production of methamphetamines. Methamphetamine abuse has devastated lives, families, and communities across our Nation, and across the world. The testimony given at this hearing by the U.S. Department of Homeland Security, the U.S. Department of State, and State agencies indicated that while the Combat Meth Act helped reduce the home production of methamphetamine across the U.S., it is now flowing at historic levels across our borders from countries where production controls are much less rigid.

A 2006 Substance Abuse and Mental Health Services Administration report found that my home State of Idaho had one of the highest rates of methamphetamine use in the preceding 12 months of those aged 12 and older. In rural Idaho, especially, the issue of methamphetamine abuse has almost become commonplace: I visit with local officials and community leaders to hear about problems affecting our community when I am home in Idaho. When I ask if it is still a problem, the response is, of course, it is, as if the very question was a little naive. This troubles me greatly.

Thomas Siebel, chairman and founder of the highly successful Montana Meth Project, also testified at the September Finance Committee hearing on the Combat Meth Act. The Montana Meth Project was established in 2005 as a nonprofit organization created to reduce first-time methamphetamine use through public-service messaging, public policy and community outreach. In just a few years, the project has been highly successful. In Montana, the State has gone from being fifth in the Nation for per capita meth use to 39th today—a staggering change.

In Montana by as much as 70 percent. The Montana Meth Project is an example of a highly effective private sector education and prevention effort. This success is also good news for Arizona, Illinois, and my State of Idaho, all of which have started their own "Meth Projects." While this is very encouraging, we have a long way to go.

Montana and Idaho are just two States that have been overwhelmingly affected by meth abuse and addiction. Rural communities nationwide have been hit particularly hard by the demand and presence of this lethal drug, creating major challenges for law enforcement, health and welfare and environmental protection agencies, not to mention our families and school systems.

I have been approached by police officers, community leaders, health advocates, school administrators, and criminal justice leaders about the severity that this drug takes on our citizens, particularly teens and young adults. They have witnessed destroyed relationships and families torn apart, all suffering from this drug that invades neighborhoods, friends, and families.

According to the Department of Health and Welfare, the number of children in foster care increased by 40 percent between 2002 and 2006. Approximately 3,000 children enter foster care in Idaho every year; the majority of them are children of meth-addicted single mothers. Our children are the unwitting and helpless victims of this menacing drug epidemic.

There is some encouraging news but, as is the case with drug trafficking, it is tempered with alarming trends. In 1999, Idaho implemented an initiative to fight meth production, coordinating regional and State level law enforcement efforts. These efforts have proven highly successful. In 2000, 186 meth labs were seized. In 2004, only 31 meth labs had dropped to 38 thanks to this enhanced coordination strategy. According to Idaho law enforcement agencies, meth lab seizures are now at an all-time low, which has resulted in less danger to neighborhoods and communities, as well as to environmental protection workers who are responsible for doing clean up of these sites after they are seized.

At the Finance Committee hearing last month, Gary Slocum, Director of the State of Iowa Governor’s Office of Drug Control Policy, testified that Iowa had also seen success with “State and local prevention efforts” and “multijurisdictional task forces.”

At the national and international level, according to the State Department Bureau for International Narcotics and Law Enforcement, since the passage last year of the Combat Meth Act, methamphetamine abuse has been trending slightly downward in the United States but, unfortunately, worldwide consumption is growing. This is due in large part to the fact that, compared to organic illegal drugs such as
 opiates and cocaine, methamphetamine is relatively easy to manufacture, can be produced just about anywhere and has a very substantial profit margin. It is the State Department’s assessment that international mitigation and control efforts have been hit particularly hard by this trend. In the Northeast, Midwest, Mountain, Wyoming, and other States remain under siege by the meth epidemic. These are not communities with substantial numbers of law enforcement personnel and resources, massive revenue bases, or specialized departments and offices to fight back.

Recently, an Idahoan with over 20 years’ experience working with drug-endangered children shared an idea with me on how to best fight the meth problem in rural communities. His recommendation was that the Federal Government should assist local communities in forming multi-organization, school, parent, and agency task forces to educate children and adults about the perils of meth addiction. He reminded us that task forces exert community and peer pressure to report the presence of labs and those selling and using meth in the community. In Idaho, this approach has proven to be the most effective way to combat the meth crisis.

According to the Department of Homeland Security and Immigration and Customs Enforcement, methamphetamine seizures have steadily increased, and we’ve witnessed meth labs in rural communities and even small towns. We’ve also witnessed meth use in our Nation’s communities, large and small. This will require an increased effort from the Federal Government to bring an end to meth use and production in these places. It is especially important to focus Federal dollars where they are truly needed—in rural communities nationwide that don’t have the manpower or other resources to fight this battle alone.

In 2003, I call on my colleagues to support critical effective efforts in their respective States to work toward meth-free communities, and to continue to support U.S. leadership and involvement in international drug trafficking interdiction and suppression efforts.

There are many things we can do from the Federal level to the State level to the local community and, frankly, the family and individual levels to fight meth in this country.

One of the most important findings is simply educating people about the dangers involved in the use of methamphetamines. It is critical to our ability to reduce the demand and to be able to get a handle on fighting the supply.

I yield back the remainder of my time.

Mr. HARKIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ENSIGN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. ENSIGN. I want to talk about two amendments I have offered that hopefully will be voted on very shortly. Is there any kind of unanimous consent agreement?

The PRESIDING OFFICER. There is not.

Mr. ENSIGN. Just to alert the managers of the bill, I probably will not talk for more than about 10 minutes total.

AMENDMENT NO. 3342

The first amendment I want to talk about is the amendment that deals with the totalization agreement between the United States and Mexico, the latest attempt to drain the Social Security trust fund.

In 2004, the Commissioner of Social Security signed a totalization agreement with the Director General of the Mexican Social Security Institute. While the President has not yet submitted the United States-Mexico totalization agreement to Congress, I am concerned that the agreement can severely impact the Social Security trust fund and threaten the retirement benefits of hard-working Americans.
The proposed totalization agreement with Mexico does not contain protections against fraud, and there are too many unanswered questions about its cost to American taxpayers. The Government Accountability Office has already warned us that the proposed totalization agreement with Mexico will likely increase the number of unauthorized workers and make their family members eligible for Social Security benefits.

Mexican workers, who ordinarily would not receive benefits because they lack the required 10 years of legally documented employment in the United States, could qualify for partial Social Security benefits with as little as 1½ years of work history.

Families living in Mexico would also qualify for United States Social Security benefits, because the proposed agreement waives rules that prevent payments to non-citizens such as children and spouses living outside the United States. Because the Mexican Government does not keep sufficient records of births, deaths, and marriages, it would be nearly impossible to determine whether someone died so that the Social Security Administration could discontinue sending benefits. The Social Security Administration estimates that 50,000 additional Mexican workers would qualify for these benefits in the first 5 years, for a total estimated cost of over $500 million. During that same time period, the agreement would save U.S. workers about $100 million. If you do the math, it appears the cost of the agreement could be almost four times the savings.

Before we send scarce Social Security dollars to a foreign county, Congress must first determine whether a totalization agreement is in the best interests of our country.

To protect Social Security benefits to U.S. citizens, and to preserve the program for future generations, I am offering this amendment today. My amendment would bar funding for the administration of benefit payments under a totalization agreement with Mexico.

AMENDMENT NO. S13223
I am also offering a second amendment. There have been many media reports recently about those who are here illegally stealing American Social Security numbers. Every year employers are advised that nearly 800,000 employees do not have valid matching Social Security numbers. In too many of those cases, the numbers that are used belong to someone else in America.

Today, I am going to take a few moments to share with my colleagues a few of the stories of victims of identity theft. I have shared some of these stories in the past. Last year I spoke about Audra, who had been a stay-at-home mom since 2000. Her Social Security number was used by 218 different illegal immigrants, mostly in Texas, to obtain jobs. The IRS accused her of owing back taxes of over $1 million on other people’s illegal work.

There was also Caleb, who lives in Nevada with his wife and two young children. In December of 2003 Caleb was unable to work and he applied for unemployment benefits. Social Security benefits that were rightfully his and was told that it was because he was already working as a landscaper in Las Vegas. Las Vegas and Reno are about 500 miles apart. It would have been very difficult for this unemployed worker in Nevada.

Stories such as these are all too common. States have experienced a crime spree involving illegal immigrants using the stolen identities of children. In one case in Utah, a child apparently owns a cleaning company and works as a prep cook at two restaurants in Salt Lake City. That is a lot of responsibility, especially for a little 8-year-old boy.

A little boy in Salt Lake City supposedly works for an express air freight company; quite an important job for an 8-year-old.

These stories are quite shocking. Americans are being denied unemployment benefits and are being unfairly targeted for failure to pay taxes on money they did not earn. My amendment prohibits the Social Security Administration from using funds to process claims for work performed under a stolen or fraudulent Social Security number.

We should not reward individuals who have knowingly engaged in illegal behavior. My amendment will ensure that the 218 illegal immigrants who stole Audra’s Social Security number will not receive benefits from the Social Security trust fund. The landscaper who stole Caleb’s Social Security number will not get credit for his work using one of my constituent’s numbers, and the prep cook who stole an 8-year-old’s Social Security number will not get credit for victimizing a child either.

We should value hard work and reward those who play by the rules. Therefore, I urge my colleagues to support both of these important amendments.

I yield the floor, and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SALAZAR). Without objection, it is so ordered.

Mr. REID. Mr. President, it is never really easy. We have a lot of procedural stuff that we have tried to be as patient as I can be. I have acknowledged publicly that the two managers have done everything within their power to move this bill; 12:30 has passed but the good faith is still here. We are going to work through the night and finish this bill. We have lost a few hours, but I think with this agreement we will accomplish everything we need to do, even if we had completed this bill earlier today.

Mr. President, I ask unanimous consent that the following be the only amendments or motions remaining in order to the bill; that there be 2 minutes of debate prior to each vote, equally divided and controlled in the usual form, and that there be 20 minutes of debate equally divided and controlled prior to a vote on the motion to commit; that no second-degree amendments be in order other than as specified in this agreement; that upon disposition of all amendments and motions, if the motion to commit is defeated, then the substitute amendment, as amended, be agreed to, the bill be read a third time, and the Senate proceed to vote on passage of the bill with the vote sequence as set forth below.

I will talk specifically about the listing of the amendments and the order in which they will be voted upon because this has been negotiated for the last several hours. After the first vote, the time for each vote is 10 minutes. They will be voted on in the following order: No. 1, Cardin, No. 3400; No. 2, Ensign, No. 3342; No. 3, Ensign, No. 3352; No. 4, Vitter, No. 3328; and that it be in order for the amendment to be modified if agreed upon by the managers or the spokespersons. The Dorgan pending amendment, No. 3345, will be withdrawn—that will be done by either Senator Dorgan or the chairman, Senator...
The PRESIDING OFFICER. The majority leader is correct. Without objection, it is so ordered.

AMENDMENT NO. 336 WITHDRAWN

Under the previous order, the Dorgan amendment No. 3345 is withdrawn.

The Senator from Iowa.

AMENDMENT NO. 343, AS MODIFIED, TO

Mr. HARKIN. Mr. President, before we start, I send a modification to the desk and ask for its immediate consideration on amendment No. 3443 for Senator Hatch.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for Mr. Hatch, proposes an amendment numbered 3443, as modified.

Mr. HARKIN. Mr. President, the amendment has been agreed to on both sides.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

The amendment (No. 3443), as modified, was agreed to, as follows:

AMENDMENT NO. 3443, AS MODIFIED

At the appropriate place in title II, insert the following:

SEC. 2. (a) The amount appropriated under the heading “DISEASE CONTROL, RESEARCH, AND TRAINING” under the heading “CENTERS FOR DISEASE CONTROL AND PREVENTION” in this title is increased by $1,000,000.

(b) The amount appropriated under the heading “GENERAL DEPARTMENTAL MANAGEMENT” under the heading “OFFICE OF THE SECRETARY” in this title is decreased by $1,000,000.

(c)(1) The Secretary of Health and Human Services (acting through the Director of the National Institute for Occupational Safety and Health) shall conduct, and shall invite the University of Utah and West Virginia University to participate in conducting, a study of the recovery of coal pillars through retreat room and pillar mining practices in coal mines at depths greater than 1,500 feet.

(2) The study shall examine the safety implications of retreat room and pillar mining practices with the impact of full or partial pillar extraction mining.

(3) The study shall consider, among other things—

(i) the conditions under which retreat mining is used, including conditions relating to—

(I) seam thickness;

(II) depth of cover;

(III) strength of the mine roof, pillars, and floor; and

(IV) the susceptibility of the mine to seismic activity;

(ii) the procedures used to ensure miner safety during retreat mining;

(2)(A) Not later than 1 year after beginning the study described in paragraph (1), the Secretary shall submit a report containing the results of the study to the Committee on Education and Labor of the Senate.

(3) Not later than 90 days after the submission of the report described in paragraph (2) to Committee on Appropriations of the Senate, the Committee on Appropriations of the House of Representatives, the Committee on Education, Labor, and Pensions of the Senate, and the Comptroller General of the United States shall publish a notice in the Federal Register describing the actions, if any, that the Secretary intends to take based on the report.

AMENDMENT NO. 3430, AS MODIFIED, TO

AMENDMENT NO. 3325

Mr. HARKIN. Mr. President, I ask unanimous consent to vitiate the previous vote on amendments Nos. 3430, the Feingold amendment. I now send to the desk a modification of that amendment and ask for its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. Amendment 3430, as modified, is agreed to.

The amendment (No. 3430), as modified, was agreed to, as follows:

AMENDMENT NO. 3430, AS MODIFIED

At the end of title II add the following:

SEC. 2. (a) Not later than May 31, 2009, the Comptroller General of the United States shall submit a report to Congress on the strategies utilized to assist students in meeting State student academic achievement standards, including achieving proficiency on State academic assessments.

(b) The report required under subsection (a) shall include data collected from a representative sample of schools across the Nation to determine the strategies utilized by schools to prepare students to meet State student academic achievement standards and achieve proficiency on State academic assessments, including the following categories of strategies:

(1) Adjusting the structure of the school day, which may include the expansion of the school day, or modifications in the time spent on instruction in core academic subjects.

(2) The professional development provided to teachers or additional school personnel to assist low-performing students.

(3) Changes in the provision of instruction to students, including targeting low-performing students for specialized instruction or modifications in the time spent on instruction.

(4) Utilizing types of instructional materials to prepare students.

(5) Instituting other State or local assessments.

(6) Using other strategies to prepare students to meet State student academic achievement standards and achieve proficiency on State academic assessments.

(c) The data collected pursuant to this section shall be disaggregated by—

(1) schools with a high percentage of students eligible for a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.);

(2) schools with a low percentage of students eligible for a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.);

(3) schools with a student enrollment consisting of a majority of racial and ethnic minority students;

(4) schools with a student enrollment consisting of a majority of non-minority students;

(5) urban schools;

(6) suburban schools;

(7) rural schools; and

(8) schools identified in need of improvement under section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311).

(d) The representative sample described in subsection (b) shall be designed in such a manner as to provide valid, reliable, and accurate information as well as sufficient sample sizes for each type of school described in subsection (c).

(e) The data collected under subsection (b) shall be reported separately for the most common types of strategies, in each of the categories listed in paragraphs (1) through (6) of amendment (b) used by schools to prepare students to meet State student academic achievement standards, including achieving proficiency on State academic achievement tests.

AMENDMENT NO. 3401, AS MODIFIED, TO AMENDMENT NO. 3320

Mr. HARKIN. Mr. President, under the previous unanimous consent agreement, I call up Kennedy amendment No. 3433, and I send a modification to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa (Mr. HARKIN), for Mr. KENNEDY, proposes an amendment numbered 3433, as modified.

The PRESIDING OFFICER. Under the previous order the amendment is agreed to.

The amendment (No. 3433) as modified, was agreed to, as follows:

AMENDMENT NO. 3433, AS MODIFIED

At the end of title III, insert the following:

SEC. 322. Prior to January 1, 2008, the Secretary of Education may not terminate any voluntary flexible agreement under section 428A of the Higher Education Act of 1965 (20 U.S.C. 1078–1) that exists on the date of enactment of this Act with respect to the Secretary terminates such agreement, if the Secretary determines that is not cost neutral, if the Secretary terminates such agreement after January 1, 2008, the Secretary of Education shall, not later than December 31, 2008—

(1) negotiate to enter, and enter, into a new voluntary flexible agreement with such entity so that the agreement is cost neutral, unless such entity does not want to enter into such agreement.

AMENDMENT NO. 3400

Mr. HARKIN. Mr. President, Parliamentary inquiry: What is the amendment now before the Senate?

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided on Ensign amendment No. 3342.

Who yields the floor?

Mr. REID. Mr. President, I am going to vote for the amendment offered by Senator Ensign with respect to the U.S.-Mexico Totalization Agreement, and I wanted to take a few minutes to explain my thinking on this issue.

The United States has negotiated totalization agreements with more than 20 countries. These agreements establish mechanisms for coordinating our respective Social Security systems so that U.S. citizens working abroad are treated fairly. For example, the agreements help prevent Americans from being subject to unfair double taxation. They also help ensure that work in each country can be combined for purposes of qualifying for benefits, so that those who split their careers between countries are not left uncovered. Of course, while their purpose is to protect American interests, the agreements also provide reciprocal benefits to citizens of the other countries.

Totalization agreements can be win-win arrangements that benefit both sides, provided they are crafted carefully to ensure that their benefits and their burdens are reasonably balanced. No agreement, no matter how carefully drafted, is likely to impose identical costs on both countries. More likely, there will be some difference in the burdens borne and benefits received by each nation. And if the United States ends up paying far more in benefits to citizens of another country than American citizens receive, our national interests could dictate that we reject or renegotiate that agreement.

The need to carefully scrutinize a proposed totalization agreement is especially great because its costs could directly affect the Social Security benefits of virtually all Americans in the future. This type of agreement has the potential of imposing significant burdens on the Social Security trust fund. Although the Congressional Budget Office projects that the trust fund will be solvent through 2046, we should be careful before approving any measure that would worsen the program’s long-term challenges. Otherwise, the end result could be unnecessarily deep cuts in benefits or excessive increases in taxes for Americans.
I further announce that, if present and voting, the Senator from Massachusetts (Mr. KENNEDY) would vote "aye."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 91, nays 3, as follows:

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The amendment (No. 3342) was agreed to.

Mr. HARKIN. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3352

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided on the Ensign amendment No. 3352.

Who yields time?

Mr. HARKIN. Mr. President, it is my understanding we don’t need any time. All time is yielded back.

Mr. HARKIN. Mr. President, it is my understanding we don’t need any time. All time is yielded back.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

Mr. REID. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. BIDEN), the Senator from New York (Mrs. CLINTON), the Senator from Connecticut (Mr. DODD), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KENNEDY) would vote "no."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 92, nays 2, as follows:

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The amendment (No. 3352) was agreed to.

AMENDMENT NO. 3328, AS MODIFIED

Mr. HARKIN. Mr. President, the next amendment up would be Senator VITTER’s amendment No. 3328. I have a modification I send to the desk.

The PRESIDING OFFICER. Under the previous order, the amendment is so modified.

The amendment (No. 3328), as modified, is as follows:

On page 79, after line 4, insert:

SBC. None of the funds appropriated in this Act may be used to prevent an individual not in the business of importing a prescription drug (within the meaning of section 801(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 337(g)) from importing a prescription drug from Canada that complies with sections 501, 502, and 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 352, and 355) and is not:

(1) a controlled substance, as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802); or

(2) a biological product, as defined in section 351 of the Public Health Service Act (42 U.S.C. 262).

Mr. VITTER. Mr. President, I rise today to discuss my amendment, Amendment No. 3328, which is cur renting to the Labor-HHS-Education Appropriations bill before the Senate. My original amendment is simple. It would stop officials at HHS from
preventing individuals from bringing back a prescribed medication for themselves from Canada. I have agreed to make two modifications to my amendment. My amendment, as modified, would add explicit restrictions on controlled substances and biological products from my amendment.

Therefore, as modified, my amendment prohibits funds from preventing individuals, not wholesalers, from importing prescriptions for themselves, and thereby there is no restriction in my language as to how they may import these prescriptions, it is understood that mail order and Internet importation is prohibited along with carrying on the person over the border. All controlled substances and biological products are prohibited.

It is my understanding that my amendment will be accepted by voice vote today on the agreement that the chairman and ranking member of the subcommittee, Senator HARKIN and Senator SPECTER, will work hard for its inclusion in the final conference report for the final legislative vehicle for this bill.

Mr. HARKIN. Mr. President, I appreciate the sentiments by the Senator from Louisiana and accept this proposal on this modified amendment and will ask that it be adopted by unanimous consent. I agree to work hard for inclusion of this amendment in the conference report of the final legislation.

Mr. SPECTER. Mr. President, I concur with my colleague and confirm this agreement with my colleague from Louisiana, Mr. Vitter.

Mr. HARKIN. Mr. President, we are ready to vote on the Vitter amendment.

The PRESIDING OFFICER. All time is yielded back.

The question is on agreeing to the amendment.

The amendment (No. 3328), as modified, was agreed to.

Mr. HARKIN. Mr. President, I move to reconsider this vote.

Mr. DORGAN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. Under the previous order, the Senator from New Mexico is to be recognized.

AMENDMENT NO. 3409, AS MODIFIED, TO AMENDMENT NO. 325

Mr. BINGAMAN. Mr. President, this is an amendment to add $50 million to the Social Security Administration account so that they can deal with the enormous backlog of cases that are pending there in people applying for disability benefits. The average wait is 529 days now. If a person filed today for a hearing in Social Security, they would expect to get that hearing in June of 2009. That is unacceptable. We need to do better. This amendment will help us do that.

I yield the remainder of my time to Senator DOMENICI.

Mr. DOMENICI. Mr. President, I suggest that this is absolutely imperative.

For citizens who are on disability to have to wait 2 years on an appeal, as the Senator said, is unacceptable. The money this is providing will take care of that. He asked the administrator, and that is what is needed, and we ought to do it. We have Social Security and disability, and then they make them wait 2 years, and all of the offices are being cut back because they don’t have enough operating money. We should pass this amendment.

Mr. BINGAMAN. Mr. President, I call up amendment No. 3440, as modified.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from New Mexico [Mr. BINGAMAN] proposes an amendment numbered 3440, as modified.

The amendment is as follows:

At the appropriate place, insert the following:

GENERAL PROVISIONS

SEC. 401. (a) Notwithstanding any other provision of this Act, the amount appropriated under the heading "LIMITATION ON ADMINISTRATIVE EXPENSES" under the heading "SOCIAL SECURITY ADMINISTRATION" shall be increased by $150,000,000.

(b) Section 14841(1)(2)(A) of the Social Security Act (42 U.S.C. 1395w-1(2)(A)), as amended by section 3 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-192), is amended by striking "$1,200,000,000" and inserting "$300,000,000".

(c) Section 325 of title 31, United States Code, is amended to read as follows:

Mr. GRASSLEY. Mr. President, do we have an opportunity to address it?

The PRESIDING OFFICER. There is 2 minutes on each side.

The Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, I rise in support of the goals of this amendment. I want to speak about process so that nobody gets the understanding that the Committee on Finance has given us jurisdiction over this area. We also want to explain that the offset is coming from the Medicare physician assistance and quality initiative fund, which we have set aside to make sure doctors don’t get a 10-percent cut this year in their formula. That is something which is going to come out of the Finance Committee in the next few weeks.

The reason we are going along with this offset is we have found another offset that will fill the void in this fund. I just referred to, so that we will be able to keep this whole. I advise people that just because we are allowing this fund to be tapped, we are not going to tap this fund again because we are going to save this to make sure we can help doctors not get cut in their reimbursement on Medicare.

The PRESIDING OFFICER. Who yields time?

Mr. BINGAMAN. Mr. President, I yield back the remaining time and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the amendment.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. BIDEN), the Senator from New York (Mrs. CLINTON), the Senator from Connecticut (Mr. DODD), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

I further announce that, if present and voting the Senator from Massachusetts (Mr. KENNEDY) would vote "aye."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 88, nays 6, as follows:

(Rollcall Vote No. 389 Leg.)

YEAS—88

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Alexander

Baucus

Bayh

Bennett

Bingaman

Bond

Brown

Brownback

Bunning

Byrd

Baucus

Casey

Chambliss

Coakley

Carper

Cheney

Cochran

Coleman

Collins

Conrad

Corker

Corzine

Craig

Crappo

Dole

Durbin

NAYS—6

Allard

Burr

Biden

Clinton

Cardin

Obama

Mr. CARDIN. I move to reconsider the vote, and I move to lay that motion on the table.

The amendment (No. 3440) was agreed to.

Mr. CARDIN. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3216, AS MODIFIED, TO AMENDMENT NO. 3225

The PRESIDING OFFICER. Under the previous order, the Senator from Iowa, Mr. GRASSLEY, is recognized to offer an amendment.

Mr. GRASSLEY. Senator SANDERS should go first.

Mr. SANDERS. I call up my amendment.

Mr. HARKIN. Mr. President, I understand that under the unanimous consent agreement, the next amendment will be No. 3396, the Grassley-Sanders amendment. It has been modified.
Mr. SANDERS. Mr. President, I wish to speak to what this bill does or does not do for our most promising students.

In his best selling book, “The World Is Flat,” Thomas Friedman discusses the challenges of globalization using the metaphor of the world getting flatter. What he means is that international barriers to the movement of goods, services, people, and ideas are breaking down. That means that American businesses are facing competition from different sources, and the competition will only get fiercer.

If Americans want us to remain an economic leader and keep high paying jobs, we will need to stay one step ahead of others around the world in coming up with new ideas and innovative products and services.

Thomas Friedman likens this moment in American history to the height of the Cold War when the Soviet Union leaped ahead of America in the space race by putting up the Sputnik satellite. What he means is that international competition is fierce.

In response to Sputnik, Congress passed the National Defense Education Act, which really started the Federal involvement in education.

According to Thomas Friedman, to meet the challenges of what he calls “flatism” will require, “as comprehensive, energetic, and focused a response as did meeting the challenge of communism.”

We have heard a lot of talk in Congress about the need to do something about American competitiveness.

In fact, earlier this year we passed the America COMPETES bill, authorizing a series of new programs designed to stimulate advanced learning by young Americans. But are we serious about that?

The bill before us today is a $3.5 billion increase over the previous year. That is not small potatoes. That is enough to give a boost to a lot of programs.

But one program that is not seeing a boost is the only source of Federal assistance to students who are the most promising in our country.
funds currently focused on helping meet the unique learning needs of gifted and talented students.

The Javits Gifted and Talented Students Education Act has suffered a series of cuts in recent years due to across-the-board rescissions.

For the current fiscal year, Congress passed an unusual type of modified continuing resolution.

While the continuing resolution contained no specific language further cutting funding for gifted education, the program mysteriously suffered a significant 21 percent cut.

In total, gifted and talented education has taken a 33 percent cut since 2002, and that is not adjusted for inflation. The current bill retains that cut.

If we are serious about maintaining America’s competitive edge internationally, our most promising students must be challenged and supported to reach their full potential.

We need these talented young people to get advanced degrees and make the technological innovations that drive our economy.

Make no mistake, that will not happen by itself.

Gifted students learn faster and to a greater depth than other students and often look at the world differently than other students. As a result, it takes a great deal more to keep them challenged and stimulated.

If gifted students are not sufficiently stimulated, they often learn to get by with minimum effort and adopt poor learning habits that can prevent them from achieving their potential.

In fact, many gifted and talented students underachieve or even drop out of school.

The book “Genius Denied,” by Jan and Bob Davidson from the majority leader’s home, the State of Nevada, chronicles how we are letting gifted and talented students underachieve or even drop out of school.

The Belin-Blank Center in my home state of Iowa produced a report titled, “A Nation Deceived: How Schools Hold Back America’s Brightest Students.”

We must do a better job of developing American talent if America is to remain competitive in the global economy.

Twice now, on the competitiveness bill and the immigration bill, I have proposed amendments to provide an appropriate funding source for gifted and talented education.

My proposal would increase the fee employers pay for H–1B visas for highly skilled foreign workers to come to the United States and use that additional funding for the Jacob Javits Gifted and Talented Students Education Act.

H–1B visas are temporary visas.

Highly skilled foreign workers come to the United States, often working for less than Americans, and garner useful experience with American companies.

Then, by the nature of the H–1B program, they go home to use their talent in their native country.

That is hardly a permanent solution to our need for talented workers.

Doesn’t it make sense to charge a fee to those investing in temporary talent from abroad and use it to invest in permanent talent for the future here at home?

The modified amendment at the desk is a compromise that I worked out with the Senator from Vermont, Mr. SANDERS.

The modification includes language that was agreed to during the immigration debate.

In fact, a similar amendment passed the Senate with a 59-vote majority.

It would increase the fee for H–1B visas and use the revenue to support gifted and talented education as well as an American Competitiveness Scholarship Program that the Senator from Vermont has authored.

I support his goal of creating a scholarship program for students pursuing a degree in math, engineering, health care, or computer science.

I appreciate Senator SANDERS’s willingness to help me and to provide needed funding for gifted and talented students.

We cannot continue to shortchange our best and brightest students and still expect excellence from them.

Gifted students are the innovators of tomorrow that will keep our economic pump primed.

For their sake and ours, we cannot afford to squander this vital national resource.

I urge the adoption of my amendment.

Mr. HARKIN. If there is no one else to speak, I yield back the remaining time.

The PRESIDING OFFICER. The question is on agreeing to the amendment. Without objection, the amendment is agreed to.

The amendment (No. 3396), as modified, was agreed to.

Mr. SANDERS. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3404 TO AMENDMENT NO. 3396

Mr. HARKIN. Mr. President, I understand the next amendment is the Schumer amendment No. 3404.

The PRESIDING OFFICER. The amendment is as follows:

Mr. HARKIN. As amended by the Durbin amendment No. 3449.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for Mr. DURBIN, proposes an amendment numbered 3449 to amendment No. 3396.

(Purpose: To increase the number of nursing faculty and students in the United States, to encourage global health care cooperation, and for other purposes)

Mr. HARKIN. Mr. President, I call up the Durbin amendment.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for Mr. DURBIN, proposes an amendment numbered 3449 to amendment No. 3396.

(The amendment is printed in today’s CONGRESSIONAL RECORD under “Text of Amendments.”)

Mr. DURBIN. Mr. President, my second degree amendment reflects my belief that we cannot continue to import nurses from other countries without also taking steps to step up capacity for training nurses here in the U.S. We all know that the United States faces a serious shortage of qualified nurses.

Projections show that by the year 2020, our country will fall short of the nurses we need by one million nurses.

Why do we have this looming shortage? Certainly it is due in part to our growing and aging population. But there are also structural problems with the domestic nursing system that limit the numbers of nurses we educate and train in this country.

The main structural problems are an insufficient number of nurse educators and a shortage of clinical space for training. An American Association of Colleges of Nursing survey showed that nursing colleges denied admission to nearly 43,000 qualified applicants in 2006 academic year.

The top reasons these applications were not accepted were insufficient faculty and not enough admissions slots. This means that a bottleneck that is stifling the supply of nurses in this country. And we need to fix it.

We need to devote resources to training and hiring new nursing faculty and expanding clinical space for nursing schools so they can accept more qualified students. These investments will exponentially increase the number of trained American nurses. The Schumer-Hutchinson amendment’s approach to fixing our nursing shortage is to allow up to 61,000 foreign nurses to come to the United States to work and to take the jobs of American nurses.

Importing these thousands of foreign nurses is only a band-aid solution to our projected nursing shortage of 1...
million. But it is also a step that deflates any momentum towards finding real solutions for our domestic nursing crisis. We have done these nursing visa recaptures before. In fact, 2 years ago in 2005, the President signed into law a recapture of nurses using visas as part of that year’s Emergency Supplemental Appropriations Act. Did this 2005 visa recapture stop the nursing shortage? Of course not. It was a band-aid solution. But it did undermine momentum for efforts to undertake the real reform that we know we need. And so here we are again, 2 years later, with hospitals desperate for more nurses.

My second degree amendment is a reasonable compromise that will help both the hospitals in the short term and the domestic nursing supply in the long term. My amendment would require employers who successfully petition for a recaptured nursing green card to pay a $1,500 fee.

This fee would be used to fund a grant program that would provide grants to U.S. nursing schools for hiring nurse faculty, expanding training capacity, and recruiting more students. $1,500 is a large fee—hospitals can spend many times that amount for the services of foreign nurse recruiting companies. However, under my amendment, hospitals that are in dire financial straits, like Health Professional Organizations, hospitals still recovering from Hurricanes Katrina and Rita, would receive a waiver from paying this fee. Neither does my amendment also impose the fee on the dependents of any nurses who receive a recaptured green card.

Again, the Durbin 2nd degree amendment is a reasonable compromise that will help both the hospitals in the short term and the domestic nursing supply in the long term. It will allow for the recaptured nursing green card to address immediate needs, but it will also take steps that will put the American nursing profession on a path to sustainability. My amendment also contains two measured steps to enhance global healthcare cooperation and to safeguard against a crippling brain drain of foreign healthcare workers from countries where they are critically needed. The first provision would allow a healthcare worker who is a legal permanent resident in the U.S. to temporarily provide healthcare services in a country that is underdeveloped or that has suffered a disaster or public health emergency—like the 2004 tsunami—without jeopardizing his or her immigration status in the U.S. The second provision would require a foreigner who is petitioning to work in the U.S. as a health care worker to attest that he or she has satisfied any outstanding commitment to his or her home country under which the foreigner received 30,000 hours of medical training in return for a commitment to work in that country for a period of years. The goal of this second provision is to ensure that foreign countries do not invest money in healthcare workers who then renge on commitments to work in their country without satisfying their commitment in some way, such as by a new voluntary agreement. There is a waiver available in case of coercion by the home country government. My amendment is strongly supported by the American Nurses Association and the American Association of Nursing Colleges.

I urge my colleagues to support the domestic nursing profession and support global health cooperation. I urge passage of my amendment.

Mr. HARKIN. All time is yielded back.

The PRESIDING OFFICER. If all time is yielded back, without objection the second-degree amendment is agreed to.

The amendment (No. 3449) was agreed to.

The PRESIDING OFFICER. Without objection, the amendment, No. 3404, as amended, is agreed to.

The amendment (No. 3404), as amended, was agreed to.

Mr. HARKIN. Mr. President, I move to reconsider the vote.

Mr. DURBAN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3450 TO AMENDMENT NO. 3320

The PRESIDING OFFICER. Under the previous order, the Senator from South Carolina, Mr. DE MINT, is recognized to offer an amendment.

Mr. HARKIN. Mr. President, I have an amendment for Mr. DeMINT, which I send to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for Mr. DeMINT, proposes an amendment numbered 3450 to amendment No. 3320.

Mr. HARKIN. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To prevent Federal employees from purchasing unnecessary first class or premium class airline tickets at taxpayers’ expense, and for other purposes)

At the appropriate place, insert the following:

Such...None of the funds made available under this Act may be used to purchase first class or premium airline travel that would not be consistent with sections 301-10.123 and 301-10.124 of title 41 of the Code of Federal Regulations.

Mr. HARKIN. Mr. President, the amendment has been agreed to on both sides.

The PRESIDING OFFICER. All time is yielded back. Without objection, the amendment is agreed to.

The amendment (No. 3450) was agreed to.

AMENDMENT NO. 3391 WITHDRAWN

Mr. HARKIN. Mr. President, I am informed that amendment No. 3391 by Senator Chambliss can be withdrawn, so I ask unanimous consent that amendment No. 3391 be withdrawn.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

The Republican leader.
much. How many times have we heard that: this isn’t all that much money? But let’s look at the 10-year totals. The $23 billion this year, at the same rate of growth, will end up costing taxpayers $232 billion over 10 years.

What about the $222 billion? We could fund this year’s discretionary appropriations for the Department of Transportation, the Department of Housing and Urban Development, the Department of Justice, the Department of Commerce, the Department of Agriculture, the Department of Energy, Security, Interior, and still have more left over than the entire 2005 Massachusetts State budget.

So our friends are saying that is not a lot of money. Only in Washington, DC, could this kind of spending be not much. We need to get serious about a lot of money. Only in Washington, Massachusetts State budget.

Security, Interior, Energy, and still of Commerce, the Department of Agriculture, Housing and Urban Development, the Transportation, the Department of Education, the Department of Health would have to eliminate $717 billion in cuts for education programs, including special education, safe and drug-free schools, and improving teacher quality. Should we reduce funding for educating our children? Should we? Which programs shall we cut? Step up to the plate.

The President proposes cuts of nearly $1 billion in health programs such as rural health, preventive health, nurse training, and mental health grants. Should we reduce funding for programs that improve the health of our Nation? Should we? Ask yourself, which program—should be cut? Silence. The record will note silence in answer to the question.

The President proposes to cut low-income home energy assistance by $379 million. Winter is coming on. It gets pretty cold in those West Virginia hills. As winter approaches and home heating oil prices rise, should we reduce funding for home energy assistance? No Senator will be cold this winter at home. I won’t be cold at home. I am a Senator, proud to be a Senator. By how much should we slash low-income home energy assistance?

Mr. President, it is easy to demand cuts until one has to say just what will be cut. Whose ox—whose ox, yours or mine—whose ox will be gored? Who will be left out in the cold?

To all Senators listening, I urge a “no” vote on the motion to commit.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. HARKIN. Mr. President, how much time remains on our side?

The PRESIDING OFFICER. The Senator from Iowa has 3 minutes 15 seconds.

Mr. HARKIN. I will split it, 1 2/4 minutes.

The PRESIDING OFFICER. The Senator from Iowa has 3 minutes 15 seconds.

Mr. HARKIN. I yield—how much time remains?

The PRESIDING OFFICER. The Senator from Iowa has 3 minutes 15 seconds; the Republican leader has 5 minutes.

Mr. HARKIN. I will split it, 1 1/4 minutes.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I oppose the motion to commit because the President’s budget is $3.5 billion under the current expenditures, and figuring an inflation rate it would be $3.5 billion less.

If we accept the President’s figure, then we are abdicating our constitutional responsibility of the appropriations process. The Constitution gives to the Congress the appropriations power. If we automatically defer to the President on the total figure, all we do is fill in the blanks, and that would be an abdication of our constitutional responsibility. In fact, I think it would be unconstitutional for us to delegate that authority to the President. There is case law to the effect that Congress may not delegate its constitutional authority.

I discussed an alternative motion to committee, and that is to arrive at a figure which would be acceptable to the President. On SCHIP the President has stated his willingness to negotiate. The Senate has its figure; the President has his figure. I would be prepared to commit this bill to committee to arrive at a figure which I think certainly not to abdicate our constitutional authority and responsibility.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, first I thank Senator Specter for his help through all this debate and developing this bill. I thank Senator Byrd for his usual eloquence tonight. I think he encapsulated what this is all about.

This is a bipartisan bill. It passed the committee by a vote of 26 to 3. Frankly, I think at least two, maybe all three of those were opposed to the stem cell portion we had in there, which is no longer in the bill. Nonetheless, this passed 26 to 3.

To echo a little bit what Senator Byrd said, if you vote to commit, you are voting to cut community services block grants, to zero it out, and your social services block grants that go to your States will be cut by 30 percent. You would cut NIH, as Senator Byrd said, by $279 million. How about special education? That would be cut by $748 million. How about community health centers? That would be cut by $250 million.

A “yea” vote means you agree with the President that we do not need any more community health centers, you agree with the President we don’t need any more money to go to the States for special education, you agree with the President that we can cut funding for NIH, you agree with the President we can zero out the community services block grants and cut the social services block grants to the States by 30 percent. That is what a “yea” vote means. Frankly, I hope we have an overwhelming vote to reject this motion to commit and keep this a strong bipartisan bill with which we can go to conference.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. Mr. President, I yield the remainder of my time and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second. The question is on agreeing to the motion.

The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. Biden),
the Senator from New York (Mrs. CLINTON), the Senator from Connecticut (Mr. DODD), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KENNEDY) would vote "nay."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 40, nays 54, as follows:

[Rollcall Vote No. 390 Leg.]

YEAS—40

Alexander
Allard
Barrasso
Bennett
Bond
Brownback
Bunning
Burton
Chambliss
Coburn
Coons
Corker
Corzine
Craig

AKIN
Baucus
Bayh
Bingaman
Boxer
Brown
Byrd
Cantwell
Cardin
Carper
Casey
Collins
Conrad
Dorgan
Feinstein
Fischer
Feinstein
Fischer
Frist

AKIN
Baucus
Bayh
Bingaman
Boxer
Brown
Byrd
Cantwell
Cardin
Carper
Casey
Collins
Conrad
Dorgan
Feinstein
Fischer
Fischer
Frist

NAYS—54

Biden
Clinton

ALAZAR
Allard
Barrasso
Bennett
Bond
Brownback
Bunning
Burton
Chambliss
Coburn
Coons
Corker
Corzine
Craig

ALEXANDER
ALLARD
BARRASSO
BENNETT
BOND
BROWNBACK
BUNNING
BURTON
CHAMBILSS
COBURN
COONS
CORKER
CORZINE
CRAIG

ALAZAR
Allard
Barrasso
Bennett
Bond
Brownback
Bunning
Burton
Chambliss
Coburn
Coons
Corker
Corzine
Craig

The motion was rejected.

Mr. HARKIN. Mr. President, I rise to reconsider the vote and lay that motion on the table.

The motion to lay on the table was agreed to.

STUDY ON FOLIC ACID

Mr. SALAZAR. The distinguished ranking member, Senator SPECTER, and I wish to engage in a colloquy about an important public health matter.

Folic acid is an essential "B vitamin" that plays a critical role in the body's natural processes for making new cells throughout the body. As the Labor/HHS appropriations committee has indicated in its committee report, folic acid fortification can play a critical role in reducing the incidences of serious birth defects, such as spina bifida. In that regard, according to research conducted by the Centers for Disease Control and Prevention, the implementation of the FDA's policies governing folic acid fortification in enriched cereal grain products, the prevalence of spina bifida and other neural tube defects has declined approximately 20 to 30 percent.

While this represents significant progress in the prevention of birth defects, the decline falls short of the national policy objective to achieve a 50 percent reduction. It also falls short of the 50 percent to 70 percent reduction in birth defects that the Public Health Service has estimated would result if all U.S. women of childbearing age consumed the recommended amount of folic acid daily.

Mr. HARKIN. Senator SALAZAR, I commend you for bringing this critical issue to my attention and to my colleagues' attention. I agree with you that we must do all that we can to reduce serious birth defects.

Mr. SALAZAR. Thank you, Senator HARKIN. Of great concern to me is that the scientific evidence indicates that the progress that has been made since the current fortification policy was adopted in 1996 is uneven, and public health efforts have not been successful in reaching some of the public groups that are at highest risk of having a child affected by NTD birth defects. For example, research analyzing the government's 2001-2002 National Health and Nutrition Examination Survey data found that approximately 60 percent of non-Hispanic white women, and nearly 80 percent of Hispanic women and nearly 80 percent African American women consumed less than the recommended amount of folic acid daily.

CDC research suggests that current fortification policy is a barrier to fortifying the types of food consumed by diverse groups and may help explain the disparate results that have been achieved in diverse U.S. populations. In view of the inadequacy of folic acid intake that persists among U.S. women who are most at risk of having a child affected by NTD birth defects, there is a need for further study to evaluate whether greater improvements in the nutritional status of women and the prevention of NTDs can be achieved through the expansion of food and beverage fortification with folic acid.

Senator SPECTER, the statistics show that our current fortification policy is not reaching all populations. Do you agree that we need the CDC to study this issue further, so that we can take appropriate action based on those results?

Mr. SPECTER. As a longstanding advocate of prevention and education programs, Senator SALAZAR, I believe that the CDC should conduct critical public health research regarding our current folic acid fortification policies, so that we have a chance to meet our public health objectives of significantly reducing the occurrences of spina bifida and other birth defects.

Mr. SALAZAR. I am familiar with the distinguished Senator's long history of supporting public health prevention and education programs, and I ask that you work with me when we get to conference to add report language to the Labor, HHS and Education Appropriations bill that would direct the CDC to conduct a study of the additional disease prevention benefits to the U.S. population that would be gained from expanded folic acid fortification of the food and beverage supplies consumed by populations currently at risk for inadequate folic acid intake. It is also my opinion that CDC should use public-private partnerships to facilitate that study.

Mr. HARKIN. Senator SALAZAR, I will work with you to expand folic acid fortification of foods and beverages.

Mr. SALAZAR. Thank you, Senator HARKIN and SPECTER. I appreciate your interest in and dedication to addressing this critical public health matter.

Mr. SPECTER. I commend my colleague for working on this important issue and concur with Chairman HARKIN.

COMMUNITY-BASED DOULA INITIATIVE

Mr. DURBIN. Mr. President, I rise to enter into a colloquy with the Senator from Iowa, chairman of the Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee, Mr. HARKIN. I am pleased that the subcommittee has designated funding for a community-based doula initiative within the Maternal and Child Health Bureau. In particular, I am eager to see that this funding be used in part to support technical assistance and evaluation activities for community-based doula initiatives.

For example, and low-income adolescents make up 38 percent of all women ages 15 to 19, yet they account for 73 percent of all pregnancies in that age group. Teenage mothers are much less likely than older women to receive timely prenatal care and are more likely to smoke during pregnancy. Because of these and other factors, babies born to teenagers are more likely to arrive too early and at a lower birth weight, which puts them at greater risk for serious and long-term illness and developmental delays.

In Chicago, we have seen how the community-doula model can improve the odds for those young moms and their babies. The Chicago Health Connection pioneered this model. The group trained mentors from the community to work with at-risk moms, many of whom had few ideas of where else to turn. These mentors spend time in the neighborhood, finding and befriending pregnant women in need of help. With the guidance of the doula, the Chicago Health Connection found that more young mothers were going to their prenatal care appointments, making better lifestyle choices, and not surprisingly delivering healthier babies. The doula stays with the moms through the early months, encouraging breastfeeding, cuddling, interactive play, and other critically important developmental activities. The key to success in this model is the doula, who configures to the needs of the babies they serve. The doula provides culturally sensitive pregnancy and childbirth education and helps ensure that
pregnant women know how to access prenatal care and social services.

My request to the subcommittee to transform this model into a national priority was supported by Senators Obama, Bingaman, Brown and Casey. In a letter to the subcommittees, I know that not many new programs were begun and I thank the chairman for making this program a reality. I also commend the chairman for his foresight in expanding it to include community-based breastfeeding programs in rural areas.

I am eager to see the Chicago Health Connection model successfully replicated and to make that happen, it is important that new programs have guidance and help to not reinvent the wheel. I would hope that the national program would include funding for a national leader with expertise in the replication of the community-based doula model as well as expertise in breastfeeding promotion to provide training, technical assistance and evaluation services.

Mr. HARKIN. I thank my friend from Illinois for his leadership on this issue. I have worked hard in this bill to make prevention a priority. Doula programs provide the extra support that families need to create a safe environment for new infants, particularly when mothers have nutritional challenges. Everything we learn from the National Institutes of Health reminds us that this early stage of development is so key to our health and well-being.

And I want to applaud my friend Senator DURBIN for bringing this proven model to me last year. We worked hard to include funding and I agree with him that expert technical assistance will be an important component to this initiative. I look forward to working with Senator DURBIN and Senator SPECTER to monitor the implementation of this program and the outcomes it provides.

Mr. ENZI. Mr. President, I wish to engage in a colloquy with the distinguished Senator from Oklahoma, Mr. INHOFE, and the chairman and ranking member of the Labor-HHS Appropriations Subcommittee, Senators HARKIN and SPECTER.

Mr. President, I am concerned about a provision in the fiscal year 2008 LIHSS appropriations bill that would change the National Institutes of Health public access policy to a mandate requiring that private sector commercial and nonprofit journal articles be made freely available for worldwide access on an online NIH Web site. As ranking member of the Health, Education, Labor and Pensions, HELP, Committee, I am concerned that this matter has not been reviewed by our committee, the committee of primary jurisdiction over the NIH. This issue has been handled through the appropriations process, and I believe that the HELP Committee should study this issue and determine the best and most appropriate manner to implement and improve the current voluntary policy.

In the Statement of Administration Policy, SAP, issued last week, the administration echoed this sentiment and called on Congress to review the policy and balance the need for public access against the impact it could have on scientific publishing, peer review and intellectual private sector investments. I also support the administration's position, and I believe that a change in the NIH public access policy could undermine that investment.

I would urge that when this bill is considered that the section of the Labor-HHS appropriations bill mandating the NIH public access policy should be modified so it may receive further study by the committees of jurisdiction to ensure that it achieves its goals without unintended negative consequences.

Mr. INHOFE. I would like to add my voice to Senator ENZI's concern regarding the NIH public access mandate that would force commercial and nonprofit publishers to make their articles freely available on an NIH Web site. I am concerned that this proposal will harm the journal businesses, hurt scientific communication, and impose a severe regulatory tax on the publishers. I also believe that this change in policy could have a negative impact on the intellectual property protections for scientific journal articles. I believe this issue is different from making underlying scientific data available, but federally fund scientific raw data should be available for other researchers to review. I would also ask that Senators HARKIN and SPECTER agree to work with me to revise this NIH provision when this bill is considered.

Mr. HARKIN. I remain committed to retaining the provision in conference as it is written in the Senate and House Labor-HHS appropriations bills. I will be happy to work with the Senators from Wyoming and Oklahoma to ensure that the policy is implemented as smoothly as possible for the NIH, researchers, and scientific publishers.

Mr. SPECTER. I thank the Senators from Wyoming and Oklahoma for their concerns about the NIH public access policy, which I share. I will work with the chairman to closely monitor the policy’s implementation.

Mr. ENZI. I thank the distinguished chairman and ranking member of the subcommittee.

Mr. INHOFE. I also thank the distinguished chairman and ranking member of the subcommittee for their willingness to work with Senator ENZI and me on this important issue.

MENTORING CHILDREN OF PRISONERS GRANT PROGRAM

Mr. CORNYN. Mr. President, about 2 percent of all children under the age of 18 have at least one parent incarcerated in a State or Federal prison. According to the Bureau of Justice, in 1999 an estimated 721,500 State and Federal prisoners were parents to 1,498,800 children under age 18. 22 percent of all minor children with a parent in prison were under 5 years old. Prior to admission, less than half of the parents in State prison reported living with their children 44 percent of fathers, 64 percent of mothers.

As a group, children of prisoners are less likely than their peers to succeed in school and more likely to become engaged in delinquent behavior. So, it is important that we support organizations that provide services to mentors to address the needs of these at-risk children—organizations like the Seeding Foundation in Austin, TX; and national organizations like Big Brothers and Big Sisters, and Amachi, both of which have chapters in most States.

Many of these organizations depend on grants from the Mentoring Children of Prisoners Program, authorized in 2001 under section 439 of the Social Security Act. This program was designed to keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the family is released. Unfortunately, this program has been level-funded for the past few years.

The current allocation for the Mentoring Children of Prisoners Program is $507,000 below the President’s request and is at the fiscal year 2007 level. I would have preferred that the Senate adopt an amendment to a modest increase in fiscal year 2008 funding and restore this amount to the Senate bill. At the very least, I would encourage the conferees to retain the existing funding for this program.

Mr. HARKIN. I agree with my colleague and will work during the conference process to ensure that funding for this program is not reduced by the U.S. Department of Health and Human Services. This program was designed to keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the family is released. Unfortunately, this program has been level-funded for the past few years.

The current allocation for the Mentoring Children of Prisoners Program is $507,000 below the President’s request and is at the fiscal year 2007 level. I would have preferred that the Senate adopt an amendment to a modest increase in fiscal year 2008 funding and restore this amount to the Senate bill. At the very least, I would encourage the conferees to retain the existing funding for this program.

DEAFBLIND PROGRAMS

Mr. KERRY. Mr. President, I would like to engage the distinguished chairman of the Subcommittee on Labor, HHS, and Education, Mr. HARKIN, in a colloquy concerning funding for deafblind services and programs at the Department of Education. Would the chairman and manager of the bill entertain a question?

Mr. HARKIN. Mr. President, I would be happy to.

Mr. KERRY. As the Senator knows, tremendous progress has been made in addressing the needs of deafblind children and their families over the past two decades. Despite a doubling of the population of children who are deafblind over that same time period, the 46 State and regional project centers that support the deafblind community have not had a budget increase in over 20 years.

In fiscal year 2007, the national technical assistance and dissemination program at the Department of Education
received $48.9 million for all disability technical assistance, of which $12.8 million is designated for deafblind programs and services. At a time when remarkable advances in medicine and technology are enabling many more of these infants and children to survive and live longer, it is important for Congress to recognize the need for increased support.

While the President's budget proposal for funding for this program, the House included a modest $2 million increase for deafblind programs and services for fiscal year 2008 in their Department of Education appropriations bill. The equivalent allocation in the Senate was, of course, lower than in the House.

I know the chairman recognizes the urgent help our States need to improve their services for families, to support the activities of the national technical assistance and dissemination center on deafblindness, and to strengthen personnel preparation programs.

Mr. President, I would ask the chairman if he would be willing to continue to work during the conference process to increase by a $2 million budget increase for deafblind funding?

Mr. HARKIN. Mr. President, I would say to the Senator from Massachusetts that I agree with his description of the challenges facing the funding for deafblind services and that it is my hope that we can find agreement with our House colleagues to retain the modest funding increase that appears in their bill.

Mr. SPECTER. Mr. President, I thank the chairman for his help on this issue.

FAMILY LITERACY PROGRAM

Mrs. CLINTON. Mr. President, I wish to speak on a program that is not just important to me and to many of my constituents in New York but to thousands of children and parents across the country. The William F. Goodling Even Start Family Literacy Program is a highly valuable program that gives economically and educationally disadvantaged the tools necessary to support early literacy and language development for their young children. Even Start not only coordinates with early childhood education programs and home visitation programs like HIPPY USA to provide literacy and language development services, but also incorporates parental involvement. The program assists parents to fulfill their role as their child’s first teacher by providing them with adult and parenting skills in both English as their second language instruction, and structured parent-child joint literacy activities that we all know are necessary for children to arrive at school ready to learn.

The Even Start Program is the only early education advocacy program that works with parents to serve children during the infant and toddler years, a developmental period that research shows is critical for building later reading proficiency. Moreover, Even Start has been highly effective in helping low-income parents support their children’s education and breaking the cycle of illiteracy and poverty.

During recent years, Even Start has been plagued by a pervasive misconception that the program is ineffective. This has resulted in drastic funding cuts. To date, many Even Start Programs have closed down and thousands of invaluable families have lost services. In 2006, Even Start Programs in New York were serving 3,064 families. Today, due to the Bush administration’s budget cuts, Even Start is serving only 722 families. We can all agree these are dramatic cuts for a program that serves viable families.

For New York, cuts to the Even Start Program have affected 2,342 families.

In order to keep the program alive, it is imperative the Senate ensure the Even Start Program receives the fiscal year 2007 level of $99 million. I am proud to be joined by my colleagues, Senators Harkin and Specter, and most of all by Senator Snowe who has spent the last 3 years championing this program with me.

Mr. SPECTER. Mr. President, I support the William F. Goodling Even Start Family Literacy Program. I am proud to join my colleague, Senator Clinton, on this important issue. Senator Clinton and I have been fighting for this program for many years, and we are committed to continuing to fight until this program is fully restored.

The majority of Maine’s neediest families have also had services taken away from them due to cuts over the past 2 years. Even Start Programs in Maine served 168 families through 9 programs. Today, Even Start is only serving 57 families through 3 programs. This means that 66 percent of Maine families being served have lost Even Start services over the past 3 years.

These families depend on Even Start for help in learning English, pursuing educational opportunities, and obtaining job skills. In a Texas A&M University Study, 90 percent of adults participating in Even Start were more often and better employed. The study found that employment jumped from 17 percent before enrollment to 51 percent after program completion, and wages increased by more than 25 percent.

This program helps parents acquire important skills to be their child’s first and most important teacher. In fact, Even Start complements other early childhood education programs such as Head Start by providing the comprehensive family services that help children in these critical years. Even Start is also consistent with the parent involvement goals of the No Child Left Behind Act. The program supports parents to be effective advocates for their children.

Mrs. CLINTON. Mr. President, Even Start Programs are essential to breaking down the barriers that poverty and illiteracy create by integrating early childhood education, adult literacy, or basic education, and parenting education into a unified family literacy program. That is why 35 national organizations, including the Center for Law and Social Policy, the Children’s Defense Fund, the National Council of La Raza, Home Instruction for Parents of Preschool Youngsters USA, and Pre-K Now have an obligation to our most vulnerable families to support services that they need the most.

The criticisms of Even Start have been largely based on the findings from the U.S. Department of Education’s national evaluation released in May 2003. However, this study contained serious methodological flaws that quite question the accuracy of the findings. For example, the study’s sample was not representative of the Even Start population. Thus, findings cannot be generalized to all of Even Start, particularly Even Start participants in rural communities or special populations, such as migrant and Native American families. Experts in assessment of limited English-proficient, LEP, individuals caution that the findings for LEP individuals, who represent 50 percent of those in the study, are flawed due to inappropriate assessment protocols and measures. Of the 118 Even Start projects eligible to participate in the study in 2003, only 18 programs self-selected, meaning that researchers included programs largely because they were more likely to cooperate than using random selection, and such a small pool of programs overall does not allow for the study’s findings to be generalized to all of Even Start.

Moreover, the California Department of Education Even Start evaluation found that the percentage of parents who reported reading to their child on a more regular basis and involvement in activities such as parent-teacher conferences increased each year that they were served by the program.

Even Start families are the most in need. Eighty-four percent of Even Start’s families are at or below Federal poverty levels. Eighty-four percent of Even Start adults have no high school diploma or GED, and 44 percent of the parents have not gone beyond the ninth grade. Nearly one-third of children and parents served by Even Start are limited English proficient.

Mr. HARKIN. Mr. President, I thank my colleagues, Senator Clinton and Senator Snowe, for bringing this critical issue to the floor of the U.S. Senate.

The Even Start Family Literacy Program, a valuable program, and I agree with my colleagues that Congress must do all that it can to ensure that the Even Start Program receives an adequate funding level to keep the program alive.

Mr. SPECTER. Mr. President, I also want to thank Senators Clinton and Snowe for their hard work on this critical program, and I look forward to working with the chairman in providing the needed resources for the Even Start Family Literacy Program.
Mr. SANDERS. I would like to congratulate the chairman and ranking member for their ongoing championing of critical programs that support health care access, including making substantial investments in the Nation’s community health centers. The expansion of the National Health Service Corps is essential if health centers are to continue to meet the health care needs of their growing disadvantaged populations, and if we are to address the impending crisis in the supply of primary care doctors and dentists. Increasing the program’s funding over the next several years is an important goal. The program is strongly supported by the Association of American Medical Colleges, which has called for an increase of $150 million per year to help meet the physicians caring for underserved populations and to help address rising medical student indebtedness.

In fiscal year 2007, the National Health Service Corps program funding was $126 million and the current level approved by the Appropriations Committee for fiscal year 2008 would level-fund the program. I thank the committee members for rejecting the administration’s proposal which would have actually reduced funding by $10 million for this vital resource in the face of a dwindling supply of primary care doctors and dentists. While I recognize the many competing needs of important programs within the Labor, Health and Human Services, and Education appropriations bill, at the very least, I would like to see the National Health Service Corps program funding increased by the $3.8 million approved by the House of Representatives.

Ms. MURKOWSKI. I would like to thank the chairman and the ranking member of the subcommittee for providing one of the largest increases in funding for community health centers which include migrant health centers, health centers for the homeless, and public housing health services. Community health centers particularly impact medically underserved communities which can be in urban settings like New York City or in the most remote communities in all States, my home State of Alaska.

I am pleased that the bill before us today recognizes the importance of community health centers and provides $2.26 billion in funding for the program. But what about staffing these facilities? While it is important that we provide money for building these centers, we simply cannot ignore the fact that many community health centers throughout America are not fully staffed. According to a report by the National Center for Health Statistics, many of these centers rely heavily on the National Health Service Corps. Still, this is not enough to fill the gap,
Mr. WARNER. Mr. President, I speak in regard to Senate amendment No. 3394, an amendment sponsored by Senator CLINTON and I, which provides $10 million in funding—fully offset—for the Lifespan Respite Care Act. Currently, the House of Representatives fiscal year 2008 Labor, Health and Human Services, Education appropriations bill contains $10 million for this important program. However, the Senate's version contains no such funding.

As you know, the Lifespan Respite Care Act passed unanimously in the Senate last year and was signed into law by the President on December 21, 2006. This important program authorizes competitive grants to Aging and Disability Resource Centers in collaboration with a public or private nonprofit State respite coalition to make quality respite available and accessible to family caregivers, regardless of age or disability.

I know that my good friends Senator HARKIN, the chairman of the Labor, Health and Human Services and Education Appropriations Subcommittee, and Senator SPECTER, the ranking member of the subcommittee, recognize the vitally important work that caregivers do every day and are particularly concerned about the need for this vital program.

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death within the State, yet there is a shortage of options available for those afflicted with cancer. The Georgia Cancer Coalition, in partnership with and as the parent organization of the Georgia Center for Oncology Research and Education, GaCARE, is an independent, nonprofit organization working to improve cancer care and strengthen clinical research throughout Georgia by encouraging collaboration, sharing of information, and improving the clinical trials process. To that end, the Georgia Cancer Coalition has created a model that harnesses the combined talents of cancer researchers, physicians, and academia throughout the State to work to eradicate this destructive disease. The State of Georgia has already recognized the importance of this initiative by allocating funds from the State’s budget.

As I mentioned before, the Health Information Technology Development program will see a substantial increase in Federal dollars in fiscal year 2008, and I really believe that some of it should go to Georgia.

Mr. SPECTER. Mr. President, like my colleague from Georgia, I am supportive of the Health Information Technology Development program, and I was happy to support the chairman’s effort to increase funding for it. I believe that the goals of the Department of Health and Human Services through its Office of the National Coordinator for Health Information Technology may be well-served by the sort of program that Senator ISAKSON described a moment ago.

Mr. HARKIN. I appreciate the comments by the Senator from Georgia, as well as the ranking member. I agree with them that the Health Information Technology Development program is a step towards better dissemination of health information and better health care, and I will work with my colleagues in conference with the House to provide as much funding as possible. (At the request of Mr. HARKIN, the following colloquy was ordered to be printed in the RECORD.)

HIV/AIDS PROGRAMS

Mr. DODD. First, I would like to thank and congratulate the distinguished chairman of the Labor, Health and Human Services, and Education Appropriations Subcommittee on putting together the vitally important appropriations bill that will restore and grow funding for so many of our Nation’s domestic health, education and labor programs. In particular, he should be commended for his leadership in support of funding for domestic HIV/AIDS Information Technology. As a senior member of the Health, Education, Labor and Pensions—HELP—Committee, I am deeply troubled by the impact Public Law 109–415, the Ryan White HIV/AIDS Treatment Modernization Act of 2006, has had on the State of Connecticut. Is the distinguished chairman aware that the State of Connecticut lost a total of $3.3 million in Federal funding in the current fiscal year as a result of improper implementation of the reauthorization by the Bush administration?

Mr. HARKIN. I am aware of the cuts the State of Connecticut has sustained and aware that these cuts directly impact individuals living with HIV/AIDS in your State.

Mr. DODD. I am particularly concerned because these funding cuts so deeply impacted Connecticut’s two transitional grant areas—formerly eligible metropolitan areas—Hartford, which lost nearly $1.5 million, and New Haven, which lost nearly $1.6 million. Urban areas in my State, like many urban areas throughout the U.S. with a long history of the presence of this disease, have systems of medical care and treatment that have been disrupted by the Ryan White CARE Act reauthorization bill. When I put my support behind the final reauthorization bill, it was with the understanding that this bill would not cut state. In fact, an analysis of the reauthorization bill provided by the Government Accountability Office and others prior to its passage showed that the State of Connecticut and the cities of Hartford and New Haven would lose over $2 million as a result of its passage. However, this has not been the case.

Mr. HARKIN. Section 102 of Public Law 109–415 lists States by name that have sufficiently reliable and accurate names-based reporting of non-AIDS cases of HIV. The State of Connecticut is not listed among those States. However, it is my understanding that the Health Resources and Services Administration, HRSA, has administered the program as if Connecticut were on that list. Is that true?

Mr. DODD. Yes, it is. Connecticut is not listed among the States with sufficiently reliable and accurate names-based reporting of non-AIDS cases of HIV. During negotiations on the reauthorization bill, I was told by officials in the Bush administration that Connecticut’s names-based reporting system could not yet be considered sufficiently reliable and accurate because it had not reported HIV cases by name for four consecutive years. Connecticut would not be in that position until 2009, at the earliest. The result has been that my State lost $3.3 million in Federal funding.

I am also deeply troubled by reports of how HRSA may be measuring urban areas’ demonstrated need for supplemental funding. Under Public Law 109–415, HRSA can consider the impact a decline in formula funding under title I has-based reporting of living with HIV/AIDS for purposes of supplemental grant funding. It is my understanding that this language targets urban areas whose decline in formula funding has meant a decline or disruption of services for people living with HIV/AIDS by giving them priority in the supplemental funding process.

Mr. HARKIN. I see.

Mr. DODD. It is my hope that the impact of a decline in formula funding under title I will be measured based on the urban areas’ prior year formula award. This is because applicants for supplemental funding do not know their current years’ formula award at the time they apply for supplemental funding and therefore neither the applicant nor HRSA can measure the current years’ decline or disruption of services for individuals living with HIV/AIDS. It is my hope that I can work with the distinguished chairman in conference to provide some clarification and guidance to HRSA on this critically important issue.

It has been stated that the Ryan White reauthorization bill better targeted funding so that infected persons would have better access to high quality health care. Residents in the State of Connecticut do not have better access to high quality health care as a result of the Ryan White reauthorization bill. However, there is funding in the House-passed Labor, Health and Human Services, and Education appropriations bill that is targeted to cities losing funding under title I. I strongly support this targeted funding and urge that it be maintained in the final conference report.

Mr. HARKIN. I appreciate knowing of the Senator’s support for this provision. I will certainly keep it in mind as we move into conference negotiations.

Mr. DODD. I thank the Senator for his consideration.

At the request of Mr. McCONNELL, the following statement was ordered to be printed in the RECORD.

Mr. MCCAIN. Mr. President, here we go again, pushing through a bloated appropriations bill choked full of earmarks and far exceeding the President’s budget request. This is the seventeenth annual appropriations measure that has been considered by the Senate and it is by far the biggest budget buster of those considered. The first six bills exceeded the President’s request by $88 billion, while alone exceeds the President’s budget request by almost $9 billion. At what point will Congress come to grips with the fact that we are mortgaging our children’s and our grandchildren’s futures by approving bills like this?

The Department of Labor, Health and Human Services, and Education, and Related Agencies appropriations bill for fiscal year 2008 provides over $605 billion, including $149.2 billion in total discretionary spending and, as I mentioned, exceeds the President’s budget by $8.95 billion. The Statement of Administration Policy begins with the following:

The Administration strongly opposes S. 1719 because, in combination with the other Fiscal Year 2008 Appropriations Bills, this becomes an irresponsible and excessive level of spending and includes other objectionable provisions. The statement goes on to say, The Administration has asked the Congress to demonstrate a path to live within the President’s topline and cover the excess spending in this bill.
through reductions elsewhere, while ensuring the Department of Defense has the resources necessary to accomplish its mission. Because Congress has failed to demonstrate such a commitment, I would veto the bill.

Well, it looks like he will have the opportunity to do just that.

There are over 1,000 earmarks in this bill. Examples include: $1 million for the Bethel Performing Arts Center in Liberty, IN, for the Woodstock Museum (which the Senate did strike by a vote 52-42); $500,000 for the New York Botanical Garden, Bronx, NY, for the virtual Herbarium; $200,000 for Dallas, TX, for the Women’s Museum; $200,000 for the Italian American Cultural Center of Iowa in Des Moines; $250,000 for the James K. Polk Association in Columbia, TN, for exhibit preparation; $100,000 for the Los Angeles Craft and Folk Art Museum; $500,000 for the Southwest Museum of the American Indian in Los Angeles, CA; $100,000 for the Warner Robbins Museum of Aviation in Georgia; $200,000 for the Texas Historical Commission; $600,000 for the Vermont Department of Labor for Job Training in the States—In Vermont; $2.4 million for Maui Community College for the Remote Rural Hawaii Job Training Project; $1.8 million for Maui Community College for training and educational opportunities; $750,000 for Minot State University to provide training and masters degrees to job corp center senior management personnel; $250,000 for the United Auto Workers Region 9 Training Initiative in New York; $900,000 for the Lyndon Baines Johnson Foundation in Austin, TX, for the Presidential Timeline Project; $1.1 million for the Billings Clinic, Billings, MT—interestingly, the Billings clinic only has 272 beds in its hospital, and received recently an endowment of over $1 million for its cancer center; $2.5 million for Minot State University, ND, including $1.575 million for the Virtual Colonoscopy Outreach Program; $3.6 million for Mountain State University, Beckley, WV, for the construction of the Allied Health Technology Tower; $3.150 million for West Virginia University, for the construction and equipping of medical simulation research and training centers; $4.050 million for West Virginia University, for the construction of a Multiple Sclerosis Center; $1.000 million for Wetzel County Hospital to expand and remodel the emergency Department; $2.000 million for the Iowa Department of Public Health to continue the Harkin Wellness Grant program; and $1.000 million for Iowa Games, Ames, IA, to continue the Light Up Iowa program.

I could go on and on calling out earmarks in this bill and its accompanying report. We are doing a disservice to the American taxpayers and ourselves by approving such wasteful spending. It doesn’t have to be this way. Of the $2.525 billion in earmarks in this bill, the programs funded through the Labor-HHS bill were virtually pork-free. A fortunate disagreement resulted in almost no earmarks in the fiscal year 2006 bill, which had about 3,000 earmarks the prior year. And last year, we funded the programs with a continuing resolution that, for the taxpayers, turned out to have been about the most fiscally responsible route that we could have taken.

I urge my colleagues to reject the excessive spending in the bill.

(At the Request of Mr. Reid, the following was ordered to be printed in the Record.)

Mrs. CLINTON. Mr. President, I rise today to express my support and gratitude for the $55 million included in this legislation to support our continued efforts to help the many residents and workers who have been suffering from persistent adverse health effects resulting from exposure to the toxins released during the attacks on the World Trade Center.

When the towers collapsed, thousands of tons of coarse and fine particulate matter were released into the air—including cement dust, glass fibers, asbestos, lead, hydrochloric acid, and other toxic pollutants. The combustion of jet fuel after the attacks created a dense plume of black smoke, filled with other toxic substances like benzene and polycyclic aromatic hydrocarbons. Fires at Ground Zero continued for several months after the attacks.

Thousands worked and lived by this Ground Zero site, amidst the dust, smog, and toxic mix of debris. People also worked at Fresh Kills, the landfill in Staten Island, where some residents and others who have been suffering from persistent adverse health effects resulting from exposure to the toxins released during the attacks on the World Trade Center.

As the towers fell, first responders, recovery workers, residents and others who have been suffering these attacks, as well as research and monitoring to allow us to understand more about the ways in which these exposures do result in disease. And in addition to these efforts, I also want to highlight the work of the City of New York, which has established another Center of Excellence at Bellevue Hospital with city funds to target the needs of residents, office workers and others who were exposed to these toxins.

The $55 million included in this legislation will go towards continuing these programs to carry out the screening, monitoring and treatment activities administered by NIOSH. It also includes language requiring the Department of Health and Human Services, again working through NIOSH, to expand its efforts to target the needs of residents, office and commercial workers, students, and other individuals who were exposed.

With this funding, we will ensure that those who responded in our hour of need, are exposed in their time of need. We will continue to expand our understanding of the ways in which exposure to environmental hazards adversely impact human health. We will be helping the previously healthy determine if they are suffering from cancer and other toxic pollutants. The combustion of jet fuel after the attacks created a dense plume of black smoke, filled with other toxic substances like benzene and polycyclic aromatic hydrocarbons. Fires at Ground Zero continued for several months after the attacks.

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I submit that we will never get a handle on the problem unless we provide adequate resources to address it. We in Maryland are fortunate to have the Social Security Administration Headquarters in Baltimore. By not adequately providing the funding needed, not only are we doing harm to the hundreds of thousands of individuals that, due to health circumstances beyond their control, can no longer support themselves, we are also tying the hands of dedicated social workers assisting them. Again, I commend the Appropriations Committee for providing additional funding SSA administrative expenses but note that the agency needs additional funding to avoid further staff reductions and an increasing disability backlog.

I would like to take this opportunity to thank my colleagues for their support of my amendment establishing the sense of the Senate that the Secretary of Health and Human Services should maintain “deemed coverage” under the Medicare Program for clinical trials that are federally funded or reviewed. Under current policy, trials that are federally funded or reviewed by institutions such as the National Institutes of Health, receiving “deemed status” and were not subjected to additional review to be eligible for reimbursement. This policy has worked well for 7 years.

Prior to 2000, too few seniors participated in clinical trials. One reason for this disparity was Medicare’s reimbursement policy. Because Medicare was modeled on the indemnity health insurance policies, it did not pay for treatment considered “experimental” in nature, and so often denied reimbursement for the routine patient care costs associated with clinical trials. Many seniors could not afford to pay these costs themselves, and so they were by and large excluded from these trials. As Congress considered changing this policy, requiring trial sponsors to undergo a process certifying that they have met 13 separate criteria to qualify for Medicare coverage. This new policy has the potential to reverse the progress that has been made over the past 7 years by making it much more difficult for trials to qualify.

Seniors’ participation in clinical trials serves two vital functions. First, it affords seniors’ access to promising treatments that may be the only hope for lifesaving treatment. Second, it is key to researchers’ efforts to determine the effectiveness of therapies for seniors. Since this issue has come to light, I have heard from hundreds of patients and providers across the country who agree that we must continue to remove access barriers to innovative healthcare treatments for our seniors. Again, I thank my colleagues for their support on this important matter.

The Appropriations Committee is committed to funding significant programs that address real issues that touch the heart and home of Americans. This includes some innovative programs in my home State of Maryland, such as: funding provided through this bill will allow the Chesapeake Bay Foundation, CBF, in collaboration with Living Classrooms Foundation, LCF, to continue its rich, meaningful field and classroom programs focusing on the natural and cultural history of the Chesapeake Bay watershed. Funding will allow CBF and LCF to reach approximately 700 teachers and 15,000 underserved students. Over 99 percent of its students are African American, and 87 percent qualify for Federal free or reduced-price meals program. KIPP Ujima Village Academy in Baltimore through its parent organization. KIPP Ujima opened its doors in the summer of 2002 with its first class of fifth graders, and now 300 fifth through eighth graders. Over 99 percent of its students are African American, and 87 percent qualify for Federal free or reduced-price meals program. KIPP Ujima is the highest performing charter school in Maryland, and one of the highest performing charter schools in the country. CBF provides funds to support their mission of providing healthier funding levels and cleaner water for our labor, health, and education appropriations.

The bill also provides funding for equipment and technology in a number of Maryland’s public and private schools, including St. Agnes Hospital, Mercy Medical Center, Northwest Hospital, Kennedy-Krieger, Lifebridge, and Holy Cross. The technology and equipment provided will allow these facilities to better detect, diagnose, and treat patients who suffer traumatic illnesses and injuries.

I thank Senator HARKIN, Senator SPECTER, and their staffs for all of their hard work to develop a bill that addresses many other basic rights that all Americans deserve: education, employment, and health care.

Mr. FEINGOLD. Mr. President, today the Senate will be voting on the fiscal year 2007 Labor, Health and Human Services, and Education appropriations act. I am pleased to support this bill, which provides healthier funding levels for our labor, health, and education programs for the first time in many years, at a time of rising poverty levels, rising health care and heating costs, and classrooms in desperate need of funding, this bill helps promote programs that offer solutions to these problems.

I am pleased that the Senate adopted four amendments I worked on. One was an amendment I cosponsored that Senator COLLINS offered to provide much
needed additional funding to improve access to dental health in rural and underserved areas. Our amendment successfully doubled the funding for the Dental Health Improvement Act, bringing funding from $2 million to $4 million. The Collins-Feingold Dental Health Improvement Act authorized a new State grant program that is designed to improve access to oral health services in rural and underserved areas. States can use these grants to fund or create programs tailored to State needs, for example, they can use the funds for loan forgiveness and repayment programs for dentists practicing in underserved areas. They can also use the grant funds to establish or expand community or school-based dental facilities or to set up mobile or portable dental clinics. In Wisconsin, funds were used to provide children with better access to sealants. This helps prevent further and more expensive dental work later in life.

The Collins-Feingold amendment to increase funding for this important program will help fund additional State programs so that more people in our country will have access to essential oral health care. I thank Senator Coakley-Landry for her work on this, and also thank Chairman HARKIN and Senator SPECTER for their assistance in passing this.

Another adopted amendment will increase public access to automatic external defibrillators, or AEDs, in schools. In my home State of Wisconsin, as in many other States, heart disease is the No. 1 killer. Cardiac arrest can strike anyone. Cardiac victims are in a race against time, and unfortunately, for too many of them, emergency medical services are unable to reach people in need, and time runs out for victims of cardiac arrest.

Fortunately, AEDs are inexpensive and simple to operate. Because of advancements in AED technology, it is practical to train and equip police officers, teachers, and members of other community organizations on how to use these devices.

Over the past 6 years, I have worked with Senator SUSAN COLLINS on a number of initiatives to empower communities to improve cardiac arrest survival rates. We have pushed Congress to support first responders—local police and fire and rescue services—in their pursuit of providing higher quality defibrillation. Congress heard our call, and responded by enacting two of our bills, the Rural Access to Emergency Devices Act and the ADAM Act.

The Rural Access to Emergency Devices Act calls for partnerships across the country to receive a grant enabling them to purchase defibrillators, and receive the training needed to use these devices. Approximately 95 percent of sudden cardiac arrest victims die before reaching the hospital. Every minute that passes before a cardiac arrest victim is defibrillated, the chance of survival falls by as much as 10 percent. After only 8 minutes, the victim’s survival rate drops by 60 percent. This is why early intervention is essential—a combination of CPR and use of AEDs can save lives.

If we give people in rural communities a chance, they may be able to reverse a cardiac arrest before it takes another life. Unfortunately, the President zeroed out the funding for the Rural AED program after the program was cut by 83 percent in fiscal year 2006 and kept at that level for fiscal year 2007. I am very disappointed that the program was eliminated in the President’s budget. Our rural communities deserve better, and I am pleased that the Senate Appropriations Committee restored the funding.

Heart disease is not only a problem among adults. A few years ago I learned the story of Adam Lemel, a 17-year-old high school student and a star basketball player in Wisconsin. Tragically, during a timeout while playing basketball at a neighboring Milwaukee high school, Adam suffered sudden cardiac arrest, and died before the paramedics arrived. This story is incredibly tragic. Adam had his whole life ahead of him, and could quite possibly have been saved with appropriate early intervention. This story helps to underscore some important issues. First, although cardiac arrest occurs among adults, it can occur at any age—even in apparently healthy children and adolescents. Second, early intervention is essential—a combination of CPR and the use of AEDs can save lives.

After Adam Lemel suffered his cardiac arrest, his friend David Ellis joined forces with Children’s Hospital of Wisconsin to initiate Project ADAM to bring CPR training and public access defibrillators to schools, educate communities about preventing sudden cardiac deaths and save lives. The ADAM Act was passed into law in 2003, but has yet to be funded. The ADAM Act is one way we can honor the life of children like Adam Lemel, and give tomorrow’s pediatric cardiac arrest victims a chance at life.

The Feingold-Collins amendment provides modest funding for this act of $200,000, while not much in the grand scheme of the Federal budget, will help jump start this valuable program. This amendment as drafted would be funded through the Rural AED line; however, I am pleased that the managers shared my goal of not taking away any of the already limited Rural AED funding and are looking for additional ways to fund the ADAM Act. I am pleased that our amendment passed the Senate by unanimous consent and I urge the conference to maintain this small but important program.

My third amendment that passed requires GAO to conduct an assessment of current State health care reforms and comment on the potential role that Congress could take in assisting States with their efforts. I offered this amendment along with Senators GRAHAM, BINGAMAN, and VOINOVICH. The amendment seeks to reform the broken health care system. This study would provide an overview of what is working in the States and the effect of Federal laws on State health care initiatives. In addition, the amendment would provide a comprehensive analysis on how the Federal Government could better work with States to further efforts.

While Congress may not be able to reach consensus on how to ensure all Americans access to health services, a State-based model allows consideration of politically diverse solutions that could eventually be widely applied. Gathering data on what works at the State level will assist Congress in looking at broader reforms, which is why Senator GRAHAM and I have introduced legislation, with the backing of the Brookings Institute and the Heritage Foundation, to encourage and expand State efforts to extend health care coverage.

My fourth amendment directs GAO to examine the different techniques schools are using to prepare students to achieve on State standardized exams as well as meet State academic standards. Schools in Wisconsin and around the United States are concerned that rote drill exercises in reading and math in order to boost performance on these standardized tests, which may not be the best measure of students’ higher order thinking skills. Many Wisconsin teachers and parents are concerned about the narrowing of the curriculum to the subjects that are tested under NCLB—reading and math. As a consequence of more narrowed curriculums, some students are experiencing reduced class time on other important subjects including social studies, civics, geography, science, art, music, and physical education. I have also heard numerous concerns that students are being drilled in reading and math in order to boost performance on these standardized tests, which may not be the best measure of students’ higher order thinking skills. Many Wisconsinites are concerned that rote drill exercises in reading and math take the joy out of learning for students and have called for a reexamination of NCLB policies to ensure that a diverse and high-quality curriculum is taught in all of our Nation’s schools.

I voted against NCLB in large part because of its Federal testing mandate and the potential ramifications of the primary focus on test scores in order to determine adequate yearly progress in our schools. I also remain deeply concerned that NCLB’s testing and sanctions approach has forced some
schools, particularly those in our inner cities and rural areas, to become places where students are not taught, but are drilled with workbooks and test taking strategies, while in wealthy suburban schools, these tests do not greatly impact the curriculums rich in social studies, civics, art, music, and other important subjects.

I do not necessarily oppose the use of standardized testing in our Nation’s schools. I agree that some tests are needed to ensure that our children are keeping pace and that schools, districts, and States are held accountable for closing the persistent achievement gap that continues to exist among different groups of students, including among students in Wisconsin. But the Federal one-size-fits-all testing and punishment approach that NCLB takes is not providing an equal education for all, eradicating the achievement gap that exists in our country or ensuring that each student reaches his or her full potential.

My amendment calls on GAO to examine how the use of different preparation techniques varies based on the demographic characteristics of schools, including the concentration of poverty at schools, whether schools are located in a rural, suburban, or urban environment, and whether schools have been identified for improvement under NCLB. It is my hope that Congress will receive accurate data on how the student preparation varies among different types of schools so that we can get a better sense of how NCLB is impacting our Nation’s schools. The disaggregation element of this GAO study should better help us determine whether various preparation techniques, including commercial test preparation programs and narrowing of the curriculum, are correlated with certain school demographics.

I was also pleased to cosponsor an amendment that would allow colleges, Senator Brown of Ohio, to prohibit the Department of Education from continuing its problematic evaluation of the Upward Bound program until Congress has a chance to examine this policy as part of the Higher Education Act, HEA, reauthorization. I have been a strong supporter of the TRIO Upward Bound program for many years and continuously hear about the benefits it provides to Wisconsin students entering college, particularly first-generation college students.

Because of my strong support for Upward Bound, I continue to be concerned about the Department of Education’s evaluation of Upward Bound, including the mandate that colleges had to recruit more students than they can serve under the Upward Bound program. I agree that Upward Bound, like other Federal programs, needs to be evaluated to ensure Federal dollars are being spent effectively and efficiently. But the Federal Government has a duty to design responsible evaluations of Federal programs, and I do not think the Department fulfilled that obligation with the design of this Upward Bound evaluation. I am pleased the Senate recognized that the ongoing evaluation is troublesome and agreed to prohibit funding for it until Congress can reexamine the Upward Bound evaluation as part of the ongoing HEA reauthorization.

I am pleased that my colleagues supported all of my amendments and accepted them. I thank Chairman Harkin and Senator Specter for their assistance and support with these amendments.

I would also like to comment briefly on an amendment that the Senator from Colorado, Mr. Wayne Allard, brought to a vote. This amendment would have redirected funds from programs deemed ineffective by the Program Assessment Rating Tool, or PART. This program was enacted into law as part of the Government Performance Results Act, and is intended to better target Government dollars to the most efficient programs. Senator Allard’s amendment would have cut the programs considered ineffective by PART by 10 percent, and then sent those dollars back into the budget.

I share Senator Allard’s goals of efficient Government spending and reducing the deficit; however, I have some concerns about the standards for evaluating Government programs in PART. There are several programs that are making a big, positive difference in communities, that score poorly on the assessment. Some of these programs I have supported for years, such as rural health programs, and various higher education programs. I think it is important to examine this tool more closely and see if there is a way to improve the assessment before cutting these programs. For this reason, I opposed this amendment, which would have had far-reaching implications.

I was pleased to support final passage of this bill which provides essential funding for education, health care, and job training programs. Many of these programs are over 50 years old, but have been reauthorized and modernized in recent years. I am happy that we have been able to more adequately fund these programs in this bill.

I am disappointed that the President continues to say that he will veto this bill and I hope that he will reconsider in the coming days. Too many Americans are depending on the employment, health care, and education services provided in this legislation and they are the ones who will be negatively impacted if the President vetoes this bill.

The President is ordering the implementation of his veto threat. Much more remains to be done to correct the inadequate funding for these programs in recent years, but this bill is a step in the right direction.

The PRESIDING OFFICER. Under the previous order, the substitute, as amended, is agreed to.

The amendment (No. 3325), as amended, was agreed to.

The PRESIDING OFFICER. The question is on the engrossment of the amendment and third reading of the bill.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

Mr. HARKIN. Mr. President, we have heard some true words about the fiscal year 2008 appropriations bill for Labor, Health and Human Services, Education, and related agencies. I would like to again thank the ranking member, Senator Arlen Specter, for his leadership and help in putting to shape this bipartisan bill.

I would also like to take this opportunity to thank the subcommittee staff for the long hours and hard work they put into it. On the Democratic side, I thank Ellen Murray, Lisa Bernhardt, Teri Curtin, Erik Tatemi, Adrienne Halliet, and Mark Laisch. On the Republican side, I thank Bettlou Taylor, Sudip Parikh, and Jeff Kratz. These staff members set a very high standard of professionalism, excellence, and integrity, and we are very fortunate to have people of this caliber in public service.

Mr. President, we are just minutes away from the vote on final passage of this bill. I want to emphasize that this is an overwhelmingly bipartisan bill that meets the priorities of members on both sides of the aisle. Senator Arlen Specter and I produced a bill that passed in conference with the support of 14 of 15 Democrats and 12 of 14 Republicans. This bill funds the most essential, life-supporting and lifesaving services for millions of people in this country. It reflects the values and priorities of the American public.

As I have said before, it is regrettable that, even before we brought this bill to the floor last week, President Bush threatened to veto it because it included a provision to expand embryonic stem cell research. This includes $11 billion in funding above what he requested.

We have done our very best to accommodate the President, and to produce a bill that he can sign. That said, we received an amendment from the floor that I think is an overwhelming bipartisan bill that meets the priorities of members on both sides of the aisle. Senator Arlen Specter and I produced a bill that passed in conference with the support of 14 of 15 Democrats and 12 of 14 Republicans. This bill funds the most essential, life-supporting and lifesaving services for millions of people in this country. It reflects the values and priorities of the American public.

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The PRESIDING OFFICER. The yeas and nays have been ordered. Is there a sufficient second? There is a sufficient second. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. BIDEN), the Senator from New York (Mrs. CLINTON), the Senator from Connecticut (Mr. DODD), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KENNEDY) would vote ‘yea.’

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 75, nays 19, as follows:

[Rollcall Vote No. 391 Leg.]

YEAS—75

Akaka
Alexander
Bayh
Baucus
Bennett
Bingaman
Bond
Boxer
Brown
Byrd
Cantwell
Cardin
Carper
Casey
Chambliss
Coats
Collins
Conrad
Craig
Cruz
Dole
Domenici
Dorgan
Durbin

Feingold
Feinstein
Hagedorn
Harkin
Hatch
Hutchison
Inouye
Johnson
Kerry
Kuchinchar
Kohl
Landrieu
Lautenberg
Leahy
Levin
Lieberman
Lincoln
Lott
Lugar
McCaskill
McConnell
Menendez
Mikulski

Markowitz
Murray
Nelson (FL)
Nelson (NE)
Pryor
Reid
Roberts
Salazar
Sanders
Schumer
Shelby
Sinema
Snowe
Specter
Stabenow
Stevens
Sunnun
Tester
Voinovich
Warner
Whitehouse
Wyden

NAYS—19

Allard
Barrasso
Brownback
Bunning
Burr
Coburn
Corker

Cornyn
Durant
Ensign
Enzi
Graham
Gregg
Ioho

Kyl
Martinez
Sessions
Thune
Vitter

The bill (H.R. 3043), as amended, was passed.

The bill will be printed in a future edition of the RECORD.

Mr. LEAHY. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senate insists on its amendment and requests a conference with the House, and the Chair appoints the following conferees:

The President pro tempore appointed Mr. HARKIN, Mr. INOUYE, Mr. KOHL, Mrs. MURRAY, Ms. LANDRIEU, Mr. DURBIN, Mr. REED, Mr. LAUTENBERG, Mr. BYRD, Mr. SPECKER, Mr. COCHRAN, Mr. GHEGG, Mr. CRAIG, Mrs. HUTCHISON, Mr. STEVENS, Mr. SHELBY, and Mr. DOMENICI conferees on the part of the Senate.