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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

O God, our help in ages past, our hope for years to come, thank You for the gift of another day. Because of You, we live and breathe and have our being, and we would not take the gift of our heartbeats for granted.

Guide our Senators in their labors. Give them the grace to work together in the strategic mix that is our legislative process. Make them such models of integrity that their actions will match their words. Help them to resist the tendency to rely too much on their own wisdom, as they permit You to lead them to truth. Grant that their lives this day will be infused with Your presence, love, wisdom, and power.

We pray in the Redeemer's Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable BENJAMIN L. CARDIN led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,

Washington, DC, February 27, 2008.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. CARDIN thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following my remarks and those of the Republican leader, there will be a period of morning business for an hour, with the Republicans controlling the first half, the majority controlling the final half. Following morning business, we will resume the motion to proceed to S. 2633, a bill that calls for the safe redeployment of the troops in Iraq. Today, the Senate will stand in recess from 12:30 until 2:15 p.m.

IRAQ

Mr. President, another day in Iraq. As we see from the morning papers—the Washington Post is a good example—headline: “Suicide Bomber Hits Bus in Iraq’s North.” Among other things, the article goes on to state:

A suicide bomber detonated his explosives belt outside a bus in northern Iraq on Tuesday, killing at least eight people and injuring many more.

In a different paragraph:

The Tall Afar bombing followed a bloody weekend of attacks against Shiite pilgrims, the deadliest incident taking place on Sunday when a suicide bomber killed at least 63 pilgrims near the southern town of Iskandariyah. Even as overall violence has fallen, the recent attacks underscore the tenuous security environment and the resiliency of the insurgency.

In volatile Diyala province, armed men set up a fake checkpoint and kidnapped 21 people.

Near the oil-rich city of Kirkuk, gunmen attacked a checkpoint manned by Sunni volunteers, killing the Sunni volunteers.

Mr. President, this is 1 day and a half billion dollars. That is what is going on in Iraq.

What impact does that have? General Casey testified here yesterday. General Casey said:

The cumulative effects of the last 6-plus years of war have left the Army out of balance, consumed by the current fight, unable to do the things we know we need to do.

And I failed to mention in my earlier comments that below the article about the suicide bomber is the report of three more dead American soldiers: CPT Nathan R. Raudenbush, LCpl Drew W. Weaver, and SPC Keisha M. Morgan.

So that is where we are on the Iraq debate today. I will sum up in a short time, after I make a few other remarks, and I will ask consent so that we have some idea today as to how we will proceed.

I would tell all Senators that we will have, sometime today, either after the 30 hours or before a vote on the motion to proceed to the matter that is now before the Senate—immediately after that, no matter what happens on that—we will have a cloture vote on the second matter, which is, as we all know, a piece of legislation that calls for periodic reports by the President on the war on terror. Following that, when that is disposed of, we will go to the housing stimulus package. That is what I would like to spend a few minutes on because we will get to that sometime this week. It is only a question of when we get to it.

HOUSING

Mr. President, the sights and signs of America’s housing crisis are all around us. There is not a State in the Union that doesn’t feel the housing crisis. Neighborhood streets are dotted with one “For Sale” sign after another. And once we have one “For Sale” sign or, even worse, the bank has a foreclosure sign on it, it affects the whole neighborhood.

• This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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One of my boys lives in Las Vegas, in a nice neighborhood. The housing prices there in the last 3 months have dropped 20 percent—20 percent. In Las Vegas, last month, there were more foreclosures than there were sales of new homes. This is very unusual because Las Vegas has been the fire that has burned upward for 20 years, creating such an economic strong point that it has been known for 20 years as the most rapidly growing State in the Union.

In these struggles, construction workers are having trouble finding jobs. Construction workers are having trouble making payments on their homes. In desperation, hard-working people have been talked into bad mortgages and are now seeing their homes just slip away. Every day, new statistics illuminate the depth of this growing crisis in the housing market.

The crisis is everywhere. Today, the Associated Press reported that the number of homes facing foreclosure across our country grew by 57 percent in the month of January. That is compared to a year ago. We also now know that sales prices have lost almost 10 percent in the final quarter of last year, and I am sure this quarter is going to be even worse. The last quarter marked the steepest drop in the 20-year history of the Standard & Poor's housing index.

In the crisis in Nevada, I have mentioned briefly last month that we saw the rate of foreclosures rise 95 percent from the previous year; in Reno and Sparks, 611 percent. Now, who suffers from these foreclosures? Families who own the homes? Of course they do, but they aren't the only ones. It is the whole neighborhood, those who live near foreclosures, families who have done nothing wrong, who have paid their bills on time. Yet they are seeing the value of their property zapped.

The Center for Responsible Lending has estimated that 40 million neighboring homes will experience a loss in equity if the expected foreclosures materialize. That would likely lead to a total decline of more than \$200 billion in home equity, and some say that is very conservative. This could mean more than \$3 billion in losses for Nevada alone.

If that is not bad enough for homeowners, it is very bad for local governments that have already been forced to cut services as a result of the shrinking tax base. One example: Washaw County—that is Reno—is facing a \$26 million cut to its local budget, and they say it is mainly due to the housing crisis, and \$26 million to Washaw County is a lot of money.

These numbers are staggering. We all know the housing crisis isn't just about statistics, it is about families. I have had, in the State of Nevada, six mobile resource centers where I bring in people. We do advertising and let them know we are going to be there. We bring in experts to talk, and we have people who service the loans there, we

have credit counselors, and we have representatives from FHA. We have a wide range of experts there to talk to these desperate people to see if anything can be done to help them, and there are some things that can be done to help. These centers bring borrowers and mortgage services together to talk about how to help homeowners facing foreclosure.

The stories they tell are heart-breaking. I could tell lots of stories, but the one that stands out in my mind is a man by the name of Elisario. What extraordinary challenges this man and his family face. He is a marine veteran of the Iraq war. He has three children, three little girls. Like thousands of others of these heroes returning from Iraq and Afghanistan, the war took its toll on him. He suffers from post-traumatic stress disorder and is recovering from many surgeries related to injuries he sustained in Iraq. As a result of the injuries he suffered in service to our country, his family was forced, for a time, to rely on the income from his wife's part-time job. Now, remember the three little girls. They fell behind in their mortgage payments. That doesn't surprise anyone. He called his lender but was told it was his responsibility to pay the loan. They weren't willing to work with them at all. He was told to sell the home and get an apartment.

All across the country, people just like Elisario are looking to us for help. In far too many cases, people like him saw their mortgage payments skyrocket after the interest rate on their loan was reset. The sudden loss of income combined with the dramatic increase in the monthly payment is lethal for any homeowner. These are the families whom the legislation we will get to—hopefully sooner rather than later—this week will help.

This legislation we have is not for speculators. It is not for speculators who lost a bet. Are we going to bail out lenders who underwrote mortgages? No. They shouldn't have made those loans. That is their problem. We are not trying to bail out borrowers who should have known better. We are trying to give families like Elisario's a chance to keep their homes and stabilize the Nation's economy in the process.

The administration deserves credit for taking some first steps. I appreciate Secretary Paulson and like him a lot. He has led the efforts to gather mortgage servicers, investors, and housing counselors to form the Hope Now Alliance and Project Lifeline. These efforts should help, but it is such a tiny bit of help, and they are all voluntary. They fall completely short. Some estimate that less than 3 percent of at-risk families will be reached under his proposals—less than 3 percent. We have to help the 97½ percent who won't be reached.

The legislation before us does that. It will keep families in their homes by increasing preforeclosure counseling

funds, expanding refinancing opportunities, and amending the Bankruptcy Code to allow more home loans on primary residences to be modified. This will help communities impacted by foreclosures by allowing parts of the country with high foreclosure rates to access Federal funds to purchase foreclosed properties for rehabilitation, rent, or resale.

The bill will help struggling businesses by making it easier for them to utilize losses incurred in 2006, 2007, and 2008 to offset prior years' income to recoup previously paid income taxes. This was the provision that was in our previous stimulus package that our colleagues on the other side of the aisle stopped us from moving forward on. It is one the home builders liked very much.

The legislation that will be before the Senate shortly will help families avoid foreclosure in the future by improving loan disclosures during the original loan and refinancing process. And one of the provisions that was also in our package that we had, that my good friends on the other side of the aisle defeated, was one the President called for in his State of the Union Message—revenue bonds to help people get into some of these homes that are being foreclosed upon.

Title IV of the legislation makes changes to the Bankruptcy Code. These changes would allow a bankruptcy judge to modify the terms of a mortgage on a primary residence but only under very limited circumstances, limited in scope and duration. Only families who can pass a strict means test in bankruptcy and are currently struggling with an adjustable rate mortgage and subprime loan that already exists are eligible. That is all.

There are limits to the modifications a judge can make to the interest rate, term, the principal amount of the mortgage. We do not aim to drive struggling families into bankruptcy with this proposal. No one should abuse the Bankruptcy Code to get out of debts they owe.

The means test provided in this legislation should prevent that from happening. Remember the reason this is necessary today. For example, in Las Vegas, if you own a home down on the oceanfront in Malibu, you buy that and finances go bad, you can go to bankruptcy court. The bankruptcy court can readjust that loan on your vacation property, your second home, but cannot do that on your primary residence. That is not the way it should be.

We are also mindful of concerns that this provision could make access to mortgages more difficult by increasing costs, it could inject more uncertainty into the market. All the experts say that is untrue. Georgetown has completed a study.

In today's New York Times, there is an article: "Getting Real About the Rescue." That is what it is about. And they go on to state how important it is that we do this stimulus package but

especially we do this bankruptcy provision. This editorial says, among other things:

If the bankruptcy provision becomes law, as it should, lenders will have a powerful incentive, which they currently do not have, to modify troubled loans voluntarily. If they can't or won't come to new terms with borrowers, then they would run the risk that a bankruptcy court would do the modifying for them.

But most, or all, I repeat, independent experts agree that any increase in costs would be nonexistent. Meanwhile, this modified bankruptcy language would help more than 200,000 families avoid foreclosure. It would stabilize the housing market, prevent future, perhaps deeper losses to families, investors—and that is so important, we have to do that. That is why we have to act.

There may be no perfect solution to the growing housing crisis, but standing back and doing nothing would be a real mistake. The legislation that will shortly be before us will make a real difference to homeowners, neighborhoods, and our economy.

More than 700,000 families will benefit from the policies in this measure, 80,000 vacant foreclosed homes will be put back to productive use, 30,000 jobs, and \$10 billion in economic activity will be created.

I hope my colleagues will join us to support cloture on the motion to proceed to this matter so we can pass the legislation and bring the relief to hundreds of thousands of Americans.

UNANIMOUS-CONSENT REQUEST

Mr. REID. Mr. President, yesterday, at 3:16 in the afternoon, the Senate voted to invoke cloture on the motion to proceed to S. 2633, which is a bill to provide for the safe redeployment of U.S. troops from Iraq.

After the cloture vote, I made a proposal that we would have postcloture debate for a period of time, a significant period of time, agree to the motion, and then go to the bill. But once we completed action on this, S. 2633, we would have a cloture vote on the motion to proceed to the next matter that I talked about earlier today. That consent was rejected.

I ask unanimous consent that all postcloture time be yielded back, and the motion to proceed be agreed to; that upon disposition of S. 2633, the Senate proceed to vote on the motion to invoke cloture on the motion to proceed to S. 2634; further, that if cloture is invoked, notwithstanding rule XXII, the Senate then proceed to vote on the motion to invoke cloture on the motion to proceed to H.R. 3221, the housing bill.

The ACTING PRESIDENT pro tempore. The Republican leader.

Mr. MCCONNELL. Reserving the right to object, the question of the Iraq debate, once again at this particular juncture, was not the decision of the minority. Nevertheless, having put the

Iraq issue back before the Senate, there are a number of members of my conference, many of whom have been to Iraq recently, who were anxious to discuss the undeniable progress that has occurred in Iraq over the last 6 months.

We had a good discussion yesterday. I have more members who would like to continue the discussion today. There is obviously an opportunity later in the morning or this afternoon to discuss further with the majority leader the possibility of shortening the time.

But for the moment, there are a number of Senators on my side of the aisle who are anxious to discuss the progress in Iraq, happy to have the debate time. Therefore, for the time being, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. MCCONNELL. Mr. President, let me say briefly, the matter before us, the Feingold withdrawal amendment is in basically the form it has been before us, has been voted on four times before. Each of the times it was voted on in the past, one could argue that things were going less well in Iraq than they are today. The highest number of votes the Feingold withdrawal proposal has received at any point in these 4 votes is 29 votes.

It will be, should it be voted on, defeated once again. It certainly should be because now we have had 6 months or so of undeniable progress on all fronts. The security situation is dramatically improved. Even on the political side, where I think Members on both sides were frustrated with the new Iraqi democracy, they finally have begun to take the kind of steps that are needed—the deBaathification law was approved, local elections have been scheduled for later in the year.

They are finally making some progress on the Government side as well as the undeniable progress on the security side, at this point, not brought about strictly by American troops but also the sons of Iraq. These people who decided to defend their neighborhoods and defeat, help us defeat al-Qaida, have grown dramatically in terms of numbers and commitment.

So there is, as I indicated, a lot of interest on our side in continuing to at least point out the progress that has been made in Iraq, both in terms of security and on the political side. So we will have that discussion later into the morning, and the majority leader and I will have an opportunity later in the day to discuss where we go from here.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period of morning business for

60 minutes, with Senators permitted to speak for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

TENNESSEE TORNADOS

Mr. CORKER. Mr. President, thank you for the opportunity to speak for a few minutes this morning.

While I would like to speak about health care and on some of the comments made about the stimulus package that is going to be debated apparently in upcoming days, I would first like to make mention of the tornado damage that has occurred in our State.

We have officially 32 deaths. That number may rise. Certainly, we have had numbers of people in our State who have gone without housing. They have lost their worldly possessions. They have lost family members. In this time of grief for many people, I think we have also seen something that has been very uplifting.

Certainly, after other disasters that have taken place in this country in recent times, there, in some cases, has been a sense of concern about whether our Government is able to meet the needs of these disasters we have seen in various parts of the country and in some cases the world.

In the State of Tennessee FEMA, under the leadership of Director Paulison, and TEMA, under the leadership of General Bassham, and then the leadership of various local agencies that deal with disasters have responded in incredible ways.

In our State, I think what we have seen is an unprecedented cooperation that has taken place, one that I think is going a long ways toward causing people to see our Government responding in a way that is very responsible.

We have also seen numbers of people who have given of themselves to help their neighbors. We have had Red Cross personnel on site, we have had lots of volunteers from various organizations throughout our State helping those in need.

It has caused me to feel great about our leadership, Federal, State and local, as it relates to responding to these people in times of need. I know this will continue as 16 counties right now are under the Federal disaster designation; there may be more coming. But my hat is off to all those who have been involved in helping people in this time of need.

ECONOMIC STIMULUS

Mr. CORKER. Mr. President, I do wish to refer briefly to the stimulus package that was discussed by our majority leader. I have a great deal of respect for him. I was 1 of 16 Senators who voted against the last stimulus

package, which I thought was absolutely a waste of money, causing people around America to think we were possibly doing something to help.

I noticed all the discussion around this crisis, if you will, we are having in our country, or a correction, as some people may call it, have focused on credit issues. I found it most interesting that as you might expect here in Washington, with help on the way, we would do something totally unrelated to the problem and instead sprinkle money all around America and ask people to spend it as quickly as they could when we have a credit problem.

I will say I had hoped we might focus on the stimulus, on the stimulus in an appropriate way, something that would create long-term jobs and investment, not spending by individuals, which causes them, in some cases, to even go further in debt.

But I have to say this housing package that is getting ready to be before us, in my opinion, is an unmitigated disaster. I cannot imagine us getting between judges and people who borrow money in such a manner as to alter the relationship that people who borrowed money have with those who lend them the money.

This is one of those things that, to me, is unbelievable that we would even discuss altering that relationship certainly on a voluntary basis. This is something that might make some sense. Certainly, companies that can loan money excessively in ways that are inappropriate need to be dealt with. But to unilaterally decide that judges can alter the amount of money people owe, to me, is an unmitigated disaster. I hope this bill will never see the light of day. I hope others will join in making sure this does not happen.

HEALTH CARE

Mr. CORKER. Mr. President, let me mention the real reason I came down here was to talk about health care. I have noticed all the Presidential candidates who are out there today are talking about health care. I am glad to see that. I know a number of Republicans have gathered around the notion of making sure every American has access to health care.

I myself have authored a bill with Senator BURR from North Carolina, a number of others have joined in. I know Senator WYDEN from Oregon has joined in with BOB BENNETT of Utah, they have authored a bill.

But I think we have a tremendous opportunity during this year to help shape the debate on health care legislation, my sense is, in a very bipartisan way, that in this next Congress, in 2009, we are going to have the opportunity to actually create health care legislation that focuses on the private sector, that ensures people have choice in order to maintain the quality of health care they would like to see.

But my guess is we have a tremendous opportunity. I wish to say today I

would like to join in with other Senators on both sides of the aisle, to ensure we do those things, create the mechanisms to allow people who cannot afford health care today to be able to afford it but to do so in a manner that preserves choice, preserves quality, preserves the doctor-patient relationship that now exists.

We have been able to do that in other ways dealing with seniors, we have been able to do that certainly with those people throughout our country who cannot afford health care through programs such as Medicaid. Obviously, the focus of this effort needs to be on preserving the private-sector means of delivering health care. But I wish to say to you I am uplifted by what I am seeing on both sides of the aisle.

I know Republicans and Democrats together want to make sure we solve this problem. I know, Mr. President, you have been very involved yourself. I wish to say to you I think this is a tremendous opportunity for us in this body to come together and do something the American people want to see done but do so in a manner that at the same time preserves the best qualities of our health care system.

I wish to offer up my efforts to join in with others to make sure this happens.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, could I be informed when 10 minutes is up.

The ACTING PRESIDENT pro tempore. The Chair will so notify you.

Mr. ALEXANDER. I wish to thank my colleague from Tennessee for his comments on health care, for his leadership. He has been, on our side of the aisle, one of the principal actors in the effort to try to combine the idea of, as some say, "universal access," with two other words, "private sector." Four words that usually do not go together.

I agree with him. If there was one agenda item on the Republican side of the aisle we could all agree on this year as a goal that we would like to start this year, it would be having every American insured.

We would like to make it possible for every American family to have access to and to be able to afford health insurance. I would like to speak to that.

First, I would like to comment on the majority leader's comments and those of the Republican leader. We respect the majority leader's right to set the agenda on the Senate floor, and he decided to bring up the Iraq debate this week. But if he brought it up, why doesn't he want to talk about it? We were here yesterday. We are here today.

I came down last night and talked about the fact that even though I have had differences with the President on Iraq, we are moving in the right direction. We should say that to our enemy, to our troops, and to the world. Troops are coming out instead of going in; the

mission is shifting province by province; we are identifying a long-term but diminishing role in Iraq; and diplomatic efforts are stepped up. Those are basically the three recommendations of the Iraq Study Group, which I wish the President had embraced. He didn't embrace the report itself, but he is headed in that direction. So we are glad to talk about it.

Although I agree it would have been better to talk about the economy and housing, we are ready to talk about that as well. But if we are going to talk about housing and the economy, we are ready to take action this year, and we have some pretty big differences of opinion across the aisle.

We were able to agree on a stimulus package. First, we had to stop \$40 billion in extra spending, but we were able to agree on allowing individuals, largely, to keep their own money. Mr. President, 2.7 million Tennesseans will receive a so-called rebate this spring.

There were provisions I liked so well that I am going to introduce legislation to make them permanent. These are the small business provisions that in Tennessee counties, such as Cheatham County where 400 different small businesses will be eligible for accelerated depreciation and expensing. This allows those businesses to keep more money, create more jobs, and stimulate the economy. In Washington County, it is several thousand small businesses. These are good provisions and a good start. I agree we should get on with the next steps to make sure we have a strong, vibrant economy. This is the economy that produces about a third of the money in the world for just 5 percent of all the people in the world. We are in a slowdown right now, but there are steps we can take to step it up.

We would say, on this side of the aisle, that would be a bigger, bolder, broader pro-growth economic plan including such things as lower taxes. For example, making permanent the dividend, capital gains, and estate tax rate at 15 percent. Or lowering the corporate tax rate from 35 to 25 percent, so our companies can be competitive with the world and keep their jobs here instead of going overseas. Or a simpler flatter tax giving taxpayers the option of filing a one-page return with a 17-percent or so flat rate.

We would support doubling funding on the physical sciences to keep our brain power advantage and can continue to grow jobs here, so these jobs would not go to India and China. That is part of a pro-growth Republican economic plan that would also attract significant independent and Democratic support. We would like to continue to in-source brain power by giving green cards to foreign students who are legally here and who want to stay here and work, creating jobs here instead of going back to India, Ireland, or China and creating jobs there. We would like to make the research and development tax credit permanent, so companies

can create more jobs here. We would like to reward outstanding teachers and outstanding school leaders. We can debate that. We would like to give Pell grants to low-income kids so they can have more choices of schools. We would like to implement the America COMPETES Act which we agreed on in a bipartisan way. We would like to lower energy costs by more conservation and nuclear power. We would like to lower the cost of Government by fewer rules and regulations. As Senator CORKER was talking about, we would like to lower health care costs.

The words that we could most easily agree on on this side of the aisle—and there might not be so much objection over there either—are “every American insured.” There is a step-by-step process to get to that. We have over 800,000 Tennesseans without health insurance. We have about 47 million Americans without health insurance.

We are at a time in our history where reports by distinguished journals of medicine, such as the New England Journal of Medicine, the Institute of Medicine, and the Trust for America's Health say today's children are likely to be the first generation to live shorter, less healthier lives than their parents. That is a health care crisis. At the same time, the most rapidly growing part of the Federal budget is spending for Medicare and Medicaid. It is growing so rapidly we can't sustain it, so we need an overhaul of our health care system. We need to lower health care costs for the average family so each family can be able to afford at least a basic health insurance policy that doesn't go away when they lose their job.

On the way to lowering health care costs and giving every American access to such a health care insurance policy are several pieces of legislation, many of them bipartisan, which we could pass this year. For example, the Kerry-Ensign e-prescribing bill would provide for electronic transmittal of prescription information from the doctor to the pharmacists. In addition, we could pass legislation to allow small business health plans this year. Senator ENZI has been the leader on this issue, and he has worked on legislation that basically would allow small businesses to pool their resources in order to offer health insurance to their employees at an affordable rate—to let them do the same thing big businesses can do. Senator ENZI estimates that could provide insurance to more than 1 million Americans who are not now insured.

Senator MARTINEZ has introduced legislation to help get rid of fraud and abuse in Medicare and Medicaid. Tens of billions of dollars are wasted there, and it would lower health care costs to pass the Martinez legislation.

Senator GREGG has offered legislation which isn't bipartisan but deserves to be. I hope it can be. It would put limits on punitive damages from lawsuits against doctors who serve pregnant women. Medical malpractice in-

surance has gone sky high, over \$100,000 a year because of lawsuits in some States. As a result, the doctors are leaving the rural areas, and pregnant women are having to drive 40, 50, 60 miles for prenatal health care or to deliver their babies, because the doctors aren't there anymore. In a few places such as Mississippi, Texas, and Kentucky, steps have been taken to say: As long as you are damaged, you can collect, but there is a limit on the punitive damages in those States. Where the rules have been changed, doctors are moving back into those States and back into rural areas. That also lowers health care costs.

I am here today as a cosponsor of three different health insurance bills which I hope will move us toward the idea of every American insured, and I would like to talk about two of them today. Senator COBURN, Senator BURR, and Senator CORKER have one of those bills, and I am a cosponsor. Senator WYDEN and Senator BENNETT have another of those bills, and I am a cosponsor of that as well. It has six Republicans and six Democrats. I don't agree with every part of the Wyden-Bennett bill, specifically the mandates from the beginning, but I agree with the spirit of what they are trying to do. Most Americans like the fact that they are working across the aisle to try to make real the idea that every American can have access to health insurance, and they are willing to include—and we would emphasize—the private sector in that solution.

We have a whole year. This is a Presidential year. That doesn't mean we should take a vacation. We got off to a pretty good start with the stimulus package. We got off to a very good start with the FISA bill. Unfortunately, the House took a vacation without acting on it. I suggest that Republicans are ready to join with Democrats and take steps this year toward the goal of every American insured.

The ACTING PRESIDENT pro tempore. The Senator has used 10 minutes. Mr. ALEXANDER. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Georgia.

IRAQ TROOP WITHDRAWAL

Mr. CHAMBLISS. Mr. President, I rise to speak in opposition to the Iraqi troop withdrawal bill that we are discussing, the bill as proposed by Senator FEINGOLD. We have been here before, simply stated. The Senate has voted to reject measures similar to this bill at least three times over the past year. The only thing that has changed since we have had those votes is that conditions on the ground in Iraq have continued to improve as a result of the President's new strategy. Even the opponents of the surge have had to acknowledge that it is, in fact, working. In the midst of this progress and of al-Qaida's continued retreat in Iraq, the Senator from Wisconsin would have us surrender to an enemy that is on the run.

I understand his concern for the welfare of our soldiers and for those who have sacrificed in Iraq. But the way we pay tribute to those who have sacrificed and to our brave men and women still fighting in Iraq today is to finish what we started so that we honor them and bring those who are still in Iraq home victorious and not defeated. If we are trying to reverse the progress we have made in Iraq, embolden our enemies and the enemies of the Iraqi people, and ensure that our mission fails, I probably could not have crafted a better bill than that of the Senator from Wisconsin.

As a result of the U.S. troop surge, the Al Anbar awakening, significant al-Qaida in Iraq defeats, and the unilateral cease-fire last August declared by Muqtada al-Sadr, the security in Iraq has steadily improved. Violence has reached its lowest level since the insurgency began, and there has been a large increase in Iraqi security forces trained and equipped. Today that stands at about 440,000 men. In the last year ethnosectarian-related deaths have decreased 95 percent. Suicide attacks in Baghdad have gone from 12 a month in January of last year to just 4 last month, a 66 percent decrease. Attacks have decreased in 17 of the 18 provinces in Iraq, and IED detonations are down by 45 percent in Baghdad itself. Security incidents countrywide and in the 10 Baghdad security districts have declined to their lowest level since February 2006 when the Samarra Golden Mosque was bombed.

As Sunnis in Al Anbar got frustrated with AQI, the troop surge provided the opportunity for them to work with coalition forces to disrupt AQI operations. Al Anbar now will be transferred to Iraqi security control in the near future, bringing 10 of the 18 provinces in Iraq under the sole control of Iraqis. AQI attempted to shift operations to Baghdad and its surrounding northern provinces, but the Al Anbar awakening movement prompted other awakening movements and concerned local citizen groups began to spring up all over Iraq. As a result, AQI has been disrupted. But as the DNI told the Senate Intelligence Committee in February, “AQI remains capable of conducting destabilizing operations and spectacular attacks, despite disruptions of its networks.”

These successes cannot blind us to AQI's abilities or to their resolve in attacking Americans. Kurdish areas in northern Iraq were the safest in Iraq a year ago, but today AQI is taking advantage of this safety by establishing around Mosul and launching attacks against the population. This is an area where U.S. troops are used sparingly. In my humble opinion, that is no coincidence. U.S. operations forced AQI out of al-Anbar, restricted their operations in Baghdad, and they are now moving to more rural areas with less U.S. military.

If this legislation passes and our troops must withdraw from Iraq, AQI

will have the freedom to terrorize the rest of Iraq and beyond. The Director of National Intelligence stated that he is "increasingly concerned that as we inflict significant damage on al-Qa'ida in Iraq, it may shift resources to mounting more attacks outside of Iraq Although the ongoing conflict in Iraq will likely absorb most of AQI's resources [over] the next year, AQI has leveraged its broad external networks—including some reaching into Europe—in support of external operations." Forcing our troops out of Iraq would result in a resurgent AQI which could mount attacks from Iraq against Americans and our allies.

Security is not the only aspect improving in Iraq. On the political front, the Council of Representatives is taking steps to institute necessary legislation to help reconcile Iraq.

Earlier this month, the Council of Representatives passed a deBaathification law which will help reintegrate former regime officials into society. Two weeks ago, the Council of Representatives passed three key pieces of legislation: an amnesty law, a provincial powers law, and the 2008 fiscal budget. For the first time, Iraq's main political parties compromised in order to support passage of these bills. The provincial powers law requires the council to pass an election law within 90 days and for provincial elections to occur no later than October 1, 2008. These are encouraging steps. In spite of the fact that the provincial powers law was vetoed yesterday, it is encouraging, and I am very hopeful we are going to see the differences reconciled in short order and that law become permanent.

By limiting our military actions to specific areas, this bill would ensure that every one of these successes and improvements in security is reversed. In the midst of progress in Iraq, which no one denies, and with a strategy that is working, it simply does not make sense to tie the hands of the commanders on the ground and force them to implement a strategy which will lead to failure—a strategy that in the best judgment of our military leaders, our intelligence agencies, and from the perspective of countless outside observers have stated will lead to the failure of our mission and the rapid deterioration of conditions in Iraq and for the Iraqi people.

Hopefully, it is evident to people who are watching this debate and have examined the Feingold bill that the strategy which inspires the provisions and limitations in this bill is not a military strategy; it is a political strategy. The tactics being used by those who would enact conditions and limitations on our involvement in Iraq, such as those contained in this bill, are not based on strategic thought or analysis. Rather, they appeal to a political base that has always opposed the war, refuses to acknowledge the progress we are making, and wants to see our mission fail.

Political strategies for fighting wars such as the rhetoric some are now exploring all have one thing in common: They all result in failure. They are shortsighted, politically motivated, do not serve any national security objective and, most importantly, are a disservice to the men and women who have been called into action and are on the ground in Iraq.

We are making progress in Iraq. The strategy our President and our military commanders have implemented is working. We are receiving positive updates from our leaders in the field. Our leaders are adjusting their strategy in accordance with those developments on the ground as well as the realities back home. They are doing this wisely, not hastily or in response to opinion polls, but according to good judgment and a realistic assessment of what will work, what will not work, and what is appropriate at this point in time.

The Feingold bill will stop our leaders' ability to do this. It will keep them from doing the jobs we sent them to do; and that is to lead, to decide, to make judgments, and to report back to us on their effectiveness. Most importantly, it will keep them from completing the job we have sent them to perform. This is unacceptable. For these reasons, I urge my colleagues to vote against this bill.

Mr. President, I yield back.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. BUNNING. Mr. President, I request that the time I use in morning business not be counted against any of the Democratic time that has been set aside.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Kentucky is recognized.

IRAQ TROOP WITHDRAWAL

Mr. BUNNING. Mr. President, I rise today to speak in opposition to pulling our troops out of Iraq based on political timetables conceived in the Senate.

I have voted against similar measures in the past. I intend to vote against them again this week. These bills do nothing more than tie the hands of our commanders on the ground while pandering to special interests here in the United States—antiwar groups.

These are the same commanders who are risking their lives daily that our

mission in Iraq can continue to succeed. And our mission is succeeding. General Petraeus is succeeding. Violence in Iraq is at the lowest since the insurgency began. Suicide bombings are down 70 percent. IED attacks have been cut in half.

The surge is working. Since it began less than a year ago, we have succeeded in putting al-Qaida on the run, while rooting out the terrorists neighborhood by neighborhood. In return, Iraqis have partnered with U.S. troops, forming their own security forces, and stabilizing their own neighborhoods. These efforts have served to unite torn communities, such as Anbar Province, and pave the way for political reconciliation.

The other side has said for months the surge has failed because it has not created an environment for political progress in Iraq. Well, they are wrong. The correlation between the surge and security is obvious. In the past few weeks, as we continue to see increased stability throughout Iraq, the Iraqi Government has made great political strides.

On February 13, the Iraqi Council of Representatives passed three key pieces of legislation: An amnesty law, the 2008 budget, and a provincial powers law. These political milestones are made possible by Sunnis, Shiites, and Kurds reaching out to each other and working to find solutions that represent all Iraqis.

This is General Petraeus's counterinsurgency at work. It worked when he was commander of the 101st Airborne Division in Mosul, and now it is working all across Iraq.

So I ask my colleagues across the aisle: Why, when you see our mission in Iraq is succeeding, and the Iraqi people are making real political progress, do you want to pull the rug out from underneath our commanders and our troops?

Last July, the Senate overwhelmingly supported, by a vote of 94 to 3, a sense-of-the-Senate amendment stating that it is in our national security interests that Iraq not become a failed state and a safe haven for terrorists.

Well, wake up. Cutting and running from Iraq will only benefit the terrorists, while jeopardizing our national security and that of the Iraqi people.

Make no mistake, Iraq is the central battleground in our fight in the global war on terror. This is not just my opinion. Osama bin Laden has called Iraq the "central front" in his war against America. He knows that the premature withdrawal of U.S. troops from Iraq will strengthen his terrorist organization, enabling him to set up training camps in that country.

Although it has been over 6 years since we have experienced a terrorist attack on U.S. soil, we must never forget that there are those out there who wish to do us harm on a daily basis. And those who wish to do us harm will benefit if we pull out of Iraq and leave a failed state behind.

Al-Qaida and its allies flourish and multiply in the chaos of failed States with no rule of law or respect for human rights. Instead of debating a cut-and-run strategy in Iraq that has already failed on the floor of this Senate four times, we should be focusing on how to provide the defenders of our freedom—our commanders and our troops—with the necessary tools to complete their mission.

Last week, I had the opportunity to meet with the new commanding general of the 101st Airborne at Fort Campbell, KY. Located on the southern border between Kentucky and Tennessee, the Fort Campbell community has felt the effects of deployments and casualties.

Right around 200 soldiers from Fort Campbell have given their lives for their country. Thousands of good men and women have spent tours of 15 months away from their families—some four, some three, others two, and some one: tours of 15 or 12 months from the 101st Airborne in Iraq.

Speaking with the commanding general only reinforced my belief that we have some of the finest patriots serving in our Nation's military. The brave men and women who answer the call to defend our Nation, and the families and communities who support them, are our most valuable national asset. I do not want to see their unbelievable efforts in Iraq fail. We as a nation have invested too much to hand a big victory to al-Qaida in Iraq.

This political show needs to end.

In April, General Petraeus will report back to Congress on the state of our mission in Iraq. As Senators who voted in support of his confirmation, we owe him this opportunity to present his report to us, instead of cutting him off at the knees right before his report. We should show him the respect of listening to his report. We owe an honorable man, who has spent—I want you to remember this—who has spent most of the last 5 years away from his family in Iraq to see that freedom in America is preserved.

I urge my colleagues to join me in giving General Petraeus this opportunity and opposing these bills.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. NELSON of Nebraska). The Senator from Maryland is recognized.

IRAQ WAR

Mr. CARDIN. Mr. President, first of all, I welcome this opportunity to talk about the current status of the involvement of the United States in Iraq. I am glad we are having this discussion. I start by thanking the troops for their incredible service to our country and the incredible work they are doing, and I think this Congress, by words and deeds, has shown its support for our troops. The budget we provided last year provides the resources to take care of our veterans and the funds to take care of our active military. That is what we should be doing.

But we have now been in Iraq for many years. Several years ago I was in Iraq. I had a chance to visit our troops and take a look at what was happening on the ground. I saw then that we didn't have the right equipment there; that the administration had sent our troops without having the right support. I was proud of the action the Congress took in providing the military support and the type of equipment our troops needed.

But the discussion of what is best for our troops is whether we have the right mission in Iraq. This campaign is now entering its sixth year. We have been in Iraq longer than we were in World War II. We have now spent a half trillion dollars directly on our war in Iraq. Almost 4,000 Americans have been killed, almost 30,000 have been wounded, 67 Marylanders have given their lives, and over 800 have been injured. Many of these injuries are life changing.

I have had a chance to visit Andrews Air Force Base as our wounded soldiers come home, and I have been able to see firsthand the type of injuries they sustained. They will have to deal with them for the rest of their lives.

When we look at the strength of al-Qaida, our experts tell us they are stronger today than they have ever been. So we haven't accomplished our mission as far as dealing with the threat against the United States.

Let's talk about the facts. The inescapable conclusion is that President Bush was wrong in sending our troops to Iraq in the first place. I am proud I voted against that authorization when I was in the other body. Our troops are involved in trying to referee a civil war. That is their primary focus. Yes, we are fighting terrorists, and we need to continue to do that, but the primary need for American troops is to deal with the civil unrest that is currently taking place in Iraq.

The costs, as I explained before, in lives has been our deepest loss, but also the dollars—a half trillion dollars. Think about what we could have done with that money. I think about schools in Baltimore that should be replaced. We could have replaced every school with the money that has been spent so our children could get a proper education. We could have dealt with the energy crisis in this country and built the transit systems we need and become energy independent so we are not dependent on foreign oil in the Middle East. We could have done something about the health care system in this country.

A year ago, Diamante Driver died in Prince George's County, MD, because he couldn't get dental care. We are suffering an economic downturn right now because we have large debt, in part, and that debt is accumulating because we are not only spending a half trillion dollars, we are not paying for it. We are borrowing the money. It is making it even more dangerous for our economy.

So I know there has been a lot of debate on this floor about whether the President's surge policy has worked. I must tell my colleagues, I think our soldiers are performing, as I said earlier, in a great manner. When you put American troops in a country, they are going to do their job and they are going to provide the type of help to that country and to its communities that American troops are trained to do. But the problem is the mission is wrong. The surge has not worked in accomplishing the U.S. mission that is in the best interests of this country.

I remember when the President said: We are going to have the surge because we are going to provide stability in the country so the Iraqi Government can take control and we can bring our troops home. That was the mission. That is what we are trying to accomplish, but we haven't accomplished that. Let's look at the facts. Look at the facts.

Violence in Iraq continues today. The majority leader mentioned the headlines in today's paper. Violence continues. It is a dangerous country. Suicide bombers operate at will. The troop levels were supposed to be reduced. In January of 2007 we had 130,000 American troops in Iraq. Today we have in excess of 140,000. There is now a pause in reducing our troop levels. We haven't been able to reduce the troop levels. On governance, on the Iraqi Government representing the people of Iraq, they set their own benchmarks. We didn't set them. Of 18 benchmarks, only 3 have been accomplished. So, no, we haven't accomplished the mission the President established for why we needed our troops in Iraq.

But let's take a look at our military and foreign policy experts. They tell us our military today is spread too thin, that we aren't looking after the best interests of America's military interests. Talk to our people who run our National Guard and Reserve units.

I had a chance to meet with members of the Maryland National Guard. They have, again, answered the call. People of the Maryland National Guard have been deployed regularly into Iraq and Afghanistan. But I am told today we don't have the equipment in our National Guard to continue the proper training missions because the equipment was left in Iraq. We haven't replaced that. Also, recruitment is going to be more difficult, and we need to deal with the reintegration of the National Guard people who are coming back to Maryland in our community, and that is going to take a real effort. Now they have to be prepared for redeployment.

We have lost our focus, according to our experts on the war against terror. We should have taken care of Osama bin Laden in Afghanistan. We haven't done that. Now Afghanistan looks as if it is moving in the wrong direction because we are not focusing on the threat, which is terrorism. Instead, we have our troops dealing with a civil

war in Iraq. There is no disagreement among the foreign policy experts that America has lost its leadership internationally and is galvanizing the international community to help us in the war against terror. We have lost that focus. So our mission is wrong.

The question, though, is where do we go from here. Well, if we want to follow President Bush's policy, we will have a permanent presence of American troops in Iraq. I think that is the wrong policy. I believe the people of Maryland and of this Nation believe it is the wrong policy. The President's policy is basically waiting out the burning out of the civil war. We know 4 million Iraqis are displaced, some in the country, some outside the country. That is not the right answer for the people of Iraq, and it is certainly not the right answer for U.S. policy.

So we have an alternative. Senator FEINGOLD has brought to us a bill which I believe warrants our support. It is the right mission for our troops and our Nation. Fighting terrorism, I am for that. That is what we should be doing. Protecting our troops, that is what we should be doing. Helping the Iraqis in the training of their own military, that is what we should be doing. It focuses our mission on what is in the best interests of the United States. We need a political solution, not a military solution, for the people of Iraq. The Feingold resolution acknowledges that.

We need to work with the international community. We work best when we work with the international community. The international community is wondering what we are doing in Iraq.

The Feingold bill does not place a time limit on the withdrawal of U.S. troops. It is an honorable and orderly process for us to complete a mission in Iraq. I believe it is in the best interests of the United States. I believe it is the right policy for our soldiers, and I believe it deserves the support of this body.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin is recognized.

Mr. FEINGOLD. Mr. President, I thank Senator CARDIN for his excellent remarks and for his leadership on this issue. It has been very helpful during a very tough battle that we have to keep fighting.

We had an interesting debate yesterday on the two bills I have offered with the majority leader. I know some of my colleagues expressed concern that we were spending too much time on this issue. Well I, for one, am pleased we are able to discuss one of the most pressing problems facing this country. Maybe now that they have allowed us to have this debate, the Republicans will allow us to actually consider and vote on these bills.

While I appreciate the chance to have this debate, I would like to take this chance to respond to some of the statements that have been made on the

other side. I have actually been accused of "legislating defeat in Iraq" or other variations on that theme, and somehow trying to micromanage the job of the commanders. Actually, we have already accomplished our military mission in Iraq: Removing Saddam Hussein. I am interested in achieving victory in the global effort to combat al-Qaida. We have to make a choice. The Army Chief of Staff has been clear that "the numbers of forces we have committed in Iraq now increases our level of strategic risk."

So what does that mean? It means we must choose between letting the Iraqi people resolve their sectarian disputes on their own or, on the other hand, exhausting our troops in Iraq and losing ground in the global fight against al-Qaida.

Senator INHOFE said my bill demanding a strategy to defeat al-Qaida wasn't needed because we already have a plan to defeat al-Qaida. He failed to explain why, though. If we already have a strategy to defeat al-Qaida, why is it that al-Qaida has regenerated and reconstituted itself and is planning more attacks on our homeland? Admiral Mullen has been quite clear that under our current strategy, Afghanistan is a second priority where we only "do what we can"—do what we can. In other words, we are so bogged down in Iraq, we don't have the forces to respond to the situation on the ground in Afghanistan. If this is a strategy, it sure isn't working, which is why the majority leader and I want to require the administration to develop a plan that prioritizes the fight against al-Qaida and protecting ourselves at home over an endless war in Iraq.

Senators INHOFE and LIEBERMAN have claimed that we do already have political reconciliation in Iraq and that we have seen benchmark legislation in the Iraqi Parliament. Yes, a deBaathification law has passed, an amnesty law has passed, and the provincial powers election power law passed. Yes, we have seen movement in the Iraqi Parliament after waiting for more than 4 years. It is my great hope that the laws recently passed will bring the Sunnis fully into the political process. But as we well know, passing a law is one thing, but actually seeing it successfully implemented is another, particularly given the country's weak national government.

I think national reconciliation still looks far off. The passage of what the administration is calling "benchmark" laws does not ensure society-wide sectarian reconciliation. There are still significant concerns about how the local efforts we have supported to bring about declining violence will actually be integrated into the national framework. To illustrate this, the Sunni Awakening has taken tens of thousands of former insurgent Sunni militia fighters and provided them with U.S. funding in exchange for helping combat al-Qaida and Iraq. But to what extent we can rely on the long-term

loyalties of these fighters is a very open question. We do know, however, that this policy actually risks increasing distrust between the local Sunnis and the national government, which of course is led primarily by Shiites.

I would just like to ask, if Iraqis have agreed to political reconciliation, as Senator INHOFE suggested, well then doesn't that mean we have achieved the objectives of the surge and we can start bringing the troops home? When does the other side think we can bring the troops home? They never talk about that. Five years? Ten years? Twenty years? One hundred years? What kind of success is that?

After more than 4 years of waiting for the Iraqi Government to make progress, we have lost nearly 4,000 Americans, with no end in sight and no clear path for a reconciliation that incorporates all aspects and elements of Iraqi society.

Now, another argument we have heard is it has been suggested that Iraq would collapse or that genocide would occur if U.S. troops leave. Of course, that assumes our military presence there is actually helping the situation rather than simply postponing an inevitable day of reckoning. If we bring our troops out of this quagmire, Iraqis and their neighbors would have to confront the crisis head on. Now, I am not calling for the United States to abandon Iraq, but there is simply no way we can fix the mess we have made without a legitimate political settlement.

A U.S. redeployment would actually put new pressure on Iraqis and on countries in the region to engage productively and to make the decision as to whether a full-fledged civil war is really in the interests of Iraq or its neighboring countries. I suspect—I really do feel strongly about this, having looked at this issue for many years in both the Foreign Relations Committee and the Intelligence Committee—that if these countries were faced with that decision, they would actually try harder to reconcile their differences peacefully rather than further ignite tensions.

Some Members of this body seem to believe the war in Iraq is between U.S. troops on the one side and al-Qaida on the other. That is not what is going on. In fact, that is dangerous, wishful thinking. The recent patterns of violence in Iraq actually confirm what the intelligence community has said all along: that the war in Iraq is sectarian and intrasectarian and far from the oversimplified "us versus them" that proponents of an endless military engagement in Iraq continue to describe. Moreover, in mixed areas such as Mosul, violence is actually increasing. And in the south, the increased violence is among Shiites, and reduction in areas such as Anbar, which is almost entirely Sunni or in Baghdad, where sectarian cleansing has already occurred, do not represent a diminishment of the underlying tensions that could explode at any time.

Contrary to what we heard yesterday, Iraq simply is not the central

front on the war on terrorism. To the extent to which there is such a front in this very global conflict, it is clearly Pakistan and Afghanistan. No rational reading of press reports, independent studies or our own intelligence could possibly conclude otherwise. While the administration has focused on Iraq, al-Qaida has reconstituted itself along the Afghanistan-Pakistan border. That sounds like a big mistake. That sounds like a real strategic error in an international battle against terrorism. Yet far too many people in the administration and my colleagues somehow believe Iraq is what it is all about. What a terrible strategic mistake.

Early this month, the DNI testified before Congress that the central leadership based in the border area of Pakistan is al-Qaida's most dangerous component. And a few months ago, the DNI again repeated the intelligence community's assessment that over the last 2 years "Al Qaeda's central leadership has been able to regenerate the core operational capabilities needed to conduct attacks in the Homeland"—in the homeland, our homeland, our country, the United States of America.

The DNI also testified that al-Qaida "is improving the last key aspect of its ability to attack the U.S.: The identification, training, and positioning of operatives for an attack in the Homeland"—in this country.

Meanwhile, the Federally Administered Tribal Areas—or FATA region—in Pakistan is serving as a staging ground for al-Qaida in support of the Taliban and providing it with a base similar to the one it used to have across the border in Afghanistan.

Over the past year, as we all know, we have seen an unprecedented rise of suicide bombings in Pakistan. The Taliban is gaining ground in Afghanistan, and while we may be sending an additional 3,200 marines to Afghanistan in the near future, we have been fighting for far too long there with too few soldiers and too few reconstruction funds. The price of that neglect is a dramatic resurgence of militants that must be urgently addressed.

Yesterday, a Washington Post article noted that:

More foreign soldiers and Afghan civilians died in Taliban-related fighting last year than in any year since U.S. and coalition forces ousted the extremist Islamic militia, which ruled most of the country, in 2001. Military officials expect the coming year to be just as deadly, if not more so, as the Taliban becomes more adept militarily and more formidable in its deployment of suicide bombers and roadside explosives.

With the Joint Chiefs saying: "In Iraq we do what we must and in Afghanistan we do what we can," it is no wonder Afghanistan is teetering on the edge. It has been neglected, shoved to the back burner so the President can pursue an open-ended war in Iraq.

I remind my colleagues it was from Afghanistan, not Iraq, that the 9/11 attacks were planned, and it was under the Taliban regime, which is once again gaining ground, that al-Qaida

was able to flourish so freely. This is the actual position, this is the actual situation in terms of this global fight against those who attacked us on 9/11. It is not all about Iraq.

Al-Qaida affiliates from Africa to Southeast Asia pose a significant terrorist threat. While we have been so myopically fixated on Iraq, the threat from an al-Qaida affiliate in North Africa has grown and now, according again to the testimony of the Director of National Intelligence, "represents a significant threat to the United States and European interests in the region."

Since its merger with al-Qaida in September 2006, it has expanded its targets to include the United States, United Nations, and other interests, and it likely got a further boost when al-Qaida leadership announced last November that the Libyan Islamic Fighting Group united with al-Qaida under AQIM's leadership. Its possible reach covers Tunisia, Morocco, Nigeria, Mauritania, Libya, and other countries. Meanwhile, it is using deadly tactics that suggest it is acquiring knowledge and help from the war in Iraq, basically a training ground for those who get exported to attack us.

Al-Qaida has affiliates around the world—in Saudi Arabia, United Arab Emirates, Yemen, Lebanon, where al-Qaida poses a "growing threat," the Horn of Africa, and Southeast Asia. And a few weeks ago, there were more arrests in Europe. None, not one of these developments has been prevented by the war in Iraq.

We cannot ignore the rest of the world to focus solely on Iraq. Al-Qaida is and will continue to be a global terrorist organization with dangerous affiliates around the world. The administration claims al-Qaida in Iraq may be on the run, but al-Qaida has not abandoned its efforts to fight us globally. In fact, we are watching al-Qaida strengthen and develop its affiliates around the world, while we remain bogged down in Iraq. How foolish can we be to allow them to reconstitute all over the world as they watch us unable to extricate ourselves from a mistake which was, of course, going into Iraq the way we did.

We need a robust military presence and effective reconstruction program in Afghanistan. We need to build strong partnerships where al-Qaida and its affiliates are operating—across North Africa, in Southeast Asia, and along the borders of Pakistan and Afghanistan, and we need to address the root causes of the terrorist threat, not just rely on military power to get the job done.

I would like to turn now briefly to the impact of the Iraq war on our military and National Guard. There is nobody in the Senate who cares more about this than the Presiding Officer. I will start by repeating what GEN George Casey, the Chief of Staff of the Army, said yesterday in congressional testimony:

The cumulative effects of the last six-plus years at war have left our Army out of bal-

ance, consumed by the current fight and unable to do the things we know we need to do to properly sustain our all-volunteer force and restore our flexibility for an uncertain future.

Many U.S. troops currently in Iraq, as we all know, are now in their third or fourth tours of duty. Approximately 95 percent of the Army National Guard's combat battalions and special operations units have been mobilized since 9/11.

Mr. President, 1.4 million Americans have served in Iraq and over 420,000 have served multiple tours in Iraq and Afghanistan. As I said before, nearly 4,000 of our men and women have been killed in Iraq, and over 27,000 have been wounded.

The Army cannot maintain its current pace of operations in Iraq without seriously damaging the military. Young officers are leaving the service at an alarming rate.

Readiness levels for the Army are at lows not seen since the Vietnam war. Every active Army brigade currently not deployed is unprepared to perform its wartime mission.

More than two-thirds of Active Duty Army brigades are unready for missions because of manpower and equipment shortages, most of which, of course, can be attributed to Iraq.

There are insufficient Reserves to respond to additional conflicts or crises around the world.

This failure to prioritize correctly has left vital missions unattended. Natural disaster response, U.S. border security, and international efforts to combat al-Qaida are all suffering due to the strain on military forces caused by poor strategy and failed leadership in Iraq.

In addition, thousands of our troops have, as we well know, returned home with invisible wounds, such as PTSD and TBI, traumatic brain injury, which will have a long-term impact on veterans and their families. These invisible wounds are not counted in the casualty numbers, but we will be struggling with them for generations.

I haven't even touched on the massive debt we are running up to pay for this war. We are spending approximately \$10 billion a month in Iraq. Congress has appropriated over \$525 billion for this war, and the debt keeps mounting.

We heard eloquent floor statements yesterday on this side about how these costs are affecting our ability to address other priorities. I will not repeat all of what was said, but I do want to note that the war in Iraq keeps us from adequately addressing critical gaps in our homeland security and law enforcement. While we had 92,000 more troops to the Army and Marine Corps, the city of New York has 5,000 fewer police officers on the beat than it did on September 11, 2001.

This year, we will spend a fifth of our \$740 billion "national security budget" on Iraq, twice what the Federal Government spends defending our Nation.

Meanwhile, the administration wants to cut grants for first responders, and the Coast Guard is struggling with an inadequate force size.

It doesn't make sense. It simply doesn't make sense. The American people know that, which is why they voted the way they did last November. More than 60 percent of Americans are in favor of a phased withdrawal. They don't want to pass this problem off to the next President and another Congress, and they sure don't want another American servicemember to die or lose a limb while elected representatives put their own political comfort over the wishes of their constituents.

Polls continue to show voters strongly oppose the war in Iraq, and that is one of the top issues on which they will be voting. A recent Washington Post/ABC poll found that 65 percent of Americans disapprove of the situation in Iraq and 56 percent disapprove strongly. The same poll also found this is the second most important issue to voters in November, behind the economy and jobs. And a recent Gallup poll showed a majority of Americans, 56 percent, do not believe the surge is working and want a timetable to get out of Iraq. Those Americans need to be heard, and that is what we are trying to do with this important debate.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

PROVIDING FOR THE SAFE REDEPLOYMENT OF UNITED STATES TROOPS FROM IRAQ—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 2633, which the clerk will report.

The bill clerk read as follows:

Motion to proceed to consider S. 2633, a bill to provide for the safe redeployment of United States troops from Iraq.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, today we are here to address the issue of the Iraq war, and many are saying: Well, why should we address the Iraq war again? Because, obviously, it is still going on; there is still no direction in terms of political progress; the Shiites, the Sunnis, and the Kurds still have their age-old enmities; the goals of the

Iraqi Government set by this Government for them have not been met; but most of all, I think we are here to debate this issue, at least in my judgment, because we are at a turning point in terms of the debate in Iraq. That turning point—the case against this war—has been building for a long time. As we debate this bill on Iraq, we are at a turning point in the argument against the war. We have always been aware of the cost in life, both American and Iraqi, and we have known how severe that cost is. Despite the good works of our troops, we are continually troubled by the tragic loss of life. The American people are baffled by the lack of political progress and, most of all, the American people are beginning to comprehend the eye-popping figures of what this war is costing our budget and our economy. It is becoming clear to all Americans—Republicans, Democrats, and Independents—that by continuing to spend huge amounts on Iraq, we are prevented from spending on desired goals and needs here at home.

So the turning point is this: The lack of progress, particularly on the political front, continues; the tragic loss of life continues; but the cost of the war and the inability to use those funds to help us here at home, the cost of the war and the inability to use those funds to properly go after the most dangerous nexus of terror, which is a thousand miles to the east—Afghanistan, Pakistan, and Iran—is now becoming a clinching argument that we must quickly and soon change the course, the direction, of this war in Iraq.

I went to Iraq over New Year's. I spent time with our soldiers. They are wonderful. They are awe-inspiring. The troops are awe-inspiring, from the private I met from Queens, just out of high school, who had enlisted 8 months previously and was in Iraq 3 weeks, to the majors and captains who had served 10 years in the Army or the Marines and had made the military their life's work—they see a greater good than just themselves, and it is wonderful—all the way to the generals. I spent time with General Petraeus at a New Year's Eve dinner. I spent time with General Odierno. They are fine, intelligent, good people.

When I went to Iraq, I assured our soldiers, from the private to the generals, that one good thing that would come out of this war is the esteem that we hold for both the military and our soldiers would be greater when the war finished than when it started—a far different cry than the Vietnam War, which is one of the most disgraceful times in America, when our soldiers were too often vilified for simply serving our country.

But after I left Iraq, I came to this conclusion, Mr. President, and that is that even if we were to follow General Petraeus's game plan—which, of course, involves not just military success in security but winning over the hearts and minds of the people—it

would take a minimum of 5 years and have about a 50 percent chance of success of bringing stability—not democracy but at least stability—to large portions of Iraq. That is not the military's fault, and that is not America's fault. That is because of the age-old enmities within Iraq—the Sunnis, the Shiites, and the Kurds, and then within the groups themselves. It would be very hard to create permanent stability without a permanent and large structure of troops.

Now, I ask you, stability in Iraq—a worthy goal, but is it on your top-five list for America? Is it on any American's top-five list? A few, maybe, not the vast majority. We have many other higher goals that cost the same dollars and need the same attention and energy that is now diverted to Iraq. Our education system is declining, our health care system doesn't cover people, and we are paying \$3.30 for gas because we don't have an energy policy. And even if your goals are just foreign policy, shouldn't we be taking the time and effort that is all now focused on Iraq, as well as the dollars, and spending more focus on the dangerous triangle composed of Pakistan, Iran, and Afghanistan? Of course. We must ask ourselves: Is it worth spending trillions of dollars needed elsewhere on such an uncertain and unpredictable outcome?

So the debate is changing. The costs of Iraq, the simple costs alone, are weighing too heavily on the American people, the American Government, and on our national purpose. While admirable as a goal, it is hardly the most important goal we have in this changing and dangerous and exciting world in which we live. The cost of the war has become the \$800 billion gorilla in the room. The backbreaking cost of this war to the American families, the Federal budget, and the entire economy is becoming one of the first things, after loss of life, people think about.

A report issued by the Joint Economic Committee, which I chair, estimated that the total costs of the war will double what the administration has spent directly on the war alone—\$1.3 trillion through 2008. And that is a conservative estimate. According to budget figures on Iraq spending for 2000, the Bush administration wants to spend \$430 million a day on Iraq. For 1 day of the war in Iraq, we could enroll an additional 58,000 children in Head Start per year, we could put an additional 88,900 police officers on our streets per year, we could hire another 10,000 Border Patrol agents per year, we could make college more affordable for 163,000 students per year, and we could help nearly 260,000 American families keep their homes per year. In the fiscal year of 2008, we put \$159 billion into Iraq. That doubles our entire domestic transportation spending to fix roads and bridges, and it dwarfs all the funds we provide to the National Institutes of Health to discover cures for diseases such as cancer and diabetes. Iraq

spending is seven times our spending to help young Americans get a college education. The costs are mountainous, and in this changing world, where we have to fight to keep America No. 1, we cannot afford such costs, as I said, despite the great efforts our soldiers are putting into Iraq.

Now, tomorrow morning, Mr. President, we in the Joint Economic Committee—and I see my colleague from Virginia here, and he is on that committee with me—we are going to hold our first congressional hearing of the year, and it will be appropriately devoted to the skyrocketing cost of the Iraq war. That will be the Joint Economic Committee. We are going to have Nobel Prize-winning economist Dr. Joseph Stiglitz talk for a time about his new book, about to be published, and the title speaks for itself: “The \$3 Trillion War.” Dr. Stiglitz got information out of the Government and out of the Pentagon, after much long work, and has new estimates that make our estimates on the Joint Economic Committee seem small—\$3 trillion. That is the title of his book. He is going to talk about the cost of that war. We are going to have national security experts, such as Bob Hormats and Ron Bier, discuss their views on how the out-of-control costs of the war have impacted our economy, our reputation abroad, our military strength and readiness, and the future of our children. Our JEC report estimated \$1.3 trillion, but Dr. Stiglitz—and he has talked to the experts from the Pentagon—has even more massive numbers.

So we desperately need a change of course in Iraq. That is what this amendment calls for. It calls for limiting what our troops will do to force protection, of course, to training the Iraqi army, to fighting al-Qaida and fighting terrorism, but not to be in the middle of a civil war where we continually police the age-old enmities of the various factions in Iraq.

History will look upon this Iraq war in two ways: It will admire the bravery of our soldiers, from the privates to the generals, and it will be amazed at the mistakes made by this administration in starting and continuing this war, far too expensive in loss of life and in dollars.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. I ask unanimous consent that after Senator WEBB's speech, Senator GREGG from New Hampshire be recognized.

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

Mrs. HUTCHISON. Mr. President, I rise today to strongly oppose any Senate amendment that would require the immediate and arbitrary withdrawal of U.S. forces from Iraq. This amendment is the latest attempt in a year-long effort to constrain the ability of our generals and our brave men and women in uniform to fight this war effectively.

During the past year, the Senate has voted over 40 times on bills to limit the generals' war strategy. Not one has become law or even come close. Since this assembly line of votes started in February 2007, the situation in Iraq has changed considerably and it has changed for the better.

While some Senators were insisting that the war was lost, General Petraeus was in the process of implementing a strategic readjustment that has produced remarkable progress on the battlefield. It has been said on this floor: We need to change the direction. We are changing the direction. We are changing the strategy. We are going in the right direction.

I got back from Iraq 2 days ago. I saw for myself the enormous military gains we have achieved in that country. While in Baghdad, I put on a suit of body armor. I traveled in an MRAP vehicle with our troops through the streets of Baghdad. I was able to go to a police station where we have embedded troops there.

I met with General Petraeus and Ambassador Crocker, and troops from Reese Air Force Base, Ft. Hood, the Red River Army Depot, and others from the Texas National Guard. Because of the leadership of our commanders and the courage of our service men and women, there is new reason for optimism in Iraq.

The numbers speak for themselves. The murder rate in Baghdad has plunged by 80 percent. Al-Qaida has been routed in every neighborhood. Iraqi forces have formally taken control of security across much of the country. Violence is at the lowest level since 2003. Roadside bomb attacks have receded to a 3-year low. Discovery of weapons caches has more than doubled in the last year. The Iraqi security forces have grown to 440,000 trained and equipped.

At the police station where our Armed Forces are embedded with the Iraqi police, I can see that the Iraqis are taking more responsibility for their security. The Sons of Iraq are an example of that growth and responsibility. The Sons of Iraq, which is now over 90,000 strong, essentially serve as neighborhood watches and manned checkpoints. By providing forces for protecting key infrastructure and information about al-Qaida, the Sons of Iraq has enabled coalition forces to target al-Qaida precisely. This ensures the right people are targeted, and it helps avoid collateral damage, both of which are helping to strengthen confidence in the Iraqi Government.

The transition in responsibility from the U.S. military to Iraqi authority is a major step toward decreasing the presence of the United States in Iraq.

There are other reasons to be hopeful about the future. Our military gains are beginning to contribute to the political gains. Recently the Iraqi Parliament passed three laws that should begin to bring the Sunnis more fully into the governing process and achieve national reconciliation.

First, Parliament passed a law that bolsters the power of the provinces to provide roads and utilities to the residents. Second, it has passed a partial amnesty for political prisoners, 80 percent of whom are Sunnis, in an effort to reduce the conflict and promote peace among different sects. Finally, it approved a \$48 billion national budget that allocates Government revenue, 85 percent of which is from oil, to the provinces, allowing more local control and less dependence on the central government. Altogether the recent military and political news out of Iraq provides further evidence that our strategies must be determined by events in theater, not timetables set by politicians 6,000 miles away.

In the past year so much has changed in Iraq. Yet here on the Senate floor, it seems nothing has changed at all. We are still voting on imprudent bills for premature withdrawal when, in fact, we should be providing a vote of confidence in our troops. The mission of our troops is vital to our security. If we abandon Iraq prematurely, it will become a sanctuary for terrorists to launch attacks against the American people.

There is also a real danger that Iraq could become a satellite of Iran. The Iranian Government has a long record of sponsoring terrorism and arming the insurgents who are killing our brave soldiers in Iraq.

And what about the practical realities of such an irresponsible act of Congress? I am told it would take over a year to retrieve our arms, equipment, and technology. I ask those who are voting for this resolution: Would they leave our arms there for the terrorists to be able to use? What about our advanced technological equipment? What about our surveillance equipment? What is the security threat to the troops left behind if the reduction in strength leaves them without enough protection?

Those who are voting for this resolution, are they concerned about this enemy, this enemy that has no rules of engagement, an enemy that is not in the armed forces of any country, an enemy that executes hostages in front of television screens? Are they concerned that this enemy would be emboldened by an adversary that would abandon its commitment?

Are they concerned that they might attack harder, especially if they could seize our weapons to use against us or make us leave faster so we would leave the weapons and technology?

I ask the supporters of this resolution: What about the oil revenue? What if al-Qaida is able to get access to the millions that it is producing for Iraq? If Iraq collapses and the terrorists take hold with the oil revenue, how far could their heinous crimes go? How far could they spread?

I have heard the arguments about the cost of the war. And the cost is huge. What about the cost of another terrorist attack on the United States of

America? What about the cost in life and treasure of another terrorist attack on this country? Have we forgotten already the cost of 9/11, around 3,000 lives in America, billions to our economy, and the damages to clean up New York City? Are we not thinking of the consequences of this kind of action? This resolution may be an attempt to make a point. This is the United States Senate. I truly believe we should be more responsible. We are the leaders of our country. We should think of the consequences, the worst that could happen, not just the best. If we are able to pick up and leave, even though it would not be the honorable thing for the greatest Nation on the Earth to do, maybe it would be flawless. But we need to think through these consequences and we need to know what is the worst case if we are the leaders of this country.

This resolution is not the act of a thoughtful, informed group of leaders. I urge my colleagues to stop voting on this kind of resolution. I urge the majority leader to stop scheduling the votes that at best serve no legitimate purpose, and at worst demoralize our troops and embolden our enemy.

We have so much that is going for the better in Iraq. Is it as fast as we would like? Of course not. I would love to have our troops walking out right now. I met with hundreds of them this weekend. I know they are committed. But I also have met with the parents and the spouses of those who have lost their lives, who have given the ultimate sacrifice in Iraq and Afghanistan. They have said to me: Do not leave with the job undone, because then I will feel that my son or my daughter or my husband has lost his life or her life in vain.

We cannot do that to those who have served so honorably and we cannot walk away from our commitment. We are the Senate. We should be able to take actions that are responsible, that are thoughtful, that will not put our troops in harm's way, that will not leave our equipment to be taken over by the terrorists, that will not leave a country that could turn into a terrorist haven and take revenue and spread their terrorism and their heinous crimes to other places in the world and to our country.

We are here to protect our people. It is our job to act responsibly, and I hope we will do so by rejecting this resolution.

I yield the floor.

THE PRESIDING OFFICER (Mr. CASEY.) The Senator from Virginia.

Mr. WEBB. Mr. President, I ask unanimous consent that following the remarks of the Senator from New Hampshire, the senior Senator from Montana be recognized on our side.

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

Mr. WEBB. Mr. President, I rise in opposition to this bill but in support of the concepts that have motivated it. I think the Senator from Wisconsin fully

understands this. We have discussed this.

I wanted to add my comments with that perspective in mind, because I do not agree with a lot of the comments coming from the other side of the aisle with respect to why this amendment should be defeated.

I cannot support personally an amendment that involves an entrenchment on an appropriations measure. I do not believe the best way for us to address this situation is to cut off funds or to stipulate a series of conditions that might be overinclusive or underinclusive, depending on the situation on the ground in Iraq.

But at the same time, I strongly disagree with the notion that a withdrawal from Iraq at this time is premature. I believe that with the right national leadership, first, we never should have gone into Iraq, but, secondly, that we could have begun a withdrawal with the right national strategy more than 4 years ago.

What we have been engaged in since shortly after the invasion is an occupation, not a war. It has been a military holding action. In the context of history, a military holding action takes place in order to enable the political process and, unfortunately, we have not seen that sort of political leadership from this administration. That is a totally different concept than the one that seems to make it into our debates here.

I have written a lot of books in my life. I made my living before I came to the Senate writing histories and novels. There were many times when I watched this debate that I would think about how this is going to look through the prism of history. How are people going to look back at this period of years in terms of how our national leaders were conducting themselves?

One thought that sticks in my mind is that we tend, when we debate Iraq, to look at this issue almost as if Iraq was an island in the middle of an ocean, disconnected from the rest of the region or even the rest of the world. That is ironically how we ended up in Iraq in the first place, because once we started debating whether we would go into Iraq, we changed from a debate about the dangers of international terrorism and started focusing more and more specifically simply on Saddam Hussein, on the conditions inside Iraq, which obviously was a country that was not even directly threatening us. Most of us sitting on the outside who had years of experience in national security could see that, even as the debate narrowed into Iraq rather than international terrorism.

We are doing it again. We are doing it again when we talk about the success or failure of the surge or where we should go from here with respect to this block or that block or this city or that city or this specific unit of the military. We have fallen into what could be called a double strategic mousetrap. On the one hand, we have

the greatest maneuver forces in the world bogged down, occupying cities in one country that was not even threatening us, while the people we are supposed to be going after, the forces of international terrorism, know no international boundaries, work the seams of international law, and are able to maneuver at will. We are seeing that clearly.

Before I went to Iraq in November, I was getting briefings. The comments and the briefings from the Pentagon were that terrorism activity had been reduced inside Iraq. I mentioned I have been doing this for 40 years, from the time I was a young marine. If I were the forces of international terrorism, I don't think I would be in Anbar Province right now either. I think I would be heading to Afghanistan and Pakistan. That suggestion was basically dismissed in the briefings. Within a few weeks, Benazir Bhutto was assassinated by al-Qaida, and we are seeing heightened activity in Afghanistan such as, less than a week ago a suicide bombing at a dog fight near Kandahar, where more than 100 people were killed by al-Qaida. That is what a strategic mousetrap is.

When you are going up against people who know what they are doing and who are very dedicated to it, you get yourself bogged down in one spot where you can't get out, and then they have the maneuverability.

The second strategic mousetrap we can clearly see involves how we are addressing the rest of the world. In terms of our military posture, we have burned out our military. We are not focusing properly on the strategic issues facing us globally, particularly the situation that we face with an ever-evolving China, and the need to regrow our Navy. And our national economy is going into a tailspin.

When I look at this region, I see a region in chaos. We can talk about whether you can go to the market in Baghdad. Wherever the U.S. military has been sent, it has done its job historically. I had the honor of serving in Vietnam. On the 20th anniversary of the fall of Vietnam, the Communist government admitted that it lost 1.4 million soldiers dead on the battlefield; this illusive guerilla force, 1.4 million soldiers dead. We did our job. That doesn't address the larger issues in which the military performs its job and doesn't address that issue in Iraq today either.

We are very proud of what our military has done. I am proud of my son. He served as an enlisted Infantry marine in Ramadi in some of the worst fighting. But this region is in turmoil from Lebanon to Pakistan. Anyone who has been involved in these issues intimately understands that. People are betting against us, not in terms of our military operations but as a leading nation.

When we were preparing to go into Iraq, it cost \$24 for a barrel of oil. Yesterday the market closed above \$101 for

a barrel of oil. When we were getting ready to go into Iraq, as I recall, gold was less than \$300 an ounce. It is up almost at \$1,000 an ounce today. The dollar is in jeopardy. Our budgets are in deficits. Our infrastructure is diminishing to the point that we have to worry about whether we can be a leading nation in terms of technology, the sorts of things that have always made us great—roads, bridges. All of these issues do tie together. Even when we start arguing about how this surge has affected the conditions inside Iraq, if we are going to be honest, if we are going to look at the situation as it really is rather than simply as one political side or another wants to make it, we have a lot going on in Iraq, a lot of moving pieces that don't exactly add up to the possibility of great success in the near term.

I have heard people from General Petraeus to people on the other side talk about how the surge is responsible for the period of decreased activity in Al Anbar, around Ramadi. That began before the surge was announced. There were two reasons for that. One, al-Qaida overplayed its hand there. The Sunnis made a deal with our side. The Sunni insurgency made a deal with our side and they hated al-Qaida more than they hate us. We don't know how long this is going to last. They don't like an occupying force.

The second is, al-Qaida is pretty smart. They are fluid. They are mobile while we are tied down. If you go up to the Kurdish areas, which have been sort of the bulwark of our strength in terms of relations, we see that the Turkish parliament has approved military activity by their military inside Iraq. They have begun an incursion more than a week ago where they have been operating inside northern Iraq. Imagine what the other side would be saying right now if the Iranians were conducting military activities inside Iraq. We have a region that has been filled with chaos from refugees, external refugees, internal refugees, by some accounts more than 30 percent of pre-Iraq war population refugees, either outside the country, heavily burdening Syria—by the way, more than a million refugees in Syria—but also inside. Eighty percent of those internal refugees in Iraq right now are women and children.

We need to be able to address this honestly, and we need to be able to agree that the way out of this isn't simply through the performance of our military. It is that we need national leadership that will put a formula together so that we can remove our military. There is no true strategy if you cannot articulate an end point. When you look at it, one of the things I keep going back to is what General Dwight Eisenhower said in the dark days of the Korean war when we were stuck in a stalemate, when he was thinking about running for President and then running for President. One might compare this with comments we hear from the present administration. He said:

[The Korean War] was never inevitable, it was never inescapable. . . . When the enemy struck, on that June day of 1950, what did America do? It did what it always has done in all its times of peril. It appealed to the heroism of its youth. . . . The answer to that appeal has been what any American knew it would be. It has been sheer valor on all the Korean mountainsides that, each day, bear fresh scars of new graves. Now—in this anxious autumn—from these heroic men there comes back an answering appeal. It is no whine, no whimpering plea. It is a question that addresses itself to simple reason. It asks: Where do we go from here? When comes the end? Is there an end? These questions touch all of us. They demand truthful answers. Neither glib promises nor glib excuses will serve. They would be no better than the glib prophecies that brought us to this pass. . . . The first task of a new Administration will be to review and re-examine every course of action open to us with one goal in view: To bring the Korean War to an early and honorable end.

I suggest that is the prospect that faces all of us. On what do we need to be focusing? I agree, by the way, that this is not something that is going to get us very far in the next couple of days, other than to air our concerns. We need to be getting a GI bill for the people who have been serving since 9/11. I would invite people from the other side of the aisle to support this. We keep calling these people the next greatest generation. They deserve a GI bill at the same level of those who served during World War II when they got all tuition paid for, books bought for them, and a monthly stipend. I introduced that bill my first day as a Senator last year. We have more than 30 cosponsors. Let's come together. Let's make that happen. Let's give these people the first-class future they deserve.

We need to focus on the agreement that is now being negotiated between this administration and the Maliki government, where they are saying they will consult with the Congress. This type of long-term agreement, going into security issues, is, in fact, a treaty, no matter what we call it. It is a treaty that they are negotiating, and we in the Senate should advise and consent on that. We need to focus on the wartime contracting commission that just became law where we can root out fraud, waste, and abuse, the billions of dollars of no-bid and instant contracts that were put into Iraq from 2003 forward. In other words, let's create the environment where we can get the right kind of diplomatic solution and remove our combat troops from Iraq. Let's focus on the future.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

BUDGET ISSUES

Mr. GREGG. Mr. President, I recognize that much of the debate the past 2 days has been about our status in Iraq and what we should be doing in Iraq relative to the two proposals offered by Senator FEINGOLD. Clearly, the issue of how we fight terrorism and how we confront the threat of Islamic fun-

damentalism and its avowed purpose of destroying Western culture and specifically targeting America and Americans is probably the overriding issue we must address. But right behind that issue is the question of what type of nation are we going to pass on to our children relative to the fiscal strength of our Nation. We confront an issue there which is as significant for the prosperity of our children as the issue of terrorism is relative to the security of our country.

We are faced with a situation where, as a result of the pending retirement of the baby boom generation, three specific programs—Medicare, Medicaid, and Social Security—will grow at such exponential rates that they will essentially bankrupt our Nation if we don't do something.

This chart reflects those three programs, the red line here, and their rate of growth. This black line reflects what has historically been the amount of money the Federal Government has spent. The Federal Government has historically spent about 20 percent of the gross national product of America. These three programs alone, by the year 2025, 2028—it varies depending on who you talk to—will cost 20 percent of the gross national product. Trying to put this in perspective, by the year 2030, when the baby boom generation is fully retired and is receiving its benefits, the cost of supporting that generation through Medicare, Medicaid and Social Security will be so high that if you put it in the context of what we traditionally spend in this Government, we will have no money available to do anything else as a government. We will have no money for national defense, no money for education, no money for laying out roads, no money for environmental protection.

It does not stop there, because the costs incurred continue to go up. They continue to go up at such a rate that by about the year 2035, we will essentially have a situation where approximately 28 percent or more of the gross national product would have to be spent to support these three programs.

Then, of course, you have the additional obligations of Government. What does that lead to? Well, if that were allowed to occur, it would lead to a situation where our children and our children's children would be paying so much in taxes to support the costs of maintaining these three programs for my generation—the baby boom generation—that our children would essentially have no opportunity to send their children to college, to buy their first home, to live the prosperous and fulfilling lifestyle we have today in America because all those discretionary dollars would be absorbed through taxes to support these programs.

To put it in a different context, with numbers which are almost incomprehensible but which need to be pointed out, we are told by the Comptroller

General's Office that the unfunded liability of Medicare, Medicaid, and Social Security is \$66 trillion. That means after you figure in all the money you pay for Social Security taxes, and all the money you pay for health insurance taxes, the HI tax, the Medicare taxes—after you figure in all that money, there is still a responsibility, an obligation on the books that is not paid for. That amounts to \$66 trillion—trillion with a “T.”

Now, \$1 trillion is almost an incomprehensible term, so to try to make it a little more comprehensible, if you took all the money paid in taxes since our country was formed, since we began, that is \$42 trillion. That is all the money that has been paid in taxes. We have a liability on the books that exceeds all the money paid in taxes throughout the history of our Nation.

To put it in another context, if you take all the assets of America—everyone's home, everybody's car, all your stocks, all your small businesses—and you add them up—everybody's net worth—that amounts to \$59 trillion.

So we have a debt on the books that exceeds our net worth as a nation. That is called bankruptcy, and that is what we are headed toward unless we address this issue.

This week, the administration, under a direction from the Congress, sent up a proposal to try to address the biggest part of this problem, which is the cost of Medicare.

When we passed the Part D drug benefit for seniors, there was language put in that bill—remember that bill was passed with a strong bipartisan vote—that said if Medicare started to have its financial resources—its support, the dollars that paid for Medicare—come out of the general fund at a rate that exceeded 45 percent of the overall cost of Medicare, then the trustees—if that was projected to occur for 2 years over a 7-year period—the trustees were directed to direct the President to make a proposal to bring the cost of Medicare back under control. It is called a trigger. That is what it is referred to.

Why did we put that in or why was that language put in? It was put in because Medicare was always conceived to be an insurance program, even though it gets a fair amount of support out of the general fund, the general fund being general taxes. Everybody pays their taxes: income taxes, corporate taxes. Those taxes are used to operate the Government generally: to pay the defense budget, to pay the education budget, to pay the environmental agency—to pay the different activities the Government undertakes. That is the general fund. Those funds were not supposed to be the funds that supported health insurance for seniors.

Medicare was supposed to be an insurance program, as is Social Security, where the funds are collected from people, working under the HI tax, which you pay, which is withheld. Those funds are what are supposed to support Medicare.

If you start taking money out of the general fund, it is generally acknowledged—not through too many “generals,” but it is generally acknowledged you are basically creating an income transfer event, a redistribution of wealth event, where you are taking money from basically the general operation of the Government and you are putting it into the support of people on Medicare who are retired. That was never the goal of Medicare.

So recognizing that, but also recognizing that a brandnew benefit was being put on the books that was fairly significant—the drug benefit—it was decided to put in place this law that said we want to keep Medicare primarily as an insurance event rather than an event which basically is unsupported, a cost that is basically supported by the general taxpayers of America who need to support the regular operations of the Government: defense, education, things such as that. So this trigger was put in.

Well, we have now had the trustees evaluate the Medicare fund, and they have concluded that in the 7-year window, under present projected spending patterns, Medicare's support—the dollars necessary to support Medicare—will require a call on the general fund that will exceed 45 percent of the general expenditures of Medicare.

That is a serious issue, and it goes to the larger serious issue of this unfunded liability question, because Medicare makes up \$34 trillion of the unfunded liability. Do you remember the prior chart, where I pointed out there is \$66 trillion of unfunded liability? Well, of that \$66 trillion, the majority of it is the obligations under Medicare. So it is Medicare spending that is driving the problem which we confront, which is pointed out in this chart, which is that we are headed toward a government that our children cannot afford and which will bankrupt our children unless we do something.

So this proposal that was put into the Part D drug law, in which the trustees direct the President essentially to propose changes in Medicare spending, which will allow us to make the Medicare Program affordable and continue it to be an insurance program, is a step, and a fairly significant step, if followed correctly, down the road toward reducing this outyear threat of a fiscal meltdown.

It is critical we heed the law we passed and, specifically, the statement and the execution of the statement that has been made by the Medicare trustees that the trigger must be exercised. And the administration has the obligation to set up a way to accomplish these savings.

Now, under the law, the administration sends up its proposal, which it has done, which proposal is required to bring the Medicare system back into balance, so it is not taking more than 45 percent of the general fund. That bill is then required to be introduced by the majority and the minority on the

House side and Senate side. The chairman of the Finance Committee has introduced a bill, I believe last night, with myself as ranking member of the Budget Committee as the primary sponsor on our side. That does not mean it is agreed to. It means that under the law it has to be introduced.

I happen to think what the administration has sent up makes sense. But what cannot be denied is that this problem is very real. I was extremely surprised, for example, to hear Senator KENNEDY say: The proposal sent up by the administration is dead on arrival, and the administration has trumped up a phony crisis in Medicare.

You tell me how \$66 trillion of unfunded liability is a phony crisis in Medicare. The Medicare trustees, who have a fiduciary responsibility, the highest standard we have under law to protect the solvency of the Medicare trust fund, tell us the law is being violated and that changes must occur. You tell me that is a phony crisis.

What is unfortunate is this “bury the head in the sand” approach that is being taken by the majority party, as reflected by Senator KENNEDY, in facing this issue. This issue must be faced. We need to act.

Now, what has the administration suggested we do? They have suggested three basics in order to bring this in line.

First—and I cannot understand why anybody opposes this proposal—they have suggested that under Part D, which is, again, the drug benefit, people pay a portion of the premium of the cost of the drug benefit. But high-income people pay a very small portion of the cost of the drug benefit compared to what they can afford to pay. They pay about 25 percent of the cost of the premium of the Part D drug benefit.

Somebody such as Warren Buffett, who qualifies for the Part D benefit—I am not picking on him specifically, but he is a national figure of some note, and he obviously has a fair amount of assets—his premium under Part D, in order to purchase drugs, is being subsidized by John and Mary Jones, who work in a restaurant in Nashua, NH, or by Bill and Susan Parker, who work in a gas station in Epping, NH. Their taxes are actually subsidizing Warren Buffett's drug insurance, his ability to buy drugs, which is totally wrong.

What the administration has suggested is that people, individuals who have incomes over \$80,000, and joint taxpayers who have incomes over \$160,000, or approximately that amount—fairly wealthy people by American standards—should pay more than 25 percent of the cost of their drug premium. I think they have suggested they pay 50 percent or maybe 60 percent but not the entire premium. They are still going to be subsidized by John and Mary Jones who are probably making a lot less than \$160,000 working at a restaurant in Nashua, NH.

That is their first proposal.

The second proposal they put forward is that we should have an IT proposal, something that basically means using technology to communicate more effectively the costs of health care, to create a more integrated system where you could get more effective information on what health care costs in order to drive better purchasing practices. We all know that is going to significantly improve the delivery of Medicare and all health care, if we do this. It is something that should be done and, therefore, is appropriate.

The third thing they have suggested is that we limit basically frivolous lawsuits that are driving up the cost of health care and actually driving some doctors in the area of OB/GYN—baby doctors—out of the practice, that we essentially adopt what is known as the California Plan for medical liability insurance—again, a very rational approach.

None of the ideas the administration has put forward are radical. None of them are even targeted in a way that would significantly affect very many beneficiaries. In fact, as to the entire proposal they put on the table, 94 percent of Medicare beneficiaries would not be affected by any of these proposals—94 percent. Only 6 percent; that is, the wealthiest 6 percent, those people with incomes over \$80,000 individually or \$160,000 jointly. Those folks having to pay a portion of their Part D premium would be impacted, and they should be impacted.

So that proposal has been put forward.

Three ideas—all of them reasonable, all of them initiatives which we should be able to accomplish, and which would, if undertaken, actually reduce this insolvency in Medicare dramatically. I think the estimates are that over the 75-year life, you might take as much as \$8 billion out of this insolvency number if you did these proposals which the administration is suggesting. That is a huge number over 75 years. It would actually be a major step in the right direction. But, more importantly, it would respond to what the law says we should do. So I certainly hope we are not going to sit on our hands.

I see the chairman of the Finance Committee is in the Chamber. He says he is going to act. I hope his colleagues will follow him, because that is the type of leadership we need.

Now, the administration's three proposals aren't the beginning and the end of the process. Anything can be on the table to try to get this resolved. But the fact is, we need to resolve it. The trigger has been pulled. We are over the 45 percent or we are projected to be going over the 45 percent. We need to act not only because of that but because of, more importantly, this out-year problem. We have no right as policymakers to pass our generation's problem on to our children, which is exactly what we are going to do if we don't act. Our generation is the one

that is creating the issue because of the demands we are going to put on the system because we are such a large generation. We are in the position of making Government change, and we should address this. We should take that action, and I certainly hope we can over the next few weeks.

Mr. President, I appreciate the courtesy, and I yield the floor.

The PRESIDING OFFICER. The senior Senator from Montana is recognized.

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

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

Mr. BAUCUS. Mr. President, I thank the Senator from New Hampshire for his comments and for pointing out the budget expenditures and exposure down the road. The only point I wish to make about his presentation is that the increase in entitlements is not so much because of Social Security—that is not the big problem for the next 15 or 20 years. Rather, it is the increases in Medicare and Medicaid that are going to be very expensive for us to accommodate. The real question is, What is the solution? We know what the problem is. The question is, What is the solution?

It is interesting that Peter Orszag of the Congressional Budget Office printed a report just about a month ago saying that the rise in the number of baby boomers is part of the problem, but that is not the big problem. The main reason that Medicare is going up at such a rapid rate and that Medicaid is also going up at a significant rate is because health care costs in this country are rising at such a rapid rate. So I think it is important to address not just the symptoms; that is, the wacky Medicare, but it is much more important to look at the direct causes or what is causing these increases.

Our country today spends about \$2 trillion on health care—about \$2 trillion. About half of that is in the public sector and half in the private sector. The projections of the Congressional Budget Office, a nonpartisan organization, are that private health care costs are going to increase very significantly over the next 20 years and Medicaid costs are going to also increase significantly but, for Medicare, much more. The rate of increase in the private sector will be a little less because the private sector tends to control costs a little better. For Medicaid, the rate of growth will be not quite as high as Medicare growth because States pay for part of the Medicaid costs and States are going to get a little more control of their State budgets.

The real problem is the increase in health care costs. We in America spend twice as much per capita on health care costs than the next most expensive country, and I don't know that we are twice as healthy as the next most expensive country. We have great health care in America. Our technology

is the envy of the world. Our drugs are the envy of the world. But we have a system which basically is unnecessarily expensive and is going to cause us to be anticompetitive in future years.

I was in Bangalore, India, not long ago. I brought about 15 or 20 Montanans. It was a trade trip partly to China and also to India. We went to the John F. Welch Technology Center, which is one of General Electric's three technology centers in the world. Kind of "gee whiz" stuff, kind of interesting. During the tour, I walked up to the manager. He was the only non-Indian there. He is a German, Argentine his background.

I walked up to him, and I said: Why are you here in India? Why are you here, right here? Why is your research facility here?

He said: Greatest talent pool.

I said: Well, what country has the next greatest talent pool?

China, he said.

I asked: Where are we as Americans?

He said: You are kind of down here.

What does it take, I asked, to get us up there?

He looked at me without skipping a beat, and he looked me straight in the eye, and he said: Education and health care. He says: You have to educate your people a lot better than you are. Second, you have a health care system that is making you anticompetitive, you Americans.

It is true, our health care costs are so much higher than the costs of companies in other countries. About 18 percent of our total health care costs are administrative; in other countries, it is about 4 or 5 percent. There are a lot of ways to get at this problem. The real question is, What is a solution? How do we get health care costs more under control?

I daresay that whoever is elected President is going to be forced to and should be and will have an opportunity to make a major health care proposal to our country. We on the Finance Committee are starting to hold a lot of hearings on health care. There are a lot of provocative questions. We need to not be flat-footed, and we need to work in tandem with whoever is elected President so we can begin to address two main points. One is coverage. We are the only industrialized country in the world where people don't have health insurance that is not universal coverage. We need to have that. Second is to address costs. We need to figure out how we can get a handle on the excessive increase of health care costs in our country.

I commend my friend from New Hampshire for raising the problem, but the real question is, What is the solution? The President's letter is not even a glancing blow to solutions; it kind of touches on some possible solutions. It is critical for us to address the underlying questions. What are the underlying causes of increased health care costs? I don't have the time here to go

into all of what I think we need to look at and will be focusing on in the Finance Committee, but that is a major challenge we face as a country, and it is a great opportunity for all of us to dig deep and help to solve this problem so Americans can be proud of the country we have, with universal coverage, and also get a handle on excessive costs.

(The remarks of Mr. BAUCUS pertaining to the submission of S. Res. 462 are printed in today's RECORD under "Submitted Resolutions.")

The PRESIDING OFFICER. The Senator from South Carolina is recognized.

Mr. GRAHAM. Mr. President, I would like to use about 10 minutes or so, if I may, to discuss what I think is an important topic for the country. The Senate has allowed itself to discuss progress in Iraq—or the lack thereof, depending on how you view these things—and to discuss a measure proposed by my good friend, Senator RUSS FEINGOLD, that would require us to withdraw troops, I think within a 120-day period, leaving troops behind in a very limited role and basically telling the world and our enemies we are leaving Iraq, and the people left behind would have a very limited function in terms of what they could do—a complete change in strategy. It would be saying to the Petraeus strategy: It failed, it didn't work, and we are going to replace the Petraeus strategy with the Feingold strategy.

Now, as much as I admire Senator FEINGOLD—and that is a great deal, to be honest with my colleagues, because he takes his job very seriously, as do the rest of us, but he is willing to do and say things very few people will do or say, and I think that makes the country a better place. Sometimes I disagree with him. This is an occasion where I find the Feingold strategy replacing the Petraeus strategy would be a disaster for the country, the region, and our national security interests, and I say that with all due respect.

Now, one of the central theses of Senator FEINGOLD and others who support this measure is that Iraq is a side venture, not part of the war on terror, and our presence there is making us less secure, not more, and that we have taken our eye off the ball. I would argue that the enemy doesn't see it that way. It is my belief and contention, and has been for a very long time, that Iraq has become the central battlefield in the war on terror. That happened when al-Qaida decided to go into Iraq after the fall of Baghdad and undermine this attempt at moderation in Iraq, tried to drive us out, and a year ago this time, I was worried that they were going to succeed.

For about 3, 3½ years, we got it wrong in Iraq. We didn't have enough troops. We had a training model that was not delivering quality in numbers in terms of the Iraqi Army. The insurgency was thriving. There was a lawless period. You had the Abu Ghraib episode that allowed al-Qaida to go on

a recruiting drive all throughout the Mideast.

Thank God we changed strategy this time last year. I wish to compliment the President, and all of those—particularly Senator MCCAIN—who spoke loudly and clearly that we needed to change strategy. It wasn't a debate about changing in Iraq. Everybody wanted a change. Some wanted to just leave and worry about the consequences later. Senator MCCAIN and others said: No, we need not only to stay, we need to put more troops on the ground and come up with a way to suppress this insurgency because without security there will never be reconciliation. I think the results are in, and they are overwhelming, and they exceed all expectations I had in terms of success for the surge.

But to the central point: If you believe, as I do, that this is one battle, the central battle in regard to a global struggle, not an isolated event, it is a battle you can't afford to lose. If Iraq fell apart, broke into three parts, became a chaotic state, the national security implications for our Nation are enormous.

They start with the following: Al-Qaida would be on every street corner in the Mideast saying that we beat America and ran them out of Iraq. What would that do in terms of a chilling effect on moderation in the region? Who would be the next group of moderates to stand up and say: Come help me fight against extremism, America, after our behavior of leaving Iraq, and those who helped us to try to make Iraq a better place, a new place? They would surely get killed. If we left Iraq, withdrew, gave the battle space in Anbar to al-Qaida totally, they would have killed everybody who tried to help us, and it would have taken decades to get over the consequences of that mistake. You cannot leave people behind to be slaughtered by terrorists and expect to ever win this war.

Here is what bin Laden said in 2002 about Iraq:

I now address my speech to the whole of the Islamic Nation. Listen and understand. The most important and serious issue today for the whole world is the Third World War. It is raging in the land of the two rivers. The world's millstone and pillar is Baghdad, the capital of the caliphate.

Bin Laden did not get the memo that Iraq is not about a global struggle. Clearly, from his point of view, it is the defining battle in terms of his goals and ambition for the al-Qaida movement. The reason al-Qaida came into Iraq was to make sure we would lose, that moderation would fail. Their worst nightmare is for a mother to have a say about her children, and if we can pull this off in Iraq, where the different groups—the Sunnis, the Shias, and the Kurds—can live together under the rule of law, have a central government and local governments that work together and allow people to raise their children without fear and prosper together and a woman has a

say about her children, that is an absolute nightmare for al-Qaida. They see the outcome in Iraq as very important to their agenda. I hope we are smart enough to see the outcome in Iraq in terms of our own national security because I have said a thousand times, you cannot kill the terrorists and win this war. Killing terrorists is a part of this war. The war is an ideological struggle. The high ground in this war is the moral high ground. That is why Abu Ghraib hurt so badly. That is why we have to, at every turn, showcase our values as being different from our enemy's. When we capture an al-Qaida operative, it becomes about us. The rules we employ in the capture of an al-Qaida member or any other terrorist showcases who we are, and we cannot use as an excuse they do terrible things and they don't believe the same things we do; therefore, we are going to throw the rules out and be like them. That is the one way to lose this war.

I am proud of my Nation standing by moderation in Iraq. I am sorry to the American people and all those who have gone to Iraq many times that we got it wrong so long. But wars are that way. The model we had after the fall of Baghdad allowed the enemy to grow and become stronger, and it made it difficult to reconcile the country, which is in our national interest.

A year ago about this time, a new general took over with a new strategy: 30,000 troops were interjected into the battle space. But it is not about 30,000 troops. This general understood how to win. We took the troops out from behind the walls, and they started living with the Iraqi Army and police forces in neighborhoods. We took each neighborhood block by block, securing people in a way where they felt comfortable enough to talk to us about their future, about their hopes, and about their dreams, and over time they helped us.

This infusion of military might into Anbar, where al-Qaida was roaming freely, allowed people who tasted the al-Qaida life to say: I don't want to live this way. The Sunni awakening was an effort by a very brave sheik, who is now dead, to break loose from the al-Qaida agenda and come to the American and coalition forces and say: I would like to align with you because this is not the way I want to raise my kids, these are not the hopes and dreams I have for my people in Anbar.

They killed him, and if you go to Anbar, there are photos of this guy everywhere. They killed him, but they did not kill his idea. As a matter of fact, at his funeral and thereafter, the people of Anbar have upheld this sheik as a model of the future, as a hero. Al-Qaida overplayed their hand. They tried to intimidate everybody around them. They are trying to intimidate us: Do it my way or die. Do it my way or watch your children die in front of you. Do it my way or we will burn your children right in front of you. Live my way religiously or lose everything you have, including your life.

You know what, the good news from the surge, beyond all other news, is that a Muslim population had a chance to experience this al-Qaida life and said no. That, to me, is the single most important event that has happened in the last year, that Muslims would turn on al-Qaida and fight them and say: You are wrong; this is not what the Koran teaches, this is not the way we are going to live our lives. And they have done something about it.

The sheik has given his life. Many others in Anbar have given their lives to make sure al-Qaida does not win. Al-Qaida lost in Anbar because we had enough military presence, along with a new attitude of the people who live there, to beat these guys. They are not 10 feet tall. They are thugs, and history is full of people such as this who have had ideas that certain groups are not worthy of living. The Nazis had their view of who could live and who would die, and it was based on racial stereotyping, prejudice. There have been other episodes in history where religious bigotry determined who lived or died.

The way you beat these people is not for the good people to come home and leave the battlefield to the enemy; it is for the good people to rally around the values that make this place worth living and fight these people. The way you win this war is you align yourself with people willing to take on the terrorists and extremists and fight back against al-Qaida, and that is what General Petraeus did. When the awakening occurred in Anbar, we put tanks around every leader we could find and told them: We are not leaving; we are here with you.

The Sons of Iraq is an organization that sprung up from the population, where almost 80,000 people now belong to this organization where they patrol the streets at night to make sure al-Qaida does not come back. Anbar is a completely different place. Al-Qaida has been diminished and defeated in Anbar, and they are moving to other places in Iraq. They are not defeated yet, but they are certainly on the run.

For America not to appreciate what has happened here, for this Congress not to celebrate what has happened in the last year I think is sad. We should be using this 30 hours to say to General Petraeus, thank you; to Ambassador Crocker, thank you; to all those under your command, thank you for having the courage and the wisdom to turn this around, and we acknowledge that you are turning it around. We know you have a long way to go yet, but thank God you have turned the corner, and we have turned the corner. And the corner I wanted to see turned was when the people of Iraq would stand up to the extremists and fight back with our help.

GEN David Petraeus said in May of 2007:

Iraq is, in fact, the central front in al Qaeda's global campaign.

GEN Michael Hayden, Director of the CIA, said in January 2007:

I strongly believe [that U.S. failure in Iraq] would lead to al Qaeda with what it is they said is their goal there, which is the foundations of the caliphate, and in operational terms for us, a safe haven from which to plan and conduct attacks against the West.

It is clear to me Iraq is a central battlefield. It is clear to me about 3 years we were losing. It is abundantly clear to me now that we are winning. The Iraqi people have stepped to the plate and produced results that are astonishing, and it has come from a new strategy that has produced better security.

The monthly attack levels have been decreased by 60 percent since June of 2007. How did that happen? This new strategy of General Petraeus of getting military power out into neighborhoods, staying on the insurgency, giving them no rest, emboldening the citizens to fight back has paid great dividends. It is still a dangerous place but what a dramatic change: a 75-percent drop in civilian deaths since the beginning of 2006. From January to December, sectarian attacks and deaths have decreased over 90 percent in the Baghdad security district. How did that happen? We had a plan to secure the capital city by getting out from behind walls, going into neighborhoods, providing firepower and assistance, and the Iraqi people have done their part.

Coalition forces cleared approximately 6,956 weapon caches in 2007, over twice what we found in 2006. How? People are telling us where the weapons are because they want a new country. They see us as a solution to their problems, not the problem, and they are coming forward telling us things they did not tell us last year because they have sensed momentum, they feel as if they are safer and they don't want to go back to the old ways and they are helping us help them.

Iraqi security forces in the last year are responsible for security in 10 of the 18 Iraqi provinces. One of the biggest stories in this year has been the improvement of the Iraqi security forces, particularly the army. The national police have been a real problem. Even they are beginning to turn around. There are 100,000 new members of the Iraqi security forces, many of them being able to operate independently from us, for a total of a half a million people in uniform.

The Iraqi people have stepped to the plate. They are helping themselves in a way I admire. The casualty rate among Iraqis is three times that of our American and coalition forces. Every American death we mourn, but the reenlistment rates among American soldiers, military members who have served in Iraq and Afghanistan, is through the roof. What do they see that we don't? Why do they go back so many times? I know what I hear. I hear overwhelmingly: Senator GRAHAM, I want to get this right so my kids don't come. I hear from the soldiers, sailors, airmen, and marines: If we win here, it makes us safer at home. It is hard, it is tough,

it is difficult, and they keep going back because they know the outcome in Iraq affects us at home. And God bless them for doing it.

One brief statement: Well done. You have exceeded every expectation I have had. You have done a marvelous job. You performed your mission beyond any measure. You are involved in the most successful counterinsurgency in military history. All those who have taken part will go down in military history. We should be celebrating as a nation what I think is one of the biggest military achievements in the history of the world. But we cannot quite do that. I don't know why.

Al-Qaida is diminished but not defeated, but they are on their way to being defeated.

The big debate has been, what will make the Iraqi politicians get their act together. If we threaten to leave them there, they will start doing business in a better way. I have always felt that if you threaten to leave Iraq, every moderate will be chilled and every extremist will be emboldened. If you want to bring back life to a diminished enemy, let them read some headline somewhere in the world: "America begins to withdraw," as this Feingold resolution would suggest or as Senators OBAMA and CLINTON would have suggested. You would literally breathe life into a defeated, diminished enemy. It would be music to their ears. For every moderate who has sacrificed, lost family members as judges, as lawyers, as policemen, as army members, it would be heartbreaking.

I cannot believe people do not understand the consequences to the world if the American Congress said: We are going to leave Iraq in a set period of time. I cannot believe we do not understand how that would resonate throughout the world. It would be music to an enemy that is really on the run. It would rip the heart out of those who brought this about. And you want political progress in Iraq to go forward? Tell al-Qaida we are going to leave and see what kind of progress we get in Iraq.

The politicians in Baghdad have been frustrating to deal with, sort of similar to here at home. But you know what. I am here to say something I did not think I would say last year: Well done. The deBaathification law has passed. What does that mean? It means the Shias and the Kurds have welcomed people back from the Sunni Baathist Party that ran the Government under Saddam to their old jobs, made them eligible for their old government jobs, and they are saying to their Sunni Baathist neighbors: Let's build a new Iraq; let's not look backward.

Can you imagine how hard, I say to Senator LIEBERMAN, that must have been, to have grown up in Iraq, and the people who ran the Government under Saddam Hussein made their life miserable and you have a chance to be on top; you can fire them all and make them miserable, and then suddenly,

after a lot of dying, you realize: Wait a minute, we have to go forward, not backward. The deBaathification law is a huge step toward reconciliation.

A \$48 billion budget was passed.

Politicians in the Congress can relate to one thing: money. We are always fighting to get our fair share for our State and our districts. The \$48 billion budget that was passed has money allocated to every region of Iraq, and reconstruction can now go forward. And the ministries delivering the money are better than they have ever been but with a long way to go.

The fact that Sunnis, Shias, and Kurds would share the wealth of the country with each other seems to me to suggest that they view Iraq as a country. And to give money to someone who may have been involved in trying to kill your family just months ago is very difficult to do. But they have overcome, I think in great measure, the biggest impediment that every country eventually has to overcome—and that is forgiveness. There is a long way to go in Iraq, but we are a lot closer to getting there than we were last year. And the only way we are going to lose is for Washington to screw it up.

The provincial powers law, it passed the Parliament and went to the Council of Presidents. It will allow local elections in every province beginning in October. And I predict if that law becomes reality, Sunnis will vote in large numbers, and they boycotted in 2005.

The central government run by the Shias came to the conclusion that we are going to decentralize power; we are going to let each province elect their local leaders, instead of trying to micromanage everything from Baghdad. You know what that means? Democracy.

The PRESIDING OFFICER (Mr. MENENDEZ). The Senator is advised by the Chair that there is a preceding order to recess at 12:30.

Mr. GRAHAM. To be continued. I yield.

Mr. LIEBERMAN. Mr. President, with the indulgence of the Chair, I ask unanimous consent to speak as in morning business on another subject for up to 10 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. GRAHAM. May I have 2 minutes to finish my thoughts?

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

Mr. GRAHAM. The provincial election law was vetoed by Abdul Mahdi, a Shia Vice President, over the issue of whether governors elected to the province can be replaced by a majority vote in the Parliament. That is going to their Supreme Court. It is a unique and novel issue, and, to me, it gives great hope because they are resorting to the law rather than the gun. It is constitutional democracy playing out in front of us. It is something we should celebrate.

Amnesty: There are thousands of people in the jails of Iraq now, mostly

Sunnis, who have been tied to the insurgency. The Parliament passed a law that will allow a community of Sunnis, Shias, and Kurds to go through the files of the people in jail and say to some of those who have taken up arms against the Government: Go home, my brother, and let us build a new Iraq. That is a stunning development.

Now, how did all this happen? Iraq is war weary. People are tired of living in fear. We have given them better security; we put al-Qaida on the run, which has been trying to stir up trouble ever since Baghdad failed; and people have a sense of economic and political hope they have never had before. Oil revenues are up, have doubled. Oil production is up 50 percent. The economy is moving forward at a very fast pace. All of this is due, in my opinion, to resolve, to the surge, to the bravery of the Iraqi people and the American military and coalition forces who brought it about.

To my friends and colleagues in Congress: We are going to win in Iraq. Finally, we have a model that will lead us to a stable and functioning government rejecting terrorism and aligning with us in the war on terror. And the only way we will lose now is for Washington to lose its will and undercut this model. I hope we understand what this debate is about. It is about winning and losing a battle that we can't afford to lose.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. LIEBERMAN. Again, I thank the Presiding Officer for staying in the chair for a period of 10 minutes.

TRIBUTE TO WILLIAM F. BUCKLEY, JR.

Mr. LIEBERMAN. Mr. President, this morning we learned of the death of William F. Buckley, Jr. I wanted to come to the floor and reminisce a bit about Bill Buckley, whom I have been privileged to know for more than 40 years, and to pay tribute to a devoted and patriotic American, a remarkably creative and eloquent man of letters, a person with an extraordinary sense of humor and a kind of spirit to him that infused anyone around him.

He was a person who believed in the power of ideas and loved the exchange of ideas. He lived a remarkable life, with great effect for this country that he loved, and a tremendous impact on people who read his novels, his books, and his columns in the National Review, or watched him for so many years on that wonderfully thoughtful, cerebral, provocative TV program "Firing Line," which was open not just to conservatives such as Bill Buckley, but to people with all shades of opinion who were willing to engage him—Bill Buckley, WFB—on the field of ideas. A remarkable man.

I was privileged to get to know him more than 40 years ago when I became the editor—at Yale, of course, editor

wasn't a good enough title. I was called the chairman of the board of the Yale Daily News. And there was a gentleman at the Yale Daily News named Francis Donahue—Tackie Donahue—and he had been there forever as the permanent business manager. I remember the day after I was chosen, he told me he had informed Bill Buckley of this in one of his regular memos back and forth to Buckley. I was fascinated by this and began a communication with Bill Buckley at that time, and he took a wonderfully warm, kind of brotherly interest in those who were at the Yale Daily News, as he had been in the early 1950s. He invited me and a couple of our friends from the news to come to his house in Stamford, CT, for a dinner or two, which were stimulating, thrilling evenings.

Our friendship went on, and I will come back to that, but Buckley's life is an extraordinary life. He came out of Yale, became very well known for a book he wrote about what he thought was the hostile environment at Yale toward people of faith, toward people who were conservative, et cetera, et cetera, "God and Man at Yale." He went from that to starting the National Review in the mid-1950s. I believe it was 1955. I remember reading once that he had said in the founding issue that the publication would derive from original ideas of the moral order.

Bill Buckley was a person who studied history, studied literature, learned from it, and also was infused with a deep and profound commitment to his Roman Catholic faith. That, I think, was the origin of the moral order which he gave expression to in all that he did in writing for the National Review and speaking out and conducting himself as a provocative, loving American. He believed that ideas mattered, and they did.

The National Review, in some sense, gave birth to the modern American conservative movement. But it wasn't always a Republican movement. His was a matter of ideals and ideas and philosophy—conservatism. Incidentally, he rejected extremism. To his everlasting credit, he took on the extremists of the John Birch Society, which wasn't popular for him to do at the time he did it.

I am just remembering words of Buckley. He said he was a conservative ideologically, not always favorable to Republican candidates. I remember reading about an editorial he wrote in the National Review endorsing General Eisenhower for President. While everyone else was echoing the slogan "We Like Ike," Buckley's editorial said, "We Prefer Ike." So it was a relative judgment that he made.

He was thrilled, of course, much more by the candidacy of a former Member of this body, a distinguished Member, Senator Barry Goldwater, and most of all by the candidacy of President Reagan. At one point, in the mid-1960s, he ran for mayor of New York. And again as a kind of joyous, thought-

provoking, elegant, eloquent exercise in being involved in the marketplace of public ideas, perhaps most famous, though perhaps not the most substantive thing he said in that campaign, is when they asked what he would do when he was elected. Bill Buckley famously said: I will demand a recount. And that is a good message for all of us when we approach campaigns.

Well, I continued to be involved with him in communication in many ways. My wife and I had the privilege of spending wonderful evenings with him and his late wife Patricia at their home in Stamford, CT. These were classic evenings of great food, some drink, and good spirited conversations—cigar and brandy to follow—but always open to ideas and always with a ready willingness to laugh. In fact, he passed away earlier today, apparently in his study in his magnificent home on Wallace Point in Stamford, CT, probably working on a column or some other piece of writing.

I was particularly grateful to him for all that I learned from him, all the good times I had with him, and in some sense, you might say I would not be a United States Senator were it not for Bill Buckley, although Buckley would not say that. When I ran for the Senate in 1988, let's just say with the diplomacy that marks this Chamber that Bill Buckley was not a fan of the incumbent Republican Senator, and he called me up and said—I wish I could impersonate him—Joe, I'm thinking of endorsing you. Do you think that will help?

I said: Well, now, that's very good of you. Then he interrupted and said: Please understand this is the only time I am likely to endorse your career. So I said that it probably would; what do you have in mind?

Well, he actually wrote a column, a very good column in the National Review, and I think in his syndicated column. He also, with the puckishness that was part of him, started something he called Buck PAC, which was, he said, a PAC open to anyone in Connecticut whose name was Buckley and who was committed to the defeat of the incumbent Senator at that time. He printed bumper stickers and the like and helped out in the campaign.

I said to him after I won that election—and I won it by very little—that I thought that in a close election—as the Presiding Officer of the Senate knows, there are so many reasons one is successful—but I said: You have reason, Bill, to take part of the credit. I won by less than 1 percent of the vote. And I said: You know, I would go so far as to say you played a rabbinical role for me in this campaign.

Well, what do you mean by that? So I said: Your endorsement of me and the columns you wrote said to Republicans in Connecticut who really didn't like the incumbent Senator, it is kosher to vote for LIEBERMAN. And he laughed. I remember that well.

There is so much I could say about his contribution to our country, to his

openness to ideas, to his civility. One could disagree with Bill Buckley, as I did quite frequently, and never lose respect or affection, dare I say love, for a wonderful human being. We would all benefit from that.

I perhaps would close this impromptu tribute to Bill Buckley, mourning his loss today, by offering condolences to his family: Chris Buckley, his son, who is a wonderful writer and confuses me as well as others with the multisyllabic words that he uses just as his father did; his sisters, Priscilla L. Buckley of Sharon, where the family has longed lived; Patricia Buckley Bozzell of Washington; Carol Buckley of Columbia, SC; his brothers, Judge James Buckley of Sharon, CT, and F. Reid Buckley of Camden, SC; and a granddaughter and grandson.

I pray that they will be strengthened by their faith and comforted by good memories and pride and the extraordinary person in Bill Buckley.

I think most fitting of all, I will end with a quote from President Reagan on the occasion of the 30th anniversary of the National Review in 1985. Reagan says when he first picked up his first issue of National Review, he received it in a plain brown wrapper and still anxiously awaited his biweekly edition but no longer in a plain brown wrapper.

But this is what Reagan said of Buckley:

You didn't just part the Red Sea—you rolled it back, dried it up, and left exposed, for all the world to see, the naked desert that is statism. And then, as if that weren't enough, you gave the world something different, something in its weariness it desperately needed, the sound of laughter and the sight of the rich, green uplands of freedom.

I thank the Chair for giving me the opportunity to bid farewell in this Senate Chamber to a great American and a dear friend, William F. Buckley, Jr. I pray with confidence and the faith that Bill Buckley had that his soul will be taken up truly in the bonds of eternal life.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:47 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

PROVIDING FOR THE SAFE REDEPLOYMENT OF UNITED STATES TROOPS FROM IRAQ—MOTION TO PROCEED—Continued

The ACTING PRESIDENT pro tempore. The majority leader.

Mr. REID. Mr. President, another day in Iraq. Today American taxpayers' dollars will be spent in Iraq, almost a half a billion dollars. More than \$400 million will be spent today in Iraq.

Here is what we get from it as seen by—you pick about any newspaper—

the Washington Post, which was at my doorstep this morning: "Suicide Bomber Hits Bus in Iraq's North, Killing at Least Eight."

A suicide bomber detonated his explosive belt outside a bus in Northern Iraq on Tuesday, killing at least eight people, injuring at least eight others.

You drop down, it tells about all of the violence.

The Tall Afar bombing followed a bloody weekend of attacks against Shiite pilgrims, the deadly incident taking place Sunday when a suicide bomber killed at least 63.

As we learned yesterday, that one blast injured more than 100. You drop down in this news article:

Even as overall violence has fallen, the recent attacks underscore the tenuous security environment and the resiliency of the insurgency.

In volatile Diyala Province, it goes on to explain how 21 people were kidnapped yesterday. At the bottom of the page, it has the names of three of our soldiers who were killed. And then, of course, we have General Casey. General Casey, the Army Chief of Staff, said yesterday in testimony before the Armed Services Committee:

The cumulative effect of the last 6 years plus at war have left our Army out of balance, consumed by the current fight and unable to do the things we know we need to do.

We have had some good debate. My Republican colleagues think the war is going great. I think they are certainly entitled to their opinion. But it has been a good debate. We, of course, have spent time on Iraq on this side of the aisle, but also on how the war has done so much to damage our security and our economy.

There is a book coming out tomorrow or the next day that talks about—it is by Mr. Stiglitz, who is a Pulitzer Prize winner—maybe Nobel; I think Nobel. It is called "The \$3 Trillion Mistake."

The book is on the war. Now, in actual numbers that I understand, in about a year they will be up to \$1 trillion. Mr. Stiglitz, an economist, far smarter than I am, says it is \$3 trillion. That is what we have talked about. This war that will soon be going into the sixth year has been devastating to our country.

We had a meeting that just took place about the budget. The President's budget cuts virtually everything. One of the victims in his budget is Public Broadcasting, cut by 70 percent. I talked to Senator CONRAD as we were leaving. I said: What did you do with Public Broadcasting?

We restored the money.

And even restoring it takes into consideration some of the cuts the President has made in that program over the 7 years he has been President.

We do not have money to do the basics this country needs to do because we have borrowed \$1 trillion to take care of the war.

So we have had a good debate. Each side has spent a little over 3 hours discussing these issues. I believe there has

been sufficient debate on the motion to proceed.

I ask unanimous consent that all postcloture time be yielded back and the motion to proceed be agreed to; that the Senate now vote on the motion to invoke cloture on the motion to proceed to S. 2634, and that if cloture is invoked, notwithstanding rule XXII, the Senate immediately proceed to vote on the motion to invoke cloture on the motion to proceed to H.R. 3221, the vehicle we will use for the housing market crisis.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. KYL. Mr. President, reserving the right to object, I will make two quick comments. Certainly I respect the majority leader's comments. He talked about the fact that violence is down in Iraq. But, of course, the suicide bombers continue to wreak havoc. We all deplore that.

I was in Israel last week at the border town in Gaza—Sderot is the name—and terrorism from Hamas continues to bedevil the people of that town with rockets coming over every day. But they cannot leave and leave the terrorists to prevail there. I think the same thing is the situation in Iraq.

The majority leader talks about the costs, and they are significant. But the costs if we had to come back in and clean up after the terrorists take over, if we left prematurely, could be far greater than what we are expected to have to pay. In any event, it is very difficult to put a price on freedom and security.

I think we have had a good debate. We have speakers on our side actually for about another about 4½ hours or so. But as I told the majority leader, we could yield back some time on our side to work with the majority leader to develop a schedule that would be convenient for all of the Members.

At this time, because of the precise nature of the unanimous consent request, I object on behalf of the minority but would suggest it should be possible this afternoon, early this afternoon, for the majority and minority leaders to sit down and work out a schedule that would meet the needs of all of our Members and convenient for the entire body.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Nevada.

Mr. ENSIGN. Mr. President, I rise today to speak about Iraq. Following the bombing of the Golden Mosque in Samarra, our enemies tried to plunge Iraq into chaos, and in certain parts of Iraq they were succeeding. Terrorists and extremists were pitting Iraqi against Iraqi, Sunni against Shia, Shia against Sunni. In Baghdad, Iraqi families were being forced to leave their homes and to resettle in areas where other members of their religious community resided.

Iraqi police and army units were nowhere near capable of taking the lead during operations. On the political

front, progress was very slow. When the going got tough, many called for U.S. withdrawal and abandonment of Iraq.

Thankfully, the President did not listen to the calls for defeat and retreat. The President reviewed our strategy and changed course. This change was needed. I visited Iraq twice before this change of strategy. I can tell you it was a dangerous place. During one of my trips, we had to take a helicopter from the Green Zone to Baghdad International Airport because of an IED threat.

In January of 2007, the President and General Petraeus launched the surge of American forces into Iraq. The Iraqi people quickly realized that something dramatic had happened. Those who had worried that America was preparing to abandon them instead saw tens of thousands of American forces flowing into their country. They saw our forces moving into the neighborhoods, clearing out the terrorists, and staying behind to ensure that the enemy did not return. They saw our troops, along with provincial reconstruction teams, coming in to ensure that improved security was followed by improvements in daily life.

The surge is now achieving its primary aims of improving population security in Baghdad and reversing the cycle of sectarian violence that plagued Iraq. Although there is much more work to be done, security has improved considerably since General Petraeus began implementing this new strategy that became fully operational in mid-June.

According to the U.S. military, monthly attack levels have decreased 60 percent since that time. Civilian deaths are down approximately 75 percent. Although al-Qaida in Iraq remains a dangerous threat, its capabilities are severely diminished. Thousands of extremists in Iraq have been captured or killed, including hundreds of key al-Qaida leaders and their operatives.

Iraqi forces now have assumed responsibility for security in 9 of 18 Iraqi provinces and are now leading combat operations all over the country. Iraqi security forces and concerned local citizen groups continue to grow, develop capabilities, and provide more security for their country. The Government of Iraq is committed to one day assuming fiscal and overall responsibility for CLCs, which some now call the Sons of Iraq, and has begun structuring vocational training programs for these CLCs who want to rejoin the civilian workforce.

The President's strategy in Iraq has put us on a path to success. U.S. and Iraqi troops, working together, have achieved significant results. Violence is down dramatically and political progress is being made. The Government in Baghdad recently passed deBaathification legislation and a pension law, and is sharing oil revenues with the different provinces.

Significant bottom-up political progress is occurring at the local level

in Iraq, where provincial governments continue to spend national revenue on reconstruction, and many people are engaging in local politics.

On the economic front, the central Government of Iraq recently reached its 2007 target of \$30.2 billion in budget revenue 1 month before the end of the year. The Government of Iraq recently completed early repayment of its outstanding obligations to the International Monetary Fund. The Baghdad Chamber of Commerce recently hosted a business expo which more than 8,000 executives, entrepreneurs, salesmen, and investors attended.

Mr. President, approximately 2 weeks ago, I traveled again to Iraq and was briefed by General Petraeus, other commanders on the ground, and Iraqi security officials. Petraeus and his troops are obviously and undoubtedly doing a remarkable job at turning things around. This was a different trip for me. There was a more secure feeling in the air. I felt optimistic, more so than at any other time since the war started. You can tell that things have remarkably changed for the better. I visited a town south of Baghdad where 3 months ago al-Qaida had been in total control. I felt so safe that, along with two other Senators and our staffs, we walked through a local market without a helmet and spoke to dozens of residents, including children, through a translator. One of the Iraqi people's biggest fears is that America will surrender and leave prematurely. They fear for their lives, their children, and the future of the country if we surrender.

Great, almost unbelievable strides have obviously been made, and we are headed in the right direction. Despite this fact, some of my colleagues on the other side of the aisle continue to introduce defeatist legislation, such as what we have before us today, S. 2633, that call for tying our hands on this front line of the war on terror. So as things get better and better, the Democrats continue to call for retreat. They continue to politicize the war in Iraq, persisting in calls for troop withdrawal, when the surge is demonstrating real success, both military and political.

Scaling back withdrawing when we are succeeding so brilliantly clearly equals defeat and makes absolutely no sense. The Democrats have concluded that America has lost and refuse to listen to the judgment of our military leaders.

Responding to whether gains made in Iraq would be lost if we abruptly withdrew our troops, Speaker of the House NANCY PELOSI recently stated:

There haven't been gains. The gains have not produced the desired effect, which is the reconciliation of Iraq. This is a failure. This is a failure.

Such defeatist nonsense is not the way to boost the morale of our troops on the ground or to show gratitude for their success. I call on the Speaker to visit Iraq, to talk to our troops, to talk

to the Iraqi people, and to see how successful the surge is working for her own eyes.

Further, I find it peculiar that the Democrats keep calling for withdrawal over and over again when initially they criticized the administration for not sending more troops to Iraq. When plans for the surge were announced, they roundly attacked it, going so far as to say the war was already lost. Then when the surge began to show great success, Democrats again criticized it and said the only purpose of the surge was to enable political reconciliation in Iraq. Now that both military and political successes are being realized, the Democrats are once again going to have to redefine what failure looks like.

When General Petraeus first took command, he said, "Hard is not hopeless." Today, there is hope and optimism in Iraq. Amazing progress has been made. I should not have to say this, but we must support our troops, not just in word but in deed. The Democrats need to stop playing games with the brave men and women who are sacrificing so much for this country. They need to stop introducing legislation that ties strings to money for our troops. They need to stop introducing legislation that would prematurely bring our troops home and ruin all the gains they have made over the last 5 years. Partisan politics need to be set aside. We need to come together as a Congress, as a country, and get behind the effort and the mission in Iraq. Let's finish what we started, not just for today but for the future. We are all Americans first. It is time we started acting like that.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Utah.

Mr. HATCH. Mr. President, yesterday one of our colleagues came before this body and stated for all who cared to listen that he was weary, weary of this war.

I, too, am weary, but weariness does not lead me to embrace the policy of surrender or succumb to the nihilistic business that is defeatism.

History is replete with examples of leaders who fell victim to the temptation of defeatism. Shall the Senate similarly repeat this folly?

No, sir.

In this country, commitment and dedication to noble pursuits have defined our great Nation. We must not give way to weariness now.

The Senate is where great ideas and thoughts are to be put forth and considered, ideas and thoughts that are designed to lead to a better life for the American people and secure a safer world where the inalienable rights of all are respected.

But I, too, am weary, weary of the policies of appeasement that have become the guiding principles of some in the majority party. Have they learned nothing? Has history not taught us, through the pain and suffering of mil-

lions, that the philosophy of appeasement only provides a slight respite from the forces of evil before they unleash incalculable pain and suffering on the innocent?

What happens if we adopt the troop withdrawal legislation before us? Do they really think al-Qaida is just going to leave us alone? Make no mistake, the majority of the forces that oppose us in Iraq are affiliated with al-Qaida.

Do the supporters of this bill think al-Qaida will conclude: "Well, we have won in Iraq, now let's leave the Americans to live in peace?" Does anybody really believe that?

That is the question the American people have to ask themselves. What will happen if we pick an arbitrary time to leave Iraq based on a policy of appeasement rather than accomplishments of our new counterinsurgency strategy?

I have been to Iraq twice. The first time, I admit to being a little discouraged. The second time was a year later. During this second visit, we actually flew into Al Anbar really before it was completely as open as it is today. We walked the streets of Ramadi. We high-fived with the kids who were on the street. The difference between my two visits was striking. It was a complete change and that change is because of our current military leadership.

Again, the question the American people have to ask themselves: What will happen if we pick an arbitrary time to leave Iraq based on a policy of appeasement rather than the accomplishments of our new counterinsurgency strategy?

Simply put, what happens the day after?

Will not al-Qaida use Iraq, with the world's third largest oil reserves, as a bank to fund their worldwide activities? Will they not use Iraq as a base to launch attacks against all those who disagree with their radical policies?

What are the answers offered to these questions by the proponents of this legislation? From what I can discern from the Members who have taken to the floor to defend it, the answer is simple: nothing. They simply do not have a plan for the day after.

What of the nearly 4,000 servicemembers who volunteered to fight for their country and who have now paid the ultimate sacrifice? Does their memorial in history read: Thank you for your service, but some Members of Congress grew weary, and therefore your sacrifice and the sacrifices of your family were in vain.

I know what those sacrifices are like. Our family lost my only living brother in World War II on the Ploesti oil raid. That was the raid that attempted to knock out Hitler's oil reserves and it was one of the most important operations of World War II.

My brother's loss was hard on our family. But we were proud of my brother. We were proud that he was willing to sacrifice his life for us, just as we are proud of our young men and women

who are fighting in Iraq and Afghanistan today.

What is General Petraeus's conclusion, if we begin a precipitous withdrawal? Almost everybody has praised General Petraeus. You just have to. My gosh, the man has completely transformed the situation in Iraq. He has been right in his approach toward these problems over there. He wrote the Army's manual on fighting insurgencies.

As recently as February 15, General Petraeus stated what we all know to be true if we were to begin a precipitous withdrawal:

You would see a resurgence of ethno-sectarian violence. You would see al Qaeda regain its safe havens and sanctuaries. There's no telling what would happen with displaced persons.

In other words, if we leave, the chaos that could result might make the wholesale slaughter that occurred after the fall of Indochina look minuscule by comparison. I wonder what fanciful legislative fix our colleagues will offer then.

So what is the alternative? Do opponents of this bill offer only empty rhetoric?

No, we support the comprehensive counterinsurgency strategy devised and implemented by General Petraeus. It is a strategy that is producing remarkable results, results that point to only one conclusion. In little over a year, the coalition has regained the initiative.

For example, General Petraeus stated in his December 30 briefing that overall attacks have decreased by 60 percent. Civilian deaths are also down by 60 percent. The ethno-sectarian component of those fatalities has decreased by 80 percent.

Those findings are supported by other commanders in Iraq, including MG Joseph Fil, the commanding officer of the 1st Cavalry Division and the officer who until December was responsible for our operations in Baghdad. He stated in an interview late last year with the New York Times that coalition forces have dramatically reduced, if not eliminated, al-Qaida's presence in every neighborhood in Baghdad. The general also pointed out that murders in Baghdad are down 80 percent.

In addition, during a recent briefing, LTG Raymond T. Odierno, who just returned from Iraq and has been nominated to become the Army's new Vice Chief of Staff, stated that terrorist operations in Baghdad have decreased by 59 percent. In the past year, suicide attacks in Baghdad have been reduced 66 percent, from 12 to 4 a month. The number of improvised explosive device attacks in Baghdad has also declined by 45 percent.

Baghdad is not the only area where we have seen success. During my trip to Iraq last year, I was able to witness the dramatic changes that have occurred in Al Anbar, where al-Qaida has been thrown out of vast areas of that province, including its major cities,

Ramadi and Fallujah, areas that were once deemed refuges for al-Qaida's vile perversion of a dignified and peaceful religion.

The success of Baghdad and Al Anbar is also being repeated throughout Iraq. In the north, Operation Iron Harvest has been launched.

This operation has already achieved some important successes. For example, during the month of December, the coalition and Iraqi security forces have killed or captured over 20 al-Qaida emirs in the north. This included the capture of Haider al-Afri, who was the main security emir in Mosul and was responsible for organizing the flow of foreign fighters into the Mosul area. His replacement did not fare much better; he was captured on February 18.

The number of attacks in Diyala has also decreased. No doubt that the recent killing of the al-Qaida emir of Diyala helped this trend.

In addition, in the past two weeks, the coalition killed Abu Karrar, who was a senior al-Qaida intelligence operative and an individual who has the infamous distinction of organizing murders to be carried out by female suicide bombers.

Which leads me to the inevitable question: What do you think these senior al-Qaida leaders would be doing with their time if we left Iraq? I wonder if they ever will grow weary as some in this body have?

How are all these successes possible? The answer is our generals over there, led by General Petraeus. His strategy is based upon the classic counterinsurgency tactic of providing security to the local population, thereby enabling the Government to provide services to its people, which in turn creates in the population a vested interest in the success of Government institutions.

One of the ways this is accomplished is through the use of joint security stations. Under this tactic, a portion of a city such as a neighborhood is cordoned off, then searched for insurgents. Previously, once this was accomplished, our forces would return to large forward-operating bases, usually on the periphery of the city. The result was easy to predict. The insurgents would return once the sweep had concluded.

Under General Petraeus's strategy, our forces remain in the neighborhoods and build joint security stations. These joint security stations then become home to a company-sized unit of American servicemembers as well as Iraqi Army and police units. These facilities not only help secure the surrounding areas but simultaneously enable our forces to train and evaluate Iraqi forces. Much like the local police officer in a major urban area, our forces use the joint security stations to learn about the locale to which they are assigned and can quickly adapt to meet the unique security needs of the individual community.

The success of these joint security stations can be seen in their creation

throughout Iraq, with over 50 of them in Baghdad alone. However, under this legislation, our forces will no longer be able to conduct operations from joint security stations. In fact, they would be banished to bases isolated from the Iraqi people and unable to accompany Iraqi forces on missions. Under this bill, the few remaining forces would only be able to conduct limited operations against al-Qaida. The security provided to the Iraqi people, which is the foundation of our recent success, would be entirely lost.

So let's review the policy advocated by this bill. No. 1, it guarantees defeat. No. 2, it provides al-Qaida with another base of operations, and, unlike Afghanistan, Iraq's oil wealth will provide substantial financial resources to purchase whatever the terrorists choose. In the past, it has been publicly reported that al-Qaida has actively sought the acquisition of weapons of mass destruction.

Neville Chamberlain would be proud.

So yes, I, like others, am weary, but I am weary of appeasement. I am weary of such defeatist legislation being debated on the floor of the Senate. This is a Chamber for great ideas and concepts that will ensure the betterment of the American public and lead to the freedom of oppressed people all over the world. This legislation falls far short of that August standard.

Just think about it, here we have this country, Iraq, with three different factions who are working together, who are making headway, who have enormous oil wealth that could be used for their people, who are tired of al-Qaida, who have been throwing them out of the various provinces, who are cooperating with the United States of America, and who are starting to cooperate with each other, who sit between two of the most roguish nations in the world, Iran and Syria. All of this success happening, and we have people who want to pull us out prematurely. I don't understand it personally.

I respect the sincerity of the sponsors and of those who will vote for this. I think that if we are going to be weary, let's be weary of the way to handle things.

WILLIAM F. BUCKLEY, JR.

Mr. HATCH. Mr. President, I rise to reflect on the passing of William F. Buckley, Jr. I am aware of my limitations in speaking about Bill Buckley. Anything I might add to the eloquent words that have already come from his friends at the National Review and from his friend, and my friend, the Senator from Connecticut, JOE LIEBERMAN, will seem small by comparison.

Still, as someone who knew Bill, as someone who admired Bill, and as someone who learned a great deal from Bill, I would be remiss if I did not say a few words about this extraordinary man and his extraordinary life.

The life of William F. Buckley, Jr., reads like something from one of his many fiction novels. Growing up in Mexico, his first language was Spanish.

As a prep school student, he demonstrated that he was a real entrepreneur, typing his classmates' papers for \$1 at a crack. And consistent with the writer America got to know over the years, he would charge an extra 25 cents to correct their grammar.

After graduating, he spent time at the University of Mexico, studying Spanish, and he served his country in the Army, making second lieutenant.

Only after serving in the Army did he go on to college, something widespread in those days—when a hot war was followed by a long, cold war—and largely unknown today with the exception of those in ROTC and benefitting from the GI bill.

As a student at Yale, he distinguished himself. In addition to his studies in political science, economics, and history, he cut his teeth as a debater and was elected chairman of the Yale Daily News.

Following college, a year in the CIA, and the publication of his book "God and Man at Yale," he began a career as a writer.

In 1955, his public life began as he founded the National Review. The National Review never had a massive circulation. It continues to be subsidized by the contributions of its readers. But its significance was titanic. Simply put, there was no conservative movement before William F. Buckley, Jr., and the magazine he founded and cultivated.

For decades, the progressive left had been triumphant. Herbert Croly, The New Republic, Woodrow Wilson, and Franklin Roosevelt—there was no real answer to the arguments they made on behalf of higher taxes, a comprehensive state, and a highly regulated economy. For sure, there was a Republican Party, and Republicans continued to have electoral success. But there was no real consistent conservative point of view. The battlefield of ideas had been abandoned to the progressive left.

Bill Buckley, foot by foot, began retaking some of that ground, and establishing a framework of conservative ideas—themes of limited government, the protection of human liberty, economic entrepreneurship, and military strength in the face of a totalitarian threat bent on world domination.

The development of these ideas was not always pretty. But through fits and starts a movement grew. We first heard its voice in the 1964 Presidential election, an election in which Republicans were trounced. But by 1980, these conservative ideas had become a majority, one that helped to put Ronald Reagan in the White House.

Bill was no doubt combative, but I think most would say he was always having fun. He was a real intellectual, but he was no dour academic. He loved to sail. He used to make his way around New York City on a motor-cycle. When he made his long-shot run for mayor of New York City and was asked what he would do if he won, he responded, "Demand a recount."

He took up the harpsichord at the age of 50. He became a novelist. His television show "Firing Line" ran from 1966 to 1999. I enjoyed being on "Firing Line" with him, basking in his wisdom, answering his questions, and on occasion irritating him to death. But I loved the man.

Bill was a man who loved the written word, and it was fitting that he passed away at his desk and at his home. His son Christopher, also an accomplished writer, noted, "he might have been working on a column." And I have no doubt we would have benefitted from it, Democrats and Republicans alike.

As the authors of *The Federalist Papers*, Abraham Lincoln, Franklin Roosevelt, and Ronald Reagan understood, America remains an experiment. It is an experiment in republican self-government. And that experiment is constantly being tested.

Bill lived through extraordinary and challenging times, times like our own that tested that experiment, and I have no doubt he was very important in helping us through them.

With wit and aplomb, he pushed the envelope. He argued and fought. He made us a better country. He was a great American who led a great American life, and America will miss him.

I have to say I knew Bill Buckley. I appreciated Bill Buckley. He had an enormous influence on me. As a former liberal Democrat, he helped me to see the merit in intelligent conservative approaches.

He appealed to so many of us, including some of my liberal colleagues, who loved to debate him and loved to chat with him, because he was at bottom a decent, honorable, funny, person who was open to basically everybody.

No doubt the absence of Bill will be even more painful to the family he has left behind. But consistent with the Catholic faith, one kept deeply by Bill, I hope this is also a moment of happiness for them as they know that Bill is now in Heaven with the love of his life, Patricia.

I offer my condolences to the Buckley family. All of you and Bill are in my prayers. His brother, James Buckley is in my thoughts in particular. It was my honor to serve with Bill's brother in a variety of capacities. His brother is a true gentleman, a wonderful human being. Although he was only here for one term, he was a great Senator. The examples of both Bill and Jim Buckley show how this unique American family has contributed so much to our public life.

I can assure you that the Congress, including members who differed with Bill Buckley, will miss his humor and will miss him personally. I know one thing: This Senator from Utah will miss him deeply.

Mr. President, I thank my colleague from Michigan and yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, I rise today to speak about what is cur-

rently happening on the floor of the Senate and what I am hopeful will happen.

Our leader, Senator REID, has one more time brought us—and rightly so—to a point to debate and try to move forward on changing course in the war in Iraq. There have been 5 years of war, with the largest expenditure now of the Federal Government in terms of monthly expenditures, and certainly in terms of loss of life. It goes on every day, day after day. All you have to do is look at the newspaper and see that families continue to pay a huge price for this war.

I stood on the floor of this Senate 5 years ago and was one of 23 Members who voted "no" on going into this war. But I have spent every other moment, every other vote, doing everything I can to support our troops, to make sure I do everything I can to make sure we honor them through our efforts to equip them and make sure they have the resources, and that when they come home and put on the veteran's cap that we are, in fact, providing the health care and the resources they need. I am proud to be part of a caucus, a new majority that has placed veterans health insurance, health care as a top priority to make that happen.

But I often think back to the discussions before my vote, and discussions with my husband, who is a 14-year veteran of the Air Force and the Air National Guard, and him reminding me that the best way to support American troops, the best way to support our troops is to give them the right mission. The second thing is to make sure they have the resources they need. The third thing is to make sure there is a clear exit strategy for that mission.

I did not support that mission and believe there was not the evidence that was needed to carry on that mission. I have supported those resources, however, that they need.

Now it is important, it is critical, that we as a body, as a Congress, come together to support the exit strategy, the effort to change the mission that needs to occur in Iraq, to be able to bring our people home, to be able to stop the multiple deployments, re-deployments that are going on, and that we refocus on those areas of the world and those groups such as al-Qaida that truly are a threat to us. That means Afghanistan, that means other kinds of strategies to be able to truly keep us safe. That is what we need to do.

The most important thing is to keep us safe as a country, to be smart about our strategy. That is what we are debating, here: whether we are going to be smart about our strategy to keep us safe, whether we are going to pay attention to the daily loss of life in Iraq, and whether we are going to pay attention to the almost \$15 billion a month that is being spent on that war, which is now a civil war, that is not being invested back home in America.

That is what I want to speak about for a moment, understanding that the

most important thing is the loss of life and what is happening to our troops and their families.

As I said, I am extremely proud of the fact that we made a very top priority for us in the new majority coming in the full funding of veterans health care. We have done that. We have tackled the problems we have seen with Walter Reed and the inability for our troops, as they move between systems, to get the effective care they need by passing the Wounded Warriors legislation.

We have continued to bring forward other efforts to be able to address what I consider to be the abuse of our troops by continual redeployment without enough dwell time, rest time, for them to be here at home, as the Army Manual would require.

But we also have another very important piece of this which goes to what is happening when we have almost \$15 billion a month that is being diverted from our economy, which from Michigan surely looks like a recession. I cannot speak to every other part of the country, but from our economy and our families and our communities, it is being spent on a war that a majority of Americans—not a majority of Democrats—a majority of Americans—Democrats, Republicans, and Independents—people of all persuasions in all States are saying: We no longer want to go in this direction. We want to change this mission. We want to bring our people home.

But we are now getting ready to do a budget. The distinguished Acting President pro tempore today is on the Budget Committee. He has served with distinction in the House and now in the Senate. Mr. President, you know as well as I do that we are now grappling with very tough decisions about how to address the needs here in America.

I think that on top of the issues of national policy and how to keep us safe, and the loss of life, and how to support our troops, we have to grapple with the fact that last year, for instance, when we passed, with overwhelming bipartisan support in the Senate, an effort to extend health care, health insurance to 10 million children of working families, the President vetoed it, saying it was too much money. Yet it was about half of the cost of 1 month of what we are spending in Iraq today.

Investing in children, healthy children in our country, of working families who unfortunately are working in jobs where they do not have health insurance and do not have enough of a wage to be able to afford the \$1,000 a month premium or more that they would have to pay—do we focus on supporting those families and change this direction or do we continue down this road of saying no to our children?

We have the opportunity to create new jobs in the energy economy. In Michigan, we are moving full speed ahead on alternative energy, and not only in our vehicles. But windmills and

solar and biofuels and all of these things take partnerships and investments.

We have an energy tax provision—a measure for which we came one vote short of being able to override one of the multitude of filibusters that has gone on on this floor: a historic level of filibusters stopping us at every turn—we came one vote short. We are talking about having some resources to be able to put into tax incentives to be able to produce alternative energies and the infrastructures so the biofuels can actually get to the pump so you not only can buy a E-85 car but get E-85 at the pump. It takes some investments to be able to do that.

We have been told no on being able to put dollars into that area. Yet the amount of money we are talking about is less than 2 months of spending in Iraq.

Infrastructure, roads and bridges. We saw last year what happened in Minnesota in terms of a huge bridge collapse and what happened with human life and what happened to the community involved. We have roads and bridges across our country, water and sewer systems that are aging, that need a facelift, and we need to be able to get some additional dollars so we can bring ourselves into the modern age for much of our infrastructure. Yet we are told again: No, there are no resources to put money into our infrastructure. However, we are rebuilding roads in Iraq, we are rebuilding schools in Iraq.

In fact, one of the original items I will never forget was to put wireless technology into schools. That was in the budget, but it wasn't the American budget, it was the Iraqi reconstruction budget. I have been working for years to get technologies in our schools, new technology, because every single student is going to face, at a minimum, working with a computer, whether you work at a gas station or whether you work at a high-tech company. Yet we can't do that in America. We have been told by this administration and by those who had been in the majority for 6 years: No. But at the same time, it was in the budget for Iraq.

We now find ourselves in a situation with a tremendous housing crisis. In my State of Michigan, it has frankly masked a larger economic crisis, where people have been losing their jobs, they are losing their incomes, seeing all their costs go up, but they have had that equity in their home that was keeping them going. All of a sudden, all of the values go down, and we are seeing a collapse in the housing market which has rippled out way beyond housing now into our capital markets, into our entire economy. Yet when we come to the floor—and we are going to be asking shortly, after we vote to end this filibuster that is going on, on the change in the Iraq mission—we are going to be asking to come together around a housing proposal that, frankly, I think is pretty modest. It is im-

portant, it is good, it is the right thing to do, but it certainly is something within the realm of reasonableness. Yet I know it is going to be difficult to be able to get this passed. The cost of it, again, is about 2 weeks in Iraq, to be able to focus on one of the most devastating crises going on in America today.

Most middle-class families save through equity in their home. That is how most people are able to get into the middle class. We are talking about people who have worked hard, played by the rules, done all the right things, got a job, saved up the downpayment, were able to get a home, and then find themselves in a situation where they are looking around saying: Wait a minute. What is going on here? What about me? What is happening in our economy? I need some help. We are trying to do that. I hope we are going to be able to come together and do that. But if we hear one more time: No, we can't do that, we can't afford it—we are talking about less than 2 weeks of what is being spent in Iraq.

How many times have we heard all the comments about Leave No Child Behind, about the fact that we are not keeping our promises as it relates to education. We passed new high standards. We all support the high standards. What we promised was that with that would come resources to help children, help schools succeed. We have seen dramatic underfunding. Again, in this President's budget, he eliminates 48 different education programs, including efforts that focus on vocational education and other things that are important for the future—48 different programs. We will be told that if we try to invest in education, that it is too much. It is too much. We can't afford to keep the promise of Leave No Child Behind.

We passed, on a bipartisan basis, something called the America Competes Act. I wish to congratulate my colleagues. This was a great bipartisan effort. I know the Senator from Tennessee, Mr. ALEXANDER, was a real champion of that. It focuses on math and science and technology and investments in the future. I wish we had seen those investments fully authorized, fully funded in the President's budget—health research to save lives, science research, the National Science Foundation, those things that will make us competitive for the future. Every other country is racing to invest in science. We see China is racing, along with Japan and South Korea and other countries around the world, to get to that next technology, whether it is advanced battery technology research, whether it is biotechnology, whether it is new cures in health care. Yet we, the greatest country in the world, are seeing those things cut, but \$15 billion a month is being spent in Iraq which is, by the way, not paid for and goes right on to the deficit for our children to pay for in the future. These priorities don't make sense. They make no sense when we look to the future.

I would like to ask the President: How about just 1 month for America? How about just 1 month? We will take 1 month of \$15 billion invested to help us with jobs, keeping American jobs here, opportunity through education and innovation, helping our own families with health care, and people being able to keep their homes. How about just 1 month for America?

This debate we are having on the floor about Iraq is incredibly important on so many different levels, and that is why I appreciate Senator REID bringing us to this point. There are other pieces of this that we are committed to addressing such as a modern GI bill. My father went to school on the GI bill after World War II. We ought to be doing the same thing for our returning veterans. It will cost some dollars. Are we going to hear once again: Well, we can't afford it. We can't afford to invest in our veterans. I hope not.

The reality is there is a great connection between what is happening now in terms of filibustering our effort to move forward, to change direction in Iraq—one more time, one more filibuster—and what we want to do next, which is focus on the incredibly serious housing crisis in America. There is a connection because we are saying that not only are we not doing the smartest thing to keep us safe from a strategic, from a national security standpoint, we are also using dollars—precious dollars, taxpayer dollars—in a way that is actually making us less safe at home by undercutting our ability to have a strong economy, strong families, to support those who are in the middle class, who are trying to work hard to get into the middle class, struggling to stay in the middle class. The majority of Americans find themselves in great jeopardy right now on a number of fronts. This is the time they look to their Government to play a role to help create opportunity, to be able to make strategic investments here at home that will make sure we can continue to have the American way of life of which we are so proud.

So this matters. This matters. I am looking forward to the time when we are going to change that direction in Iraq, and I hope it comes soon. I hope we are able to say to our men and women who are on their third or fourth redeployment now: Job well done. Thank you for your service. You can come home now. Hopefully, they will come home to a veterans system that works for them, that they will come home to a GI bill of rights that creates a way for them to have opportunity, that they will come home to an economy that works for them and their families. That is our goal. We are going to keep focusing on this issue until we create that change.

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

The PRESIDING OFFICER (Mrs. MCCASKILL). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

FOREIGN INTELLIGENCE SURVEILLANCE ACT

Mr. KYL. Madam President, yesterday, I inserted into the RECORD a couple of items. I wish to speak to them briefly now.

The primary item was a letter that had been sent to the chairman of the House Intelligence Committee by Attorney General Mukasey and Admiral McConnell, the Director of National Intelligence. It was a letter that tried to explain the problems we are having in gathering intelligence on terrorists as a result of the lapse of the Foreign Intelligence Surveillance Act provisions, the so-called Protect America Act.

What we are debating right now is a resolution that focuses on when and how we should leave Iraq. Presumably, the next resolution we will be debating focuses on developing a strategy to fight al-Qaida. Most of us appreciate the fact that the best way to deal with terrorists, the very first thing we should do is to have in place a good intelligence-gathering capability, primarily in understanding the communications that terrorists are having with one another abroad.

The reason that is the No. 1 part of a strategy in dealing with terrorists is that unlike a war in which we are fighting an enemy with uniforms representing another country, these terrorists are shadowy characters who live anywhere in the world, who travel all around, who get together in cells every now and then and plan some kind of activity which is designed to terrorize, whether in London or Spain or Malaysia or the United States or wherever.

In order to fight the terrorists, we first want to understand what they are up to and then prevent it from occurring.

If we are having to react to a terrorist attack after it has occurred, we are in a very bad situation.

We created the Department of Homeland Security, and we have a lot of different plans and procedures for dealing with an attack after it has occurred. But in many respects, then it is too late.

So in this war against these radical Islamists, these terrorists who would kill anywhere they can and target innocent people, the very first thing we want to do is to be able to have good intelligence on that activity.

We collect intelligence in a variety of ways, but in modern times, one of the best ways to collect intelligence is by intercepting communications. There are a variety of means by which that is done. One of the things the Congress did was to develop a law that provides protection to American citizens and others to ensure that this intelligence collection does not impinge on our

civil rights. We do not want to have the Government eavesdropping on us, and that is appropriate for us to ensure.

The problem is, because technology has outpaced the law back when it was written in the 1970s and technology now enables us to do electronic intercepts against foreign targets through some very sophisticated and new means, the law that set up the process for getting approval to do that takes far too long, it is far too complicated and, in fact, the bottom line is it just plain does not work. It is "paperwork in an electronic era" kind of comparison.

So the President came to the Congress and said: You have to get a new way of doing this activity that enables us to utilize this new technology we have to intercept these communications. And last August, we passed the Foreign Intelligence Surveillance Act, the FISA law—it has another acronym, Protect America Act—which enables us to utilize this new technology and also, importantly, to provide that the telecommunications companies that work with us do not have to worry about somebody suing them because they are helping the U.S. Government collect intelligence.

The law we passed had two problems. No. 1, it expired after 6 months because some in the Congress felt they wanted to take another look at it; and, secondly, it did not have liability protection for these telecommunications companies for the previous work they had done for us. It was only for the work going forward. The telecommunications companies essentially said to the U.S. Government: We are not going to continue to do this work for you unless you can ensure we are not going to get sued and that the lawsuits that are currently pending go away.

I am oversimplifying. The lawsuit said: You shouldn't have done what you did because the U.S. Government shouldn't have been engaged in this kind of surveillance.

That is not the fault of the telecommunications companies. They were simply doing what the Government asked them to do. They were a volunteer to provide their services, their very essential services, to help us collect this intelligence. As with any other volunteer, you should not get sued just because you stopped to help somebody along the side of the road who got hurt in an accident. The same thing is here. The Government asked them to volunteer their services to help collect this intelligence, and they should not be sued. But lawyers being what they are filed some lawsuits, and those lawsuits need to go away.

The President said: When you revise the law and pass it in February of 2008, make sure you have liability protection not only going forward but also for the suits that have already been filed. Sure enough, the Intelligence Committee in the Senate, by a bipartisan vote of 13 to 2 or 12 to 2—but a

very strong bipartisan vote—agreed to extend the law for another 6 years and add the retroactive liability protection, precisely what is needed.

However, when the bill was sent over to the House of Representatives, the House Democratic leadership said: No, we are not going to take this up and promptly went on the recess that we just got back from, a 12-day period in which Congress was not in session. During that period of time, the law lapsed and General Mukasey and Admiral McConnell in this letter made it clear that during that period of time, we lost intelligence that could be very meaningful to us. We don't know whether it is or not because we lost it. We could not collect it. But the kind of intelligence that we have been collecting under this program has been very helpful for us to know what these terrorists are up to so that we can prevent attacks.

We are now in a situation where we are not able to commence certain intelligence gathering. In addition, and perhaps more important in the long run, we have not done anything to solve the problem of these lawsuits, the retroactive liability, with the result that, as they write in this letter, the telecommunications companies are becoming increasingly concerned about their ability to continue to help us. They are all responsible to their shareholders, and their shareholders do not like to see their company is getting sued. It reduces the value of the company. It creates problems and costs. When they try to do business with other companies, the other companies say: Wait a minute, are you involved in these lawsuits? If so, we don't want to enter into a new contract with you.

They work with companies all over the world. A lot of these companies are concerned that American telecommunications companies are going to have this kind of exposure, and they don't want to get involved in it.

It can hurt business substantially, as a result of which some of these companies have conveyed to our intelligence community their distress, anxiety, and concern about continuing to participate in this program.

Fortunately, through negotiations, according to this letter, companies are still working with us. They are still participating, but without them we have no program. This is not something the U.S. Government can do on its own. This is something that only works if all of the companies that provide our telecommunications services are working with us.

So we have to act pretty soon or we could well be in a situation where the very companies that are critical to the operational success of this program decide that discretion is the better part of valor on their part and they are just not going to be able to continue to help us. At that point, we have lost one of the most important intelligence-gathering operations in this war against terrorists.

I want to go back to the days following September 11, 2001. There was a lot of finger-pointing. A commission was established to try to figure out what went wrong. There were a lot of areas identified where we should have known better, and had we done things differently, at least potentially 9/11 could have been prevented.

We found that the FBI and CIA were not talking to each other, and the Justice Department had constructed a sort of wall between the two, even within the FBI itself which prevented one hand from communicating to the other very important information. In fact, there is information relating to a couple of terrorists that, had they been able to talk to each other, might well have resulted in these terrorists being picked up in the United States, people who were directly involved in the 9/11 attack and, at least theoretically, could have been prevented had they been able to communicate with each other.

The bottom line is, retroactive, after 9/11, we could have been doing more but did not. That report was very critical of the Congress, of the administration, of the intelligence community, of the FBI, CIA, and others for not doing everything that could have been done to prevent 9/11.

If there were to be, God forbid, another terrorist attack on the United States and the commission that is inevitably going to study what happened would look at the days prior to that event in the Congress, what they would find is a House of Representatives that is sitting on its hands, that is unwilling to take up the Senate-passed bill. That bill passed with 68 Senators voting yes, obviously Democrats and Republicans voting yes, a very strong bipartisan bill. The President says he will sign it. He said we need it. The intelligence community says we need it.

Now it has been 2 weeks, and we don't have a law that enables us to engage in this intelligence collection.

What happens if before we get that law there is an attack or even an attack after that based upon communications of terrorists that we could have intercepted but didn't because we didn't have the means to do it?

There is going to be a lot of finger-pointing, and rightfully so. The Senate said we are going to do our part, we are going to pass this law so there are no gaps in our intelligence collection.

The House of Representatives continues to sit on its hands. What will it take to get the House leadership to take up the Senate-passed bill and send it to the President for his signature? I hope it doesn't take another terrorist event.

This debate we are having about our policy in defeating al-Qaida and how Iraq fits into that is part of an overall debate about our approach to the war against militant Islam, the terrorists who strike innocent people. As I said in the beginning, the most important thing that we can do in starting our ef-

fort in the war is to have good intelligence. In this case, the best offense is not going to war in some foreign country, not bombing somebody, but finding out what these bad actors are up to and preventing them from putting their plans into effect.

Partially because it has been quite a long time since 9/11, and partially because it is not possible to talk about some of these events because they are highly classified, the American public probably is not as aware as it should be of the kind of activities that go on every day. What happens every day is that there are all over the world thousands of would-be terrorists meeting, planning, communicating, training, and, in some cases, carrying out their intentions engaging in terrorist activity. And because we have had good intelligence collection, much of which is done through this electronic interception of communications, we have been able to stop specific terrorist attacks. Some of these are chronicled by the communications from the Attorney General and the Director of National Intelligence. Some are laid out in reports from the CIA and other unclassified reports—just to mention one: an effort to blow up elements of the Los Angeles Airport, LAX. There are others. I have kind of forgotten which ones are classified and which aren't, so I am not going to describe any more. But the reality is, it is going on all the time, and only by good intelligence can we find out in advance and then either infiltrate the cell, work with our counterparts in another country to round up the bad guys, or perhaps, if the plans haven't gotten to the execution stage, use our knowledge to gain additional information to track other terrorists. In any event, at some point, when it looks as if the plan may be about to be executed, either we or our allies have to come in and arrest the individuals so that the attack doesn't occur. But we can't do that if we don't know what they are up to.

It is unfortunate that a lot of the information about how we collect intelligence has gotten out, but it is fortunate that we have companies in the United States that are willing to cooperate with their Government because they are in a position to help the Government intercept these communications. It just happens to be because of the way the modern telecommunications technology now works.

We should be doing everything we can to protect these volunteers, in effect. They have relied, in good faith, on the representations of the Government that the President had the authority to engage in these operations and requested their services. This is not my conclusion, this is the conclusion of the Senate Intelligence Committee in its report on the legislation we passed. It pointed out that it had examined the record and found these communications companies had, in fact, acted in good faith. So there is no reason for them to be subjected to lawsuits. Un-

less those lawsuits go away, it is quite possible that one by one the companies that are assisting us are going to conclude that it is not in their financial best interests to do so and that, as much as they would like to, they are simply not in a position to continue to be able to do so. That would be disastrous for our intelligence gathering.

So, as I said, the fix is the legislation that passed the Senate. It is a good bill. It reauthorizes this program for 6 more years and adds the one important additional element, and that is the protection from liability.

It also adds some additional civil liberties protections, by the way, for Americans abroad. One of our colleagues, Senator WYDEN, had inserted the provision that adds an extra layer of protection for an American who might happen to be abroad and find himself or herself a target of some of this interception because of a call made to the individual or that individual making a call to somebody else who is under surveillance and so on. It is a rather rare occurrence, but we have provided protections so that a warrant would have to be obtained in that circumstance, and Americans' civil liberties would be protected.

So no one should be under the assumption here that somehow or other reauthorizing this law lets the Government loose to begin spying on people. Believe me, there is so much information out there which we don't even have the time or the ability to check out that we are not going to go out of our way to spy on people on whom we have no reason to spy. This is simply a matter of trying to identify those instances in which known terrorists, or people who affiliate with these terrorists abroad, are communicating with each other.

By the way, importantly, if that communication comes into the United States, we want to know whom they are communicating with here because that could be the late stages of an operation. That could be an indication that there is an element embedded in the United States—a terrorist cell, perhaps, that is ready or at least is in the process of planning to engage in some kind of attack.

So these are the kinds of things we need to know about and which have protected the American public since 2001. It is no accident that America has not had an attack on our soil since 2001. It is also no accident that, frankly, the number of attacks in other places around the world is far less than would have been the case had we and these other countries not had in place good intelligence-gathering operations and good cooperation, I might add, among our intelligence services once we find out something that needs to be acted upon.

So as we debate these resolutions that focus on getting at al-Qaida—our colleagues on the other side of the aisle are insistent that we should be focusing our efforts not on extraneous aspects of this war against terrorists but

on al-Qaida—I simply say to all of you that focusing on al-Qaida means first and foremost getting good intelligence on what they are up to. In today's modern world, that cannot be done without a reauthorization of this law that enables us to collect this telecommunications intelligence. That is not going to happen unless the bill passes and is sent to the President. Every day that goes by that the House leadership sits on the legislation we here in the Senate passed and doesn't send that to the President is another day of vulnerability. It is a day in which we will never get back the intelligence we might have collected.

This is not something where we can catch up. It is not something where it is not doing us any harm. As General Mukasey and Admiral McConnell pointed out, it is lost information forever. That telephone call we might have communicated is not going to happen again. Now, maybe a subsequent call will, but we will never have the benefit of the communication that occurred yesterday or the day before or later on today because we don't have the ability to engage in that collection.

I can't think of anything more important to our national security than getting this legislation adopted. It is one of the reasons we agreed with the majority leader's cloture petition to debate this question of how we should be focusing our effort on al-Qaida, because we wanted to ensure that the American people understood what is at stake here and understood what is at risk by the House of Representatives not taking up and passing the Senate legislation on intelligence collections abroad.

Madam President, I hope the House leadership will take this up quickly, will get the bill to the President so that he can sign it into law and Americans will once again be protected by the most advanced techniques and technologies we have.

I see my colleague from Tennessee is here, our distinguished conference chairman, and I will relinquish the floor so that he may speak. I thank the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Madam President, I thank the Senator from Arizona, and I appreciate his remarks. I agree with his sentiments.

I might start with that. I thought the Congress got off to a pretty good start this year. The President and the House of Representatives agreed on an economic stimulus package. All of us had different ideas about it, but the President and the House agreed on something, sent it over here, and we had what I would call a principled debate about it—a disagreement over whether to spend \$40 billion more on it than the House-passed legislation, and the Senate objected to that. That was dropped. Then we passed it, sent it to the President, and he signed it. That spirit of having a principled argument, resolv-

ing it, and helping the American people got us off to a good start. We did the same thing on the FISA legislation Senator KYL, the Senator from Arizona, just described. He was a major force in that. That was a principled debate as well.

Samuel Huntington, the distinguished Harvard professor who is the former president of the American Political Science Association, says that most of our conflicts in our democracy are conflicts between or among principles, with which most of us agree—for example, liberty and security. Each American has a right to liberty, each American values security, and we debated that here for nearly 6 months, from August through today: If we are going to intercept communications from terrorists overseas calling into this country, under what conditions may we do that and still respect our traditions of liberty? Security versus liberty. Differences of opinion.

The Judiciary Committee got in the middle of it. The Intelligence Committee was in the middle of it. In the end, the members of the Intelligence Committee produced a piece of legislation by a vote of 13 to 2, a bipartisan piece of work they believed respected liberty and security—and after a good debate here on the floor of the Senate, nearly 70 Senators agreed. That is about as well as you can do in the Senate when you have a major difference of opinion. And off that went to the House of Representatives.

Well, if what happened here was an example of what Americans like to see from their legislators, what happened in the House of Representatives is not what Americans like to see.

What I think most Americans want to see in Washington is not that we always agree. I mean, this is a debating society. It is the Senate. The issues are here because we don't agree, in many cases. So we have these debates on liberty versus security, for example, and then we resolve them. We show that in the end we resolve them. That is what people like.

Then it goes over to the House of Representatives. And let me put it in the words of some Tennessee folks last week. I was in Tennessee last week when the Senate was out of session, and the most frequently asked question, the most frequently made comment went something like this—and I will paraphrase, but just a little bit:

Senator ALEXANDER—someone in the back of the room at Ashland City might rise and say—I have a question for you. How is it that the House of Representatives has time to investigate baseball, has time to play politics with the White House staff members, has time to take a 10-day vacation, but doesn't have time to deal with an intelligence bill?

And I had to say to them: I am disappointed with what happened in the House of Representatives because it did so well with the economic stimulus package that I thought we were off to

the kind of start the American people would have agreed with.

So I believe most Americans understand that the failure to deal with the Foreign Intelligence Surveillance Act legislation means this: It means fewer surveillances. It means fewer companies and individuals willing to cooperate with our Government in overhearing conversations between those who would destroy us when they call in to our country to talk about it. And it means we are less safe as a result of that.

My hope would be that we can deal with this Intelligence bill quickly and promptly. The House of Representatives is certainly capable of that. There are good men and women there. We recognized that when we basically adopted the House's economic stimulus package, with minor adjustments. Some Senators said: Well, the Senate ought to have a lot to say about that. Well, we—most of us in the Senate—are rarely guilty of an unexpressed thought, that is true, but it is not a bad idea for us also to recognize wisdom and good ideas when they come from the other part of the Capitol. We saw in the economic stimulus package some wise decision making and, for the most part, adopted it, with some amendments.

My hope would be that the House of Representatives would do the same with the Senate's 68-vote decision on the Intelligence bill. My understanding is that there is a majority of Democrats and Republicans in the House of Representatives today who agree with the Senate bill and who would vote for it if it were brought up. If they will do that, that would be very helpful.

I see the Senator from Oklahoma is here. Would he like to make some remarks between now and 4 o'clock?

Mr. INHOFE. Yes, I would.

Mr. ALEXANDER. I would like to take 4 or 5 minutes to say a word about William Buckley and then turn the floor over to the Senator.

Mr. INHOFE. Would the Senator yield? I would like to know what the regular order is here.

The PRESIDING OFFICER. There is no order.

Mr. ALEXANDER. I ask unanimous consent that following my remarks, the Senator from Oklahoma be recognized for 15 minutes.

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

TRIBUTE TO WILLIAM F. BUCKLEY, JR.

Mr. ALEXANDER. Madam President, the news came today that William F. Buckley died. For most Americans, that brings back a lot of memories. Since the early 1950s, he has been synonymous with public television. "God and Man at Yale" was an important book, even though he was a very young man when he wrote it. And William F. Buckley's style, his choice of words, his manner of speaking, and his unfailing courtesy have set an example for debaters of important issues in this country for more than half a century.

In 1984, a couple of years after I had been a guest on "Firing Line," which

was William Buckley's television show, I sat next to him at a dinner. It was a Howard Baker fundraising roast in Washington, DC. William Buckley was the master of ceremonies.

I wrote about that visit in a little book I put out after I was Governor called "Steps Along the Way."

"When do you write?" I asked him.

"Anytime," he replied. "Books are about the only thing I write in a methodical way. I do them in Switzerland, after I ski, between about 5:30 and 7 p.m."

I told him that when our family had visited Chartwell, Winston Churchill's former secretary said that Churchill sometimes dictated 5,000 words in a night.

Buckley was surprised. "I can do 1,100 or so in a couple of hours," he said. "Sometimes more, maybe up to 2,800 words at a time, but 5,000 would be a very productive night. With the advent of computer technology I can know exactly what I do each time I write. For example, my last book took 112 hours."

"When do you make corrections?" I asked him.

"I do that in about thirty minutes the next morning, before I go skiing."

"You mean that you finish off the last day's work so you can be ready to start when you return from skiing?"

"That's right. Then I send the transcript to five friends. When the transcripts come back, I put the five edited versions side by side and decide what changes to make."

"What about your columns?" I asked him.

"How long do they take to write?"

"You mean after I get them in mind?" He said.

"Yes."

"About twenty to thirty minutes. Westbrook Pegler once told me it took him eleven hours to do a column."

"Do you make changes?" I asked him.

"No." Said William Buckley.

"I've been doing it for nineteen, no, twenty-two years. I know the rhythm, the internal consistency of the column. I have it down. I don't change it. That would be like asking a jazz pianist to change his improvisation."

That was William Buckley in 1984. He was a pianist. He really preferred the harpsichord, the clavichord. He told me he played Bach because you played what you loved the most. He loved music. He loved talking. He loved people. He loved his family. He was, of course, a wonderful conservative leader. He changed the way many Americans thought about our Government and our society. And he always seemed to have the right thing to say.

In 1996, after I had competed for the Presidency, I was at some dinner. He walked all of the way across the room. You never know what to say to someone who has lost an election. It is kind of like what do you say to someone at a funeral? But he walked all the way across his room and put his hand on my shoulder and said: That was a noble thing that you did. That has always struck me as the one of the nicest things anybody has said to me after having lost an election.

So I will miss William Buckley. So will our country. So will the conservative movement. My family and I send our condolences to the Buckley family. We know they are proud of his life. They will miss him. I am glad to have

these few minutes on the Senate floor to remember William F. Buckley's contribution to our public life.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. I understand I have 15 minutes. I might wish to take a little bit longer than that. I ask unanimous consent to speak as in morning business for as long as 30 minutes.

Mr. DOMENICI. Reserving the right to object, I was supposed to be recognized next on our side. I was not going to speak long. I had rearranged an appointment.

Mr. INHOFE. You go ahead. I want to hear everything you have to say. Let me suggest that after the Senator from New Mexico, at the conclusion of his remarks, I be recognized for up to 30 minutes.

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

The Senator from New Mexico.

Mr. DOMENICI. Madam President, might I say to the Senator from Oklahoma, I greatly appreciate what you have done. I thank you very much.

I have always been in complete support of our troops who risk their lives every day to defend the United States of America. I voted for every dollar requested to fully fund our troops and against every effort to dictate the tactics of war from the Halls of Congress.

However, last year I began to express my concerns about the deteriorating conditions in Iraq and called on the Iraqi Government to do more and to do more quickly. I pointed to benchmarks laid out by the President and Congress that had a great deal of resonancy to them and that were rather unanimous in terms of support.

These were benchmarks on the ways that the Iraqi Government could and should move its country forward. I am glad to say that since General Petraeus took charge in Iraq, conditions have improved and the benchmarks have been met. I am glad to say that since General Petraeus took charge in Iraq, conditions have improved.

Iraq's different sects are working together. There has been a renewed spirit of reconciliation among Sunnis, Shiites, and Kurds. A deBaathification law has been passed. Iraqis are taking an interest in their own safety and security, forming neighborhood watch groups and looking out for each other.

There is no question, I know there are some who would not like to admit the facts, but the facts are the facts. Things have changed since last year in Iraq and they have changed for the better. I have briefly outlined how it happened and who made it happen.

There can be no doubt that the military hero of this war is General Petraeus. There can be no doubt he carries a heavy burden on his shoulders now to see if things can be wrapped up in a way that is good for the Iraqis, good for the entire Middle East and obviously in many ways would vindicate America's activities and what we have done there.

Iraqis are taking an interest in their own safety and security. They are forming neighborhood watch groups and are looking out for each other. One thing, and this kind of disturbs me, is that much of the information which I have to get, because I am not able to go to Iraq, is to talk to our own Senators who have been there. Because even though things have changed, Baghdad is safe, we just are not getting the coverage from the press of the United States or the press of the world that the change deserves. Because everybody in America should know what I am saying in this speech.

The very simple fundamental things that have happened have happened since General Petraeus set about with his approach that he told the country about. He named it. He told the President about it, and he did not ask for too much in order to exhibit and exercise his leadership.

Moreover, an Iraqi Army brigade recently deployed itself for operations against al-Qaida. Partially because of these efforts, there is less violence in Iraq now than when the insurgency began.

The Iraqi Government has passed an amnesty law for the country's Sunnis. Many said it would never be done. It was. The Government has further passed a budget—maybe we will not even pass ours this year, but they passed theirs for \$50 billion for 2008. That is a compromise between the Sunnis, the Shiites, and the Kurds. They were able to sit down and solve their problems, their budget problems, and to pass a budget.

That is truly significant and truly different and obviously indicates that things have changed for the better. Oil revenues are going to Iraq's provinces to fund reconstruction efforts. That is another one everybody said would never happen, they will never be able to reach agreement on that. They have.

Even the New York Times has noted progress in Iraq, reporting that the newly passed legislation in Iraq:

Has the potential to spur reconciliation between Sunnis and Shiites and set the country on a road to a more representative government, starting with new provincial elections.

That is something when the New York Times would choose to say that. They have not covered it very well, but at least the words I read are words found in the New York Times, which would clearly indicate that even they, they of little faith and they of quick judgment on the war in Iraq, had to say what I have quoted.

Now, I am proud to be here today to note this progress, the progress of the Iraqi Government, because it is the progress of the Iraqi people, the people whom we went there to help.

It is their progress, their victory, their win. Yet we are proud it was led by an American who has apparently an exceptional capacity in these areas, the areas that festered and caused these people to remain far apart until the last 18 months.

They have made significant, notable progress in the past 6 months and are on the right path to a stable and secure Iraq. General Petraeus and our soldiers deserve our thanks, our thanks and support for their efforts in Iraq and in the larger global war on terror.

I yield the floor and thank my friend once again for yielding to me.

The PRESIDING OFFICER. The majority leader.

Mr. REID. I understand my friend is here wishing to speak. I have a quick unanimous consent request.

I ask unanimous consent that at 6:30 tonight, all postcloture debate time be yielded back and the motion to proceed be withdrawn; the Senate then proceed to the cloture vote on the motion to proceed to S. 2634; further that the time until 6:30 p.m. be equally divided and controlled between the two leaders or their designees, with the final 20 minutes equally divided between the leaders, with the first half under the control of the Republican leader and the final 10 minutes under the control of the majority leader.

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

Mr. REID. Madam President, for all Members, we will have a vote at 6:30 tonight on the second Feingold piece of legislation. Following that, if cloture is invoked, of course, there is 30 hours on the motion to proceed. I have had a number of conversations today with the distinguished Republican leader. He and I will discuss later this evening and tomorrow how we are going to work through the rest of this week. My goal, as has been indicated a number of times over the last 24 hours on the Senate floor, is to make sure that sometime this week we are on the housing stimulus package, and we will do that. We will see if we can do it with an agreement rather than running out all the time.

As I indicated earlier today, I think the debate on this Iraq legislation has been good. My friends on the minority side think the war is going great. We have some concerns on this side.

Just in passing, I had a meeting in my office about an hour ago. We have a wonderful facility being built in Las Vegas, a performing arts center. It will be wonderful. It will be like the Kennedy Center. They have raised all but \$50 million of this \$475 million project. I told those who were assembled: This is about the same amount of money being spent in 1 day in Iraq, the \$420 million, the money they have raised.

It has been a good debate, a good discussion. I think it is good that the body spend some time on this very important issue. One thing that has been quite good, and I commend Senators on both sides, is it has been a very civil debate. We have a significant disagreement on the situation in Iraq, but we have had a good debate. The American people should feel good about the discussion. It has been very tempered and dictated by actual feelings on both sides.

Mr. MCCONNELL. Madam President, let me echo in part the majority leader's comments with regard to the process. As he has indicated, we will have a vote at or around 6:30, and then he and I tomorrow will discuss how we move forward on the housing issue. It would be our intent to either get to a vote or get on, based upon a consent agreement, that subject matter no later than sometime at a civilized hour tomorrow.

Mr. REID. Madam President, I ask unanimous consent that the time at 5:55 today—Senator MCCONNELL and I have from 6:10 to 6:30. Senator FEINGOLD has asked that he be recognized at 5:55 until we speak.

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

The Senator from Oklahoma.

Mr. INHOFE. Madam President, I would like to take a little longer view of what is going on right now in the war for the liberation of Iraq, the good things that are happening, the surge, and kind of go back to give a better perspective as to how we got here in the first place.

There was this euphoria that was going around back in the early 1990s: The Cold War is over, we don't need a military any longer. They talked about such things as the peace dividend at that time, and this is what precipitated 9/11. The Clinton administration came in, and this is the amount of the actual DOD budget at that time. This was the baseline. This is a very simple chart that tells us a lot. If we were to merely have maintained the level of defense spending as it took place in the last year of the Bush 1 administration and then had nothing except the inflation rate, which wasn't all that great, it would be this black line taking us up to fiscal year 2001. This was what would have happened if we didn't do anything else. But down here the red line indicates where President Clinton made his budget request. That was his annual DOD request. If you forget about the middle line, the difference between his request and if we just maintained the same position that we were in in fiscal year 1993, it would have been \$412 billion less; in other words, in that short timeframe, we would have cut defense real spending in constant dollars by \$412 billion.

The Congress didn't let that happen. This middle line, the green line, is what actually was budgeted. So what we did was to say to the White House: You are not taking good enough care of our military needs. And so we raised it by about \$99 billion over that period. That means the real shortfall was \$313 billion in that timeframe.

I show this chart because there was an attitude in this country at that time that there weren't any real serious problems. People kept saying we were the world's greatest superpower, and we appropriated more money than anyone else. I wanted it to continue that way, but there were some things that were going on that I would like to

remind us of. That was called an acquisition holiday or a peace dividend. I think it was more of a holiday in leadership at that time. International terrorism took to the forefront as bin Laden began his war against freedom. Afghanistan was used as a training ground for terrorists, and the Taliban regime allowed al-Qaida unfettered mobility. We were on holiday. We were not fighting back. They took advantage of this in some major attacks.

Somehow I think the memory of the American people isn't very long because they forgot about these attacks that were taking place. Remember the first attack on the World Trade Center was in 1993, February 26. It was a car bomb that was planted in an underground parking garage below the World Trade Center, and that was way back in 1993. In 1996, the Khobar Towers, we remember that well. They were bombed by Hezbollah with the intelligence pointing toward al-Qaida, still al-Qaida. At the same time this was going on, in northern Africa their presence was visible at that time. Further on down in southern Africa we had the Embassy bombings in Kenya and Tanzania. That was in 1998. That was in Dar es Salaam and Nairobi. It went unanswered at that time. So we had all of this going up through 1998.

Then there is the year 2000, when suicide bombers used a boat to attack the USS *Cole* while it was moored in Yemen.

Yemen is right at the horn of Africa on the other side. And now we know that as the squeeze has taken place, that has become a very prominent place for al-Qaida and for the terrorists. So you had Djibouti, we were starting to put troops in there, but we had that suicide bombing. That was a major thing. It let us know, it reminded us that we could have a ship, the USS *Cole* at that time, and have nothing but just a little outrigger going out there and blowing it up and causing the deaths and the damage that took place.

The response—this was back in the first of the Clinton years—was pretty benign. It was restrained and at best inconsistent. Operation Infinite Reach included cruise missile attacks against Afghanistan and Sudan. There was no real change. The administration was distracted at that time. This inadequate response has been cited as a factor emboldening al-Qaida to undertake further plans. Yet we continued on our holiday at that time. In Operation Restore Hope, we became embroiled in Somalia, and we remember what happened in the streets of Mogadishu when finally the people woke up when they saw the naked bodies dragged through the streets. President Clinton directed U.S. forces to stop all actions except those required in self-defense, and we withdrew from the country shortly thereafter.

It is kind of hard for America to get in the habit of withdrawing. We stake out our position, and we have historically stood strong and carried it out. In

1999, as a NATO member, the United States became involved in a bombing campaign against Yugoslavia and a subsequent U.N. peacekeeping force. The holiday that we were on at that time ignored the rising threats against our national security, mortgaged our military, leaving a bold challenge for the next administration.

The first Rumsfeld confirmation was rather enlightening because what we did at that time was to try to determine what our needs were going to be for the future. We had to rethink where we were before. And at that time we were trying to reevaluate where we were. We were recalling some of the bad things that had happened. We remember so well the 1991 Persian Gulf war. There was a group that went over, a bipartisan group. I remember Tony Coelho at the time. He had been the Democratic lead in the House. I was in the House at the time. We had the first freedom fight, and we sent a group over to Kuwait. It was the day that the war was officially over. The problem was the Iraqis didn't know that the war was over at that time, and so we had the first freedom fight. We went over there.

Al Haig, I ran into him the other day. We kind of relived that experience we had over there. We had with us a very special guest. He was the Kuwaiti Ambassador to the United States. He had his daughter. They were a family of nobility. They had a palace on the Persian Gulf. But, of course, they hadn't been there because that was a war zone, that was Kuwait. So we went over there, this group of nine of us, Democrats and Republicans, and I remember when the wind shifted, the oil fields were still burning. It was a mess over there. But they wanted to go back, the Ambassador wanted to go back and see what their house looked like, if it had been damaged in the war.

When we got there, we found that his house had been used for one of Saddam Hussein's headquarters. His daughter, she was either 7, 8, or 9 years old. I remember so well because she wanted to go up and see her bedroom and the dolls and all of that. We went up into this mansion on the Persian Gulf, a beautiful place, only to find out that her bedroom had been used as a torture chamber. There were body parts stuck to the walls. I saw a little boy who had his ear cut off, maybe 6 or 7 years old, because they found him carrying a tiny American flag. That was back at the time when unconscionable murders were taking place where Saddam Hussein, after that was over, started killing anyone who was suspect and torturing them to death. There are stories documented that people would beg to be dropped, lowered into vats of acid head first so they would die quicker.

Being put through grinding machines, like you are shredding documents; the open graves; the documentation of weddings that were for a while taking place—many of them outdoors; that is the way they did it over in that area—and Saddam's sons, at

that time they were alive and the regime was in there, they would go through and bust up weddings and rape all the girls and take them and bury them alive. I actually looked down into those open graves, and people were so quick to forget what a monster he was.

I have often said, even if that had not happened, even if we did not have the problems with the terrorist activity in Iraq and the fact that they were training people in Iraq to be involved in terrorist activity—al-Qaida was very prominent—that even if that had not been the case, how could we as a country allow the hundreds of thousands of people to be tortured to death in such a cruel way? I do not think we could. Certainly, we could not if people had a chance to see it.

So the time went by, and they started talking about, of course, going into this liberation movement in Iraq.

Now, there has been a lot of discussion over the years about weapons of mass destruction. Those of us who were over there—I would say to you, Madam President, that while I have not been this many times to Iraq, I have actually been in the area 27 different trips—27 different times. Sometimes it was at CENTCOM, sometimes the Horn of Africa and other areas. But, see, the terrorist activity and the war was not just in Iraq. It was in the whole surrounding area. So in all those times I was there, I had a chance to, on a first-hand basis, see what was involved.

We know we had to go in there. We know we had to go in there and finish what had been started in Iraq.

Now, there are three things that were started. No. 1, we had to liberate Iraq from a tyrannical leader—we have already talked about him—No. 2, eliminate a safe haven for terrorists and their training camps; and then, No. 3, to help the Iraqi people create a free and democratic country strategically located right in the Middle East where we have the greatest needs.

Well, No. 1, the liberation of Iraq: After the first Persian Gulf war, I told you, we had what we called the first freedom flight into Kuwait. But that liberation was necessary to put an end to Saddam Hussein's regime of torture.

Now, when they talked about weapons of mass destruction, yes, weapons of mass destruction were not found. We know they were there. They were used on the Kurds in the north. Saddam Hussein used weapons of mass destruction to painfully murder thousands of his own people using gas that burned them alive. That was happening. But, nonetheless, for those of us who were aware, that was not the real reason.

If you look at the second reason, that Iraq was a major terrorist training area—a lot of us are familiar with Samarra and Ramadi, but some have forgotten or may have never even known about some of the other areas.

Sargat was an international terrorist training camp in northeastern Iraq near the Iranian border, run by Ansar al-Islam, a known terrorist organiza-

tion. Based on information from the U.S. Army Special Forces, operators who led the attack on Sargat said: It is indeed more than plausible that al-Qaida members trained in that particular training camp.

Now, one of the interesting places where this was taking place was a place called Salman Pak. In Salman Pak they had—and I think it is still there to this day—on the ground an old fuselage of a 707, and that was used to train people on how to hijack airplanes. I have often wondered if that could have been where the perpetrators of 9/11 got their training. I have no way of knowing. We never will know. But we do know this: That location, along with the problems in Sargat, had major training areas for the terrorists. So we were able to shut those down. I would say this: That alone would be enough motivation for us to go and liberate the people of Iraq.

But the third one is to help the Iraqi people create a free and democratic country. Iraq is trying to do what we tried to do 230 years ago. They are risking their lives, as we risked our lives some 230 years ago. They are seeking a constitution, a parliament, freedom, and democracy. These are things they are trying to accomplish.

I think of that first election that took place out in Fallujah, when the Iraqi security forces were going to vote. I was there. I was in Fallujah actually for all three elections, I believe. But I remember the Iraqi security forces in that first election. Everybody remembers the purple fingers so they could identify who was voting in those elections. And these guys—the security forces—went out and voted the day before the elections. They did not wait for the elections. They were doing it the day before so they would be there on election day to provide the security.

People were risking their lives to go out and vote. We know the cases of people being attacked by the terrorists to keep them from voting. They were easy to identify because of the purple fingers. But these guys were gladly going in there at that time, going to vote, and then returning the next day to protect our people who were there.

Our men and women serving in Iraq are providing the Iraqis the same inspiration our forefathers provided us. Iraq is becoming an example to the world of how to reject terror and confront those who practice it. The world sees now the Iraqi citizens are realizing their potential, signing up as Concerned Citizens, sons of Iraq—72,000.

It is a pretty amazing thing when you look and see that instead of the mass graves and all these things, you are seeing a mass participation in Iraq. They are returning to normalcy now. A lot of people are asking: Is the surge really working? I do not believe anyone is out there who can conscientiously deny that the surge has worked.

It was about a year ago that General Petraeus went in. What happened? Three things happened. One was that

Petraeus—by far, the greatest guy for the job out there; and I do not think anyone except moveon.org disagrees with that now—that Petraeus took over. Secondly, the surge, in certain strategic areas, increased in numbers. But the third thing that happened was there have been so many resolutions like the one that is before us right now that I refer to as “resolutions of surrender” that got the attention of a lot of the religious leaders.

I often draw a distinction from my own personal experience. I have met with the political leaders, of course, like all the other Members who have gone over there. I have done it more because I have been there more times. But the religious leaders are the ones who have the greatest impact on what is going on in Iraq. Up until—and this is a statement no one has refuted—up until about a year ago, our defense intelligence people would attend and monitor the Friday night mosque meetings that took place throughout Iraq. These are with the clerics and the imams, the religious leaders. Prior to that time, 85 percent of the messages that were preached, I guess you would say, in the mosques were anti-American. To my knowledge, there has not been an anti-American message given from a mosque in Iraq since last April because they realize if we leave, then the terrorists will move in.

So that is why we are getting—it has been talked about by many people on the Senate floor—the attitudinal change. The neighborhood watch programs—in my hometown of Tulsa, OK, we have a neighborhood watch program. We have them in Washington. They have them over there, with private citizens who have the courage to go out without any arms and confront terrorists; where they can, through their own intelligence and sheer numbers, determine where there are RPGs and IEDs that are not detonated, and then they identify them by little orange paint cans, where they draw a circle around there, and then we can go in there and detonate these and save many lives.

Well, we are today experiencing all that help. I can remember when our troops who were working out of Baghdad would come back to the Green Zone every night. They do not do that anymore. They go out and they actually bed down and live with the Iraqi security forces and their families, develop intimate relationships with them. It is a totally different thing there altogether.

I can remember there was not a way in the world you could walk through the markets in Baghdad. The last time I was there, I walked through, and I intentionally did not take anybody with me except an interpreter because I did not want to give that image that you have to have armed guards and all that, and I remember stopping and talking to people. I like to single out people who are holding babies. They have this love for us that they did not have before.

So we now see these changes that are taking place. We see that basic economics is taking root and Iraqis are spending money on Iraqi projects. Iraqis are taking back control of their country. We are helping the Iraqi people create a free and democratic country where representation and the rule of law are replacing coercion and terror.

The Iraqi Parliament has passed legislation that reforms deBaathification. They have enacted pension reform that allows former Baathists to collect their pension. They have enacted laws defining provincial and central government roles and responsibilities to delineate what each person is supposed to do—the distinction between the police and the security forces, what their functions are, what their missions are.

They passed a 2008 budget. They did it sooner than we did it in this country. They enacted an amnesty law that could lead to the release of thousands of detainees, removing a stumbling block standing in the way of reconciliation.

More than any previous legislation, these new initiatives have the potential to spur reconciliation between Sunnis and Shiites and set the country on the road to a more representative government, starting with new provincial elections.

Now, in the future, where do we go from here? Our Nation has paid, and continues to pay, a heavy price. People in this Chamber have talked about the heavy price. They are right. It is not cheap. It is very expensive. We have paid a heavy price in dollars and lives, with our sons and daughters and brothers and sisters. We are doing a difficult thing. But just as Americans have always tried to do the right thing, we are doing the right thing in Iraq.

Iraq is at a decisive turning point in their journey toward democracy. The fight in Iraq is not about today or tomorrow but about many tomorrows to come and about the future. It is about our grandchildren's grandchildren and the world they will live in.

It is not just Iraq. Right now, a lot of concern is taking place as to Iran and Ahmadinejad and some of the political leaders and the things they are promoting. One of the greatest obstacles they have in Iran is they are right next door to Iraq, and there are so many people who share family members, and they are looking over wistfully and seeing that people are getting married without the disruptions, that girls are actually getting an education. This is not the Iraq they knew before. So these things are happening.

Secretary Gates said:

If we were to withdraw, leaving Iraq in chaos, al Qaeda almost certainly would use Anbar province . . . as another base from which to plan operations not only inside Iraq, but first of all in the neighborhood and then potentially against the United States.

Al-Qaida is not the only threat to America and our ideals. I mentioned a minute ago Ahmadinejad. He said, on

August 28, 2007—just a short while ago—

Soon, we will see a huge power vacuum in the region.

Now, what he was talking about is the type of resolution we are considering right now. He is saying a cut-and-run resolution would create a huge power vacuum. What else did he say? He said that expecting this defeatism, expecting that we would vote for this—which we are not. We are not going to vote for this resolution. We know that. We have had the same resolution voted down 71 to 24 the last time we had a vote on it. But, nonetheless, he said: “Of course, we are prepared to fill the gap. . . .”

So you have Iran filling the gap that would be there if we were to get up and leave in the victorious moments we are having now.

Iran's nuclear work continues, including recent doubling of their enrichment of uranium, which could easily be used as part of a nuclear weapons program, a decision in the hands of Mahmoud Ahmadinejad.

In the last 2 years Iran has continued to develop ballistic missile technology, launching missiles over 2,000 kilometers.

Coalition forces have intercepted Iranian arms shipments in Iraq, including materials that are used to make explosively formed penetrators, the EFPs, the most deadly of the IEDs, which are being used against American troops. This is what Iran is doing today.

Coalition forces have also detained Iranian agents in Iraq. A lack of a secure and stable Iraq means instability in the Middle East and a clear avenue for terror and oppression to spread. Instability in the Middle East will continue to spread, as it already has, into Africa, Asia, and Europe, and ultimately find its way to our shores.

We know what is happening right now in Africa. I know probably more than some of the others do, because I have seen firsthand. I have sat down and talked with such Presidents as President Museveni in Uganda. I have talked to Prime Minister Meles in Somalia—in Ethiopia, and many of the others, including John Kufuor in Ghana, all about the threat they face of terrorism all throughout Africa. In our infinite wisdom here, it was our decision a few years ago to go in and help the Africans build five African brigades, so that as this moves into their area, they are able to fight off terrorism without using our troops. We have such programs as the 1206, 1207, and 1208, where we are arming and equipping, training and equipping programs for these countries. These are things we are helping them do so we can avoid having to be on the front lines of the battle against the terrorists. They can do that too.

Patrick Henry said:

We shall not fight our battles alone. There is a just God who presides over the destinies of nations, and who will raise up friends to fight our battles with us.

That is what is happening over there at this time.

So the coalition forces have been doing a great job, and right now we are observing the successes of the surge. They watch with great interest as defeatist legislation is repeatedly brought up on the floor, hoping that Congress will do what they cannot: give them victory in Iraq and the Middle East. So we must not try to micromanage our military. One of the two bills that is on the floor right now would actually micromanage it. It is as if we in our infinite wisdom in the Senate are smarter than General Petraeus, General Odierno, and all of the professionals. Yes, I was in the U.S. Army many years ago, so I have some hands-on experience in this type of thing, certainly not that of the professionals. The worst thing we can do is try to micromanage our military and place restrictions on them, telling them how many troops they should withdraw and what our troop strength should be over there, and at the same time anything we do over here, the enemy knows we are doing it also. Our professional warriors want to and can succeed with our support.

That is what this is all about. I have no doubt in my mind we will defeat these things. In a way, I am glad Senator FEINGOLD brought these bills to the floor, because this gives us a forum to talk to the American people about things they may not be getting in the media. It is interesting that it used to be when I went over to Iraq, the first thing the kids over there would ask me is why doesn't the media like me. They don't talk that way anymore. Even people who were anti this administration, people such as Katie Couric, went over and observed what is going on. Once you go and observe, you can see we are winning, this is working, and this liberation is taking place.

I know my 30 minutes has expired, but we are here to continue what we have started. The worst thing we could do right now is to take success out of the hands of the military who are successfully winning the liberation of Iraq and start to micromanage this politically from the Senate floor. This isn't going to happen. We are winning over there now. It is so refreshing, after all these years. Yes, it has been a long time. People keep reminding us this is longer than World War II. I know that, because each year I have had an opportunity to spend time over there, quality time, and see the changes that are taking place via the plan of this genius named David Petraeus, it is working. So we don't want to get in their way, and we won't get in their way, and we will go ahead and defeat these bills and let the military run the liberation as they see fit, and we are going to join them in our victory.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Madam President, I know we are on a 30-hour postcloture

period dealing with a piece of legislation related to Iraq. I want to speak about something else today, but let me at least begin by describing a somewhat different view.

The fact is, Saddam Hussein was hung until he was dead, hung by his neck, and this brutal tyrant is dead. I suppose most of us wish that Osama bin Laden had been brought to justice, but it is Saddam Hussein who has been brought to justice in the country of Iraq. He is dead. The Iraqis have their own Constitution because they voted for it. The Iraqis have their own Government because they voted for it. The American taxpayer has spent \$16 billion training 350,000 police and soldiers in Iraq for security purposes. Now the question is: Do the Iraqis who have been trained for police protection and security—both in the police force and as soldiers—do they have the will to provide for their own security? If they do not, this country cannot do it for any great length of time.

We have been in Iraq for almost 5 years. Some day we are going to leave Iraq. The question is not whether; the question is when and how. The American people are not going to have us in Iraq for 10 and 15 and 20 years. That is not the case. We are spending massive amounts of money, about \$16 billion a month. Last year the President asked for more than \$190 billion in emergency funding for the war. That is \$16 billion a month, \$4 billion a week.

It is time we begin to understand we have needs here at home, to begin taking care of things here at home. We are spending money on hundreds of water projects in Iraq. We are spending money on road-building in Iraq. We are spending money on health clinics in Iraq. Yet we get a President's budget sent to us saying we don't have enough money for those things in our country. We will dramatically cut water projects in the United States. We will cut back on all of these investments in the United States, even as we are making those substantial investments in the country of Iraq.

My point is that at some point we are going to have to bring American troops home. We can't keep doing as the President suggests, and that is spending emergency money by sending soldiers to Iraq and putting this on top of the debt so that when those soldiers come back from Iraq, they can help pay the debt. That is not the right way to approach what is happening in the country of Iraq.

All of us want the same thing for our country. We want our country to succeed. We want our country to confront and defeat terrorists. Yes, we want Osama bin Laden. Osama bin Laden is the person who heads al-Qaida. We are told by the Director of National Intelligence that he is safe and secure in northern Pakistan. There ought not be one square inch on the face of this Earth that is safe or secure for those who murdered Americans on 9/11. Yet more than 6 years later, this adminis-

tration has not brought the leader and the leadership of the terrorist organization that attacked our country to justice. That is a failure, in my judgment, and it is a failure that results from taking our eye off the ball and having too few troops in Afghanistan and allowing Osama bin Laden to escape through Tora Bora, and then invading Iraq and committing ourselves to that over a lengthy period of time. The result is the greatest terrorist threat—according to the National Intelligence Estimate, the greatest terrorist threat against our country at this point is the leadership of al-Qaida. They are in a safe and secure haven in northern Pakistan. It seems to me that 7 years after 9/11, that has to be considered a failure. My hope would be all of us would engage in ways that begin to devote our attention to the greatest terrorist threat facing our country, and that is, as the National Intelligence Estimate says, the leadership of al-Qaida. They are recruiting and building new training camps and strengthening themselves even as we are tied down in the country of Iraq spending \$16 billion a month.

Madam President, I ask unanimous consent to speak in morning business for 15 minutes on another subject.

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

MEDAL OF HONOR FOR WOODROW WILSON
KEEBLE

Mr. DORGAN. Madam President, this is a picture of a man named Woodrow Wilson Keeble, a Sioux Indian. Woodrow Wilson Keeble died 26 years ago. If you take a look at this soldier's medals, you will see two Bronze Stars, a Silver Star, the Distinguished Service Cross, the second highest medal given in our country, and Purple Hearts.

I want to tell my colleagues about Woody Keeble, a big man, well over 6 foot, and well over 200 pounds. On Monday of next week at 2:30 in the afternoon, at the White House, President Bush will present the Medal of Honor to Woody Keeble. As I said, he has been dead for 26 years. His wife Blossom Keeble died last summer. We had hoped this would be done before his wife died, but that was not to be the case.

I want to tell my colleagues about him because it is so unusual that a Medal of Honor will be presented posthumously to a soldier who demonstrated great acts of courage and heroism in both the Second World War and the Korean war.

He was a Lakota Sioux born in Waubay, SD, and grew up in Wahpeton, ND, and lived most of his life there. He was wounded at least twice in World War II and three times in the Korean War. Let me describe what he did so that my colleagues will know why he is being given the Medal of Honor all of these years later.

In World War II Woody Keeble served with the famed 164th Infantry Regiment of the North Dakota National Guard. Shortly after joining in 1942, he found himself on Guadalcanal, in some

of the most aggressive and dangerous hand-to-hand combat in the Second World War. He was in combat in the South Pacific until the war ended. He saw a great deal of combat. One of his fellow soldiers said the safest place to be was next to Woody. Woody earned a Bronze Star and Purple Heart in the Second World War. Woody was an unbelievable soldier.

Then the Korean War came along and at age 34 this Lakota Sioux Indian signed up again. He said: Somebody has to teach the kids how to fight. So he went to Korea. He was attached to George Company, 2nd Battalion, 19th Infantry Regiment of the 24th Division. They were near the Kumsong River in North Korea in October of 1951. He was the acting platoon leader of the 1st platoon of "G" Company. Casualties were very heavy. Because the company's officers were killed, he ended up in charge of the 1st Platoon, the 2nd Platoon, and the 3rd Platoon. It was brutally cold in North Korea at the time, and the enemy, the Chinese, were entrenched on a hill with a rugged cliff, and the side of that mountain was a very difficult thing that the U.S. troops had to take.

So Woody Keeble, in charge of these three platoons, made three attempts to take that hill from the Chinese. The Chinese had three machine gun nests on top of the hill and soldiers in trenches defending that hill. Three times these platoons, with Woody leading them, went up the hill, and three times they were repulsed and rejected, with heavy casualties.

After three attempts to take that hill, Woody Keeble decided he would try it by himself. With grenades and a Browning Automatic Rifle he crawled back up the hill to the Chinese positions. Witnesses said he crawled through very heavy machine gun fire and through a blizzard of grenades. Woody Keeble scaled the hill, went around the pillboxes and knocked out all three machine guns by himself and then cleared out the trenches between them. When he returned they extracted 83 pieces of shrapnel from his body—83 pieces of shrapnel. But he wouldn't leave the battlefield until all of his men were on top of the hill and in a defensive position and only then would he allow himself to be evacuated.

Right after the engagement all of the surviving members of G Company signed a letter putting him in for the Medal of Honor. It got lost and never got from the battlefield to the Pentagon. They did it a second time a month later and it too never got from the battlefield to the Pentagon.

But in this photo, my colleagues can see the medals he did get: multiple Purple Hearts, wounded five times; two Bronze Stars, a Silver Star; the Distinguished Service Cross, the second highest medal. He was a well-decorated soldier. He went to Korea to help teach those kids how to fight and it turns out he is the one who climbed the hill and saved his soldiers, knocked out three machine gun nests by himself.

Many years later the question was asked: Why was he not given the Medal of Honor? Those with whom he served began piecing together the action that day, all of those who were eyewitnesses and a part of the action on that hill in North Korea.

A woman named Merry Helm especially took it upon herself over the years to try to reconstruct Woody's story. It took a lot of time to do so. Then it was sent to the U.S. Secretary of the Army with a request that he review the original request that had never been received at the Pentagon that Woody Keeble be awarded the Medal of Honor.

The Secretary of the Army looked into the case and decided that Woody Keeble had indeed earned the Medal of Honor. The Chairman of the Joint Chiefs agreed.

But then all the people involved were informed that there is a 3-year statute of limitations on the request for a Medal of Honor. The Secretary of defense could only consider Woody's case if that statute of limitations was waived.

At the request of those who had worked on it, I and my colleague from North Dakota, Senator CONRAD, and our colleagues from South Dakota, Senator JOHNSON and Senator THUNE, introduced legislation on an appropriations bill that waived the 3-year statute so the Secretary of the Defense could look at this case and decide.

The Secretary of the Defense began evaluating what happened on that hill in North Korea on a cold day when Woody Keeble was a real hero. He eventually decided, having looked at all the information, that, indeed, this Lakota Sioux Indian who served this country in two wars, was wounded five times, deserved the Medal of Honor. He sent it to the White House with the recommendation that the President approve the Medal of Honor.

This coming Monday, at 2:30 in the afternoon, I will be at the White House witnessing a ceremony at the invitation of the President in which the President Bush will present a Medal of Honor posthumously to a really remarkable, courageous American soldier named Woodrow Wilson Keeble, the only Sioux Indian ever to have received the Medal of Honor, someone who served this country with unbelievable courage and distinction and valor.

After the Korean War, he came back to Wahpeton, ND, and worked at the Wahpeton Indian School much of his life. He suffered multiple strokes, suffered significant health problems, and died 26 years later.

The moment won't pass without some notice because the President is making a presentation on Monday. However, I wanted to say something here on the floor of the Senate so those who read the RECORD of the Senate will understand this was an extraordinary American.

We are hearing a lot of discussion these days about the bill on the floor of

the Senate dealing with Iraq and about who stands up for soldiers, who cares about American soldiers. The fact is, every single person in this Chamber cares about American soldiers and wants to support them, understands that they get up in the morning in some parts of this world—in Iraq especially—and they strap on body armor before they go out because they know there is a chance they can be killed or harmed. All of us understand what soldiers are doing for this country. I believe the one thing that unites this Chamber is we want to do right by American soldiers. The story of Woody Keeble is a story that ought to inspire all of us about what soldiers do for our country.

I have told my colleagues previously about another soldier, another American Indian. His name was Edmund Young Eagle. He was from the Standing Rock Sioux Tribe of North Dakota. He went to war. He was in northern Africa, he was in Normandy, he was in Europe. He came back and lived with the Standing Rock Sioux Tribe. He never had very much. He had kind of a tough life.

At the end of his life, he was lying in a hospital bed at the VA hospital in Fargo, ND. His sister asked if I would get the medals he earned in the Second World War and never received. I did, and I took them to the VA hospital on a Sunday morning in Fargo, ND. The doctors and nurses crowded into his room, and Edmund Young Eagle—who at the time I didn't know was going to die 7 days later of lung cancer. Edmund Young Eagle was a sick man but very proud that morning. We cranked his bed up to a seated position, and then I pinned on his pajama top a row of medals this American Indian had earned serving his country in the Second World War. As sick as he was, he said quietly to me: This is one of the proudest days of my life—seated on his hospital bed wearing his pajama tops with his military medals.

There are so many whose names we will not talk about on the floor of the Senate today, but I do say Woody Keeble and Edmund Young Eagle are just two of thousands—millions of American soldiers over the years who have refreshed this democracy by being willing to risk their lives.

I wanted to call to the attention of the Senate Woodrow Wilson Keeble. I am enormously proud of him and his family and his memory, and I am anxious to be at the White House on Monday when he receives posthumously the Medal of Honor.

STRATEGIC PETROLEUM RESERVE

Mr. DORGAN. Madam President, I wish to make a couple of additional comments on another subject.

The price of oil is bouncing around at \$100 a barrel, the price of gas is up to \$3.00, \$3.50, or more per gallon. There are people who kid about having to take out a loan at the bank to fill their gas tank. The question is, What is happening with oil?

Let me tell you something. In the Energy & Natural Resources Committee this year, we have had witnesses testify that there is not a bit of justification for the price of a barrel of oil to be over \$50 or \$65 a barrel right now. So why is it \$100 a barrel? Two reasons. One is that we have unbelievable speculation, a carnival of greed, with hedge funds and speculators neck deep in the futures markets speculating on oil. We have investment banks for the first time that are actually buying oil storage tanks so they can buy the oil and keep it off the market in order to sell it later when the price is higher. There is unbelievable speculation in the futures market pushing up oil which has nothing to do with the fundamentals of supply and demand, and there ought to be a full and complete investigation. I am asking the GAO to do that.

The other issue is one that I find preposterous, and I am going to do everything I can in the coming days and weeks to stop it. Do you know that even as the price of oil is bouncing up at \$100 a barrel of oil, this Government, this Department of Energy is putting oil underground for storage? We are awarding royalty-in-kind contracts to companies to take oil out of the Gulf of Mexico and instead of them selling the oil and putting it into the supply to put downward pressure on price, we are putting 60,000 barrels every single day underground in the Strategic Petroleum Reserve. Having the Strategic Petroleum Reserve is fine. Save it for a rainy day, save for our security, put some away—I understand that. But why would you do that when oil prices are \$100 per barrel? The Strategic Petroleum Reserve is 97 percent full, and we are taking 60,000 barrels per day and sticking it underground? That is preposterous. Toward the second half of this year, the Department of Energy will be putting approximately 125,000 barrels per day underground. There ought not be one additional barrel go underground at that point. It ought to go into the supply.

I used to teach a little economics. I understand supply and demand. If you decrease supply, you increase price. It is just a fact. So this administration, by taking this royalty-in-kind oil from the Gulf of Mexico and sticking it underground into the Strategic Petroleum Reserve, is pushing up the price of oil and gas.

In fact, we had a witness in the Energy & Natural Resources Committee who testified that the Department of Energy is taking light, sweet crude off the market to put into the SPR. That is a subset of oil, a much more valuable kind of oil. One witness said just that amount—sticking it underground by this administration could have increased the price of oil by as much as \$10 per barrel. What is our Government doing increasing the price of oil by 10 per barrel? What do they think? Does somebody have their wires crossed someplace, and could they please see if

they can figure out maybe with some common sense what they ought to do when oil is \$100 a barrel, and that is stop putting oil underground and put it into the marketplace so we put some downward pressure on gas prices?

I introduced legislation that puts an end to this practice. I am chairman of the appropriations subcommittee that funds the Energy Department's programs, including the Strategic Petroleum Reserve. I say to the Secretary and to those who made this decision: One way or another, I am going to win on this issue. We are not going to allow you to continue to stick oil underground when the price of oil is \$100 a barrel and the price of gas is ranging up between \$3.50 and \$4 a gallon. We are just not going to allow you to continue to do that. This Congress is going to use some common sense and say stop it.

Mr. President, that was therapeutic to say. My hope would be that at some point soon I will have a chance to offer that amendment, and we are all going to have a chance to vote on it. I will insist we vote on it. I believe this Congress is going to tell this administration to stop it, use a reservoir of common sense; don't stick oil underground when it's \$100 per barrel. Put it into the supply, and put downward pressure on the price of oil. How about standing up for the American people and American drivers? Let's do that.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBAC. Madam President, is there any prearranged agreement on the speaking order?

The PRESIDING OFFICER. There is an order that the Senator from Wisconsin will be recognized at 5 minutes to 6. There is no other sequence.

Mr. BROWNBAC. I see my colleague from California. I would like to speak for a few minutes. We are shortly coming to the hour. I don't know if we have been alternating back and forth.

Mrs. BOXER. Madam President, I only need to speak for less than 10 minutes, if I may, because I have been sitting here for a very long time.

Mr. BROWNBAC. Madam President, the time of the agreement says at 5 o'clock the Senator from Wisconsin gets the floor.

The PRESIDING OFFICER. No, at 5:55.

Mr. BROWNBAC. At 5:55. I thought the Presiding Officer said 5 o'clock. I will be happy to yield. I ask unanimous consent that after the Senator from California speaks, I be allowed to speak and then my colleague from South Carolina be allowed to follow me.

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

Mrs. BOXER. Madam President, I thank my friend and colleague. I will be brief because the message I have is a pretty straightforward message; that is, it is time for a change in Iraq. It has been a long time coming. We have been there 5 years, longer than we were in

World War II, and it is time for a change in Iraq. It is time for a good change. What does that mean? It means that it is time for the Iraqis to stand up and fight for themselves.

We know the violence there continues. We know that 15 percent of that violence is being perpetrated by foreign fighters, al-Qaida, and the rest—85 percent—is Iraqi-on-Iraqi ethnic violence. If the Iraqis are not ready to stop hurting each other and blowing each other up, if they are not ready to give that up, then we need to be ready to start pulling our troops out. It is pretty clear to me after 5 years that all our presence is doing at this point is acting as a recruiting tool for al-Qaida. Because we have this open-ended commitment—some on the other side are talking about 50 to 100 years—there really is not anything on our side to exert that leverage on the Iraqis. They are not fulfilling the benchmarks in the Government that this administration said they had to do.

Here we have a situation where we have now lost 3,972 fighters on our side. Twenty-one percent of those were either born in California or were based in California. 29,275 Americans have been wounded, some of them grievously wounded, many more have traumatic brain injury and post-traumatic stress. The suicide rate is off the charts.

There is no way out. There is no plan. There never has been a plan. It seems to me this open-ended commitment has to stop, and the Feingold bill essentially says we are going to have a very responsible withdrawal. There is no end date, but we are going to start it within 120 days of enactment of the bill, and we are going to shift the mission so that it continues training Iraqis.

By the way, I don't know if I mentioned this, the taxpayers of our country have paid to train 440,000 Iraqis.

We are spending \$10 billion a month. That leads me to my final point of why I wanted this time this afternoon.

We have to start looking at what this is costing us. I say it is time for America. We are shortchanging our children. We need to provide health insurance to many of our children. To provide health insurance to 10 million uninsured children for 5 years would cost us what it costs for 5½ months in Iraq. To enroll all eligible 3- to 4-year-olds in Head Start for 1 year would cost us 3 months in Iraq. To enroll 2.5 million kids in afterschool programs—and, boy, do I have a feeling for that one because I worked with Senator ENSIGN to set up the first afterschool program, and it has been shorted. For 7 days in Iraq, we can enroll 2.5 million kids in afterschool programs for 1 year.

What else can I tell you about the funding? We are shortchanging America's workers. We can immediately replace structurally deficient bridges in the United States and create more than 3 million good-paying jobs for 6½ months of the cost in Iraq. Don't you think our workers deserve it? I do.

We could extend 13 additional weeks of unemployment insurance to the

chronically unemployed workers in high-unemployment States. One month in Iraq.

We could help an additional 1 million families keep their heat on this winter through the LIHEAP program. One day in Iraq, Madam President.

My colleagues come here and they have no end in sight for Iraq. Open checkbook for Iraq. Iraq in the morning, Iraq in the afternoon, Iraq at night, Iraq for 20 years, 50 years, maybe 100 years, as one Senator said. We can't afford it anymore.

OK, let's look at what else we could do. For those people like myself who care about homeland defense, for 6 weeks in Iraq we could ensure full interoperability of all our communication systems. Our firemen could talk to our policemen, who could talk to our sheriffs, who could talk to our hospitals, who could talk to our Red Cross. Six weeks in Iraq. We could provide first responders with 3 million communications devices for 1 month in Iraq. We could provide firefighters with 12 million breathing devices for 1 month in Iraq.

Finally, if you care about America's environment, as I do, and many of the people I represent do, we could extend renewable energy production tax credits for 4 years. We could do those tax cuts for investments in renewables for 3 weeks in Iraq. For less than 3 days we could erase the Superfund backlog. And for less than 1 day we could triple the Energy bill authorization to train green-collar workers.

The American people have got to connect the dots here. We can't take care of our own. We can't take care of our kids. We can't do what we have to do for our workers. We can't do what we have to do for our businesses. We can't do what we have to do for our environment. And the reason is, our priority right now in this government, because of this administration and their friends in Congress, is Iraq in the morning, Iraq at 10 o'clock in the morning, Iraq at noon, Iraq at 5, Iraq at night, and we ignore the needs of our people.

There is a time and a place to say to a country that is independent, after all we have done for it: Enough is enough. We trained 440,000. We put our American lives on the line. Our brave soldiers have done everything asked of them and more. They allowed three elections to be held. They got Saddam Hussein, they got Saddam's family, and they found there were no weapons of mass destruction. They did everything we asked them to do. And the Iraqi Government takes tiny little steps, baby steps forward, while we continue having our soldiers die and get wounded and our taxpayers have an open checkbook.

My people come and say to me: Why can't we do more for our kids? Why can't we do more to protect our environment? Why can't we do more for our workers and our businesses? Why can't we do more to protect our people by in-

vesting in homeland security? I am now telling them the truth: Because the money is floating out of here straight to Iraq.

And by the way, a lot of it is not accounted for—\$9 billion missing in cash that was sent. The administration shrugs its shoulders: Oh, well, we don't know much about it. Scandals in contracting, embassies that are larger than the U.N. complex. Some of the Iraqi people call it GW's palace. I was in Saddam's palace, and I will tell you something. That was not a happy feeling because that is not something that we want to replicate, huge buildings like that, fancy. How much does it cost? Almost \$800 million. It was supposed to cost \$592 million. It doesn't matter, it is in Iraq. Open the checkbook and write the checks, says the President, the Vice President, and their friends in Congress, who are coming here and saying: No, no, no, every time we want to finally begin to bring this war to a close.

Well, I have to tell you, I am ready for change, my constituents are ready for a change, and right now the Feingold legislation is responsible because it says we will keep troops there to protect our forces. We will slowly start bringing them home. We will redeploy them and have all the money we need to responsibly do that. And we will go after al-Qaida.

I voted to go to war against Osama bin Laden. What happened to Osama bin Laden dead or alive? Oh, no, this administration turned around, went into Iraq, and as a result, we are not safe. Al-Qaida has reconstituted itself, and we are shortchanging the American people.

I thank Senator BROWNBACK for allowing me to go first, and I yield the floor.

The PRESIDING OFFICER (Mr. PRYOR). The Senator from Kansas.

Mr. BROWNBACK. Mr. President, I thank my colleague from California for her comments. I respect her thoughts and her opinions and her consistency of position. I disagree, and I will articulate why on that.

Mr. President, we have been arguing and debating on Iraq for some period of time, since we have gone to war, which we did on a bipartisan basis, and aggressively decided that this was an important strategy to pursue together. We did that 5 years ago. We have invested a lot of time and energy and life and blood and limb from this country.

I was with a young man from Wichita, KS, yesterday who has a prosthesis on the bottom right of his foot. He was pleased to serve in Iraq. He doesn't like it that he has lost his foot, but he wants us to win and he wants us to see it on through.

So here we are, 5 years later, a lot of investment, particularly of people and lives, and it would seem as if a fair number of people now in this body would say: OK, we have done it long enough, let's quit. Let's pull on out and let's hope it all works out.

I don't think that is a responsible strategy. If I am hearing the people who have served there right, they want to see it through. They want to see us win, and they want to see us get it done right. They want to see us be able to bring a democracy that can stand on its own—certainly not perfect, but one that can stand on its own in that region of the world. And they don't want to see us lose the investment we have made to date. And we have made a heavy investment. They don't want to see us walk away from it and say: OK, we didn't get it quite the way we wanted to. They do not want to see us walk away at such a point that the soldiers or the foreign fighters follow us back here and we see another 9/11.

The bottom line is the safety and security of the young people we have talked about so much. We want to keep this place safe and secure. And one of the best ways to do that is to keep on the offensive.

Mr. President, over the last few years, and particularly this last year, we have debated a lot of Iraqi resolutions, and they have all failed except one. One resolution has passed. It is the one I want to talk about. It is the one I did with JOE BIDEN, the Biden-Brownback resolution on devolving power and authority in Iraq. We voted and voted and voted last year. Nothing passed but this one. And because of it, what we were talking about is the model of devolving power and authority, a federal system, in Iraq.

I have met with Iraqis since that period of time, and a number of them have challenged and questioned: OK, is this really the right way to go? We don't want to see the country broken up in three parts.

I say: We are not talking about breaking the country up in three parts. We have 50 States, and we are one country. We are talking about three or five states or regions there but one country. You devolve power and authority from the center so it is not just one group, a Shiite-dominated central government that is dictating to a Kurdish, Sunni, Shiite country. Let's devolve that power and authority out. That passed. That passed.

Now, what has happened since that has passed on the ground? Well, we are seeing nice progress actually taking place, political progress at the local and provincial levels is happening. We saw recently the Iraqi Parliament pass a legislative package—three bills together. They did something we do here often. You can't get one bill through, you can't get two, but three you can somehow get a coalition enough to pass it through. That is what they did, establishing the 2008 budget, clarifying provincial powers, and then offering amnesty for Sunni political prisoners, all three very important.

That middle one, clarifying provincial powers, is a key one. I talked with one of the respected scholars on this, Michael O'Hanlin, on the phone today. He is one of the authors of the federalism approach in Iraq. We have a

military strategy that we are taking advantage of today that is providing political space, and he believes we need to devolve authority and power to the regions. You are seeing that now taking place legislatively by the central body in Iraq, clarifying provincial powers.

As I was talking with Mr. O'Hanlin, and also in my own thinking, we recently mostly talked about regions, and he is saying: Well, whether it is a region or a province, it is devolving of power and authority, and it is happening. And it is a good thing to get that out of the centralized area. What is allowing that to take place is more local governance. It is allowing people, whether they be Sunni or Kurd, or Shiite, or in a mixed area, to be able to solve more of their own problems rather than being dependent upon the central government that may have a bit of ideology or edge that you don't agree with, as happens around this country at times where people don't agree with what happens at the Federal Government, but they are wanting that decision to be made at the State level. That is starting to happen in Iraq. And it is diffusing some of the powder keg.

Now, we are far from solving this, but the political space that has been granted by the military surge in the area is allowing this devolution of power and authority to happen. So we now have clarifying provincial powers taking place. The laws, as I mentioned, are not perfect, but they are giving this power and authority out to the regions. We are now seeing political progress at the local and provincial levels, and that is driving some of the politics at the national level. None of that could happen without security at the national level in Iraq, without U.S. troops there on the ground. Iraqis can gain stability by continuing to decentralize and move more power closer to individual Iraqis.

I believe provincial elections later this year will accelerate the importance of local politics in Iraq, and that is what we want to take place because what we were seeing coming together was Shiite against Sunni, and the Kurds sitting in the north refereeing from time to time but other times staying off to their own and saying: Look, we are just going to sit up here and hope someday we will be able to have a nation and let those two guys fight. But now, instead, you are seeing this going down to Sunni councils and Shiite councils, and in some cases mixed neighborhoods.

You do continue to see an ethnic move in neighborhoods, particularly in Baghdad, and some going more Sunni and others going more Shiite in some regions or some mixed ethnic or other religious communities that exist there and some Christian populations that are there. But you are seeing it start to work because we continue to provide the security umbrella.

Now, let's take the security umbrella off. Let's have the Feingold amend-

ment pass and send the signal to the Iraqis that we are moving out; that we are going to take care of our own areas, you take care of your own areas. What do we think at this most critical moment would happen if you pull that security piece out, the U.S. security piece out? Well, I think you would stop this move toward local and provincial. You invite more Iranian-financed problems into the region, in the hopes that the Shiite can take over and then dominate and possess all of Iraq—Sunni areas and possibly Kurdish areas as well, although they are pretty well fortified amongst themselves. You invite Sadr back in with his militia, where he just recently, for another 6 months, asked his militias to stand down.

I think you invite back into the picture at this key political moment for Iraq a bunch of forces that are going to hurt the long-term future. And so it seems to me this is a bad idea at a particularly bad time for us to pull troops out of Iraq.

Now, I had trouble with the surge at the outset. I really questioned whether it was going to work. But the surge has worked, and this is coming from somebody who was a cynic as to whether this was going to work in that region.

But that, along with the Sunnis deciding, okay, we are going to build up our region here, and these awakening councils that have taken place, along with evolving this political power and authority, and our better counterterrorism strategy. It is working. So why on Earth would we change something we have invested so much in now that is starting to produce the results we want? Why on Earth would we change that at this point in time? That does not seem to make much sense, of why you would do that at this point in time.

I am a strong proponent of continuing to devolve this power and authority in Iraq. I think it is the way forward for them, as it was the way forward for our country when we had 13 original colonies that did not necessarily agree with each other but said, okay, let us have one Federal Government, but each one of us is going to maintain our own power and authority in a number of regions. Then over a period of years, we kind of worked things out. Over 50 years we have divided power and authority to State and local, Federal Governments, and this is going to take time for the Iraqis, but they need the political space our military provides. To pull out now, or to send a signal even of pulling out now, I think would be very harmful to the long-term investment we have made. I think it would send a signal to the region that we are going to allow the Iranian influence to spread. It would also invite much more aggressive actions, even toward us, and the pursuit of us here and other places around the world.

That piece is speculation. We do not know what is going to happen in the future. But it does seem as though we

are on a sort of track now that we can look to the future with some bit of optimism, whereas the other route of pulling out would certainly lead to a great deal of pessimism by the Iraqis and toward me about what we are going to be doing in providing the long-term security for the United States when we know that the terrorist objective is to attack and come after us, that you are likely to see a devolution to a terrorist state, or an Iranian-type of satellite state in Iraq if we pull out precipitously, either of which are options that I think would be completely wrong for us to do as a nation and something I cannot support.

For those reasons, I certainly would be voting against the Feingold amendment. I urge my colleagues to do that. I say, let us stick with something that is starting to work. It is not perfect. Let us stick with something on a political strategy that is starting to work. It is not perfect, but we have a model for it ourselves in the United States in our own history. It seems this would be a particularly unwise time to move off of that one bit of resolution that we have agreed upon, on political authority being devolved and to change a strategy on the military at this point in time.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. I want to thank you and all my Democratic colleagues for allowing me some time on the floor to discuss the progress in the war. This allows us as Republicans to contrast our position versus the position of retreating and announcing that we are giving up on Iraq.

We have heard a lot of talk here today, and apparently there is too high a pricetag for freedom. Certainly you can make an argument that it is expensive to be in Iraq, just as other wars have been expensive and deadly to our country.

World War II, the importance of that war can never be underestimated, and the price on it could not be estimated. The fact that we need to fight wars to show our strength as a nation has been proven time and time again. I am worried that the Senate is not united in the need to show strength against the war on terror.

Last year at this time, my Democratic colleagues had said that the war in Iraq was lost, and implicitly the war against terror, since the front line today on the battle against terror is in Iraq. It was announced here on the Senate floor that the war was lost, that we were in a hopeless civil war in Iraq. Since then we have had about 40 votes, or different variations of votes to cut funding, to withdraw, to retreat, sending a terrible signal to our troops and our enemies that we lack the resolve that is necessary to win this war. Whether we call it running and retreating or giving up or saying America cannot win, all of those words and ideas emanated from the Senate floor from the majority side in the past year.

Many even voted against the funds to surge the troops that has proven to be such a success over the last several months. Some of the funding as late as the end of last year was held hostage to gross earmarks that were unnecessary in a time of war. How can we talk about the war on terror being so expensive when we held those funds hostage to other things that were certainly not a high priority?

I am afraid my Democratic colleagues, at least many of them—I know this is not true for all of them, but too many clearly do not understand the threat of terrorism in our world today and what that means to our country and our freedom. Too many have forgotten the importance of a strong military and how that results in peace around the world when nations respect the power of the United States of America. But who can respect America any longer, after stating our resolve to stand Iraq up as a free and stable democracy, if in the middle of that challenge we decide to retreat and withdraw?

The very fact that we have talked about it so many times has sent a signal of weakness that has empowered our enemies and likely put more of our forces at risk. I hope this is the last time we do it this year.

Everyone has a right to dislike the war, to say it is too expensive. But our responsibility here in the Senate is much different than the average citizen. When we send a signal that we are not supporting the key mission of our military, we do much to demoralize our troops, and to strengthen the resolve of our enemies.

Again, I hope this is the last time we will do it. My Democratic colleagues cannot have it both ways. They continue to try to say they support the troops, but everything they actually do undermines them, pulls the rug right out from under what they are trying to do. It's a lot of empty rhetoric. But in the last week we have seen from the Democrats on the House side, a key essential part of our intelligence system is being threatened because we will not give the administration the tools to use our technology to intercept messages from terrorists who might be planning to attack us or our interests around the world.

I returned from Iraq a couple of weeks ago. This is my third trip. I saw a marked difference from anything I had ever seen before. The statistics have been talked about here on the floor of the Senate: The monthly attacks have decreased 60 percent since June of last year; civilian deaths are down over 75 percent in the last year; al-Qaida in Iraq remains a threat but their power and ability to do damage has been greatly diminished.

I wish to talk a little bit about the trip. I joined Senator ENSIGN and Senator TOM COBURN on this trip. Once we landed in Baghdad, we took a helicopter to a small community about 30 miles south of Baghdad. This was a

community that was controlled and terrorized by al-Qaida up until about 3 months ago. You would not even go down Main Street in an armored vehicle, we were told by our troops there.

Yet we landed at an American outpost there, American soldiers were living in that community a couple of blocks from the Iraqi Army outpost where they were living in the community, and we walked out of our outpost on the main street and talked to the citizens who had opened their markets, talked to the Iraqi soldiers, and talked to the citizens who were helping to patrol the area. In this picture here I am talking with one of the local sheiks, Sheik Ali, who told us that al-Qaida only a few months before had dragged his father in front of him and shot him and killed him.

Next to him is an Iraqi soldier whom we helped to train. They are as sharp as any soldier you would expect to see. This community is well protected. Colonel Ferrell, who is in charge of the outpost, who took us down the main street, was giving us briefings and we were talking to the sheik as well as the Iraqi soldiers. They were proud to tell us what was happening there.

The sheiks and the local tribes are the key to working with the American surge and have freed much of Iraq in the last 6 months. These local leaders have turned against al-Qaida, because al-Qaida has done such damage and such brutality to their families and their communities that they are now talking with us and helping us to defeat al-Qaida in that area there.

I have another photo here. I know it is difficult to see. But we were walking down a street that was empty except for bodies a few months ago. These little markets have opened. As we walked down the street, in this case it was mostly American soldiers walking with us, except for this group—these young men in the green jackets which they called in this community the "Sons of Iraq." Our military pays them to help patrol every day. When I asked the colonel, when all of these citizens came running out to us, why were they not worried about them blowing themselves up and killing all of the soldiers and us who were walking down the street, the colonel responded: Because we know everyone who is here.

A lot of these folks from the markets came out and hugged our soldiers. I tell you, I couldn't have felt better to see our soldiers so appreciated in that area, to see these young men with walkie-talkies. Their job is to patrol, to make sure if any stranger comes to the community, that they notify the Iraqi Army and the American Army so that these people can be checked out.

We saw a number of trucks with mattresses and furniture piled high, of people moving back to this little community—who had moved out months and years before because al-Qaida had run them out. We walked down several blocks. Probably 80 to 100 markets have reopened, and the people were

glad to see us. They were cheerful. They feel as if they have their community back.

We have not won this war yet, but we can see everywhere we go that Iraqis are standing up and taking back their country for themselves. And our troops, along with the Iraqi troops whom we helped to train, and the Sons of Iraq are guarding and protecting their community.

I want to talk about one Marine here. This is Major Alston Middleton, who actually went to Porter-Gaud High School in Charleston. He is a Marine working in the base where we are training Iraqi soldiers. Every 3 weeks we are producing 2,500 new Iraqi soldiers who go straight from that camp to the battlefield. They are being trained with the same equipment and arms they will be using when they get there.

He is proud of what he is doing. Everywhere we went, our troops wanted to prove to us that what we were doing was necessary, it was right, it was working, and we could win it. It was important to them that we know it.

When I asked them what do they need that they do not have, the answer I got—more than any other answer—was: Do not forget us. Some of the rhetoric on this floor has sent the signal to our troops that we are forgetting them and do not appreciate what they are doing.

This Marine, away from his family, like all of the other Marines, sailors, soldiers, and airmen we see there, many of them away from their children and spouses for over a year, we know what sacrifices they are making. But I am afraid these Marines are not respected in some parts of this country. I am afraid the Democrats on the Berkeley City Council in California—and some here may say that is an isolated situation, but it is not, because they are taking their signals from what they hear right here on the Senate floor. They called our Marine recruiters unwelcome intruders. They called them thugs. They called them Bush's murderers. When you see the video and what they called our Marines, while our Marines are sweating and bleeding and dying for us and our freedoms.

What the Berkeley city council did was not freedom of speech. The protesters had their freedom of speech for months, but that wasn't good enough for them. They wanted the power of government behind them to support their point of view at the expense of the Marines and all Americans who appreciate our Marines and love what they do. We need to recognize that some of the things that have been said right here are sending a signal to people like the Berkeley city council to show disrespect for people like Major Alston Middleton, who is willing to put his life on the line for us.

I have introduced a bill we call the Semper Fi Act, named after the Marine motto, which means "always faithful." It is just to rattle the cages a little bit

of the city council in Berkeley, to tell them: OK, if you want to take exception to our Federal mission there in Berkeley, certainly you don't deserve these secret earmarks we have sent to Berkeley in the last several months. But the Marines are always faithful and always have been. They are faithful to our country, to each other. We need to be faithful to them and all those who are fighting for us.

This discussion on the floor is again trying to have it both ways, that we support our troops, but then we don't. We don't support them when we don't support the very mission we have asked them to give their lives for. We can't have it both ways. We can't keep having this discussion which questions, before the whole world, the very mission we have asked of our soldiers, sailors, Marines, airmen, and Coast Guardsmen and all the civilian support staff we have in Iraq and Afghanistan and throughout the world who are fighting the war on terror. We are going to win the war on terror because of the resolve we have to be free and peaceful as a nation.

I hope we will get the message here that our troops have in Iraq and Afghanistan and around the world, that sometimes you have to fight for the freedom we have here in this country. Now is the time we have to fight. The fact that we have shown resolve in the last year has resulted in clear successes in Iraq that are undeniable. We know we can win this battle, but this battle will not be the last one. The terrorists are going to be here for a generation or more. If they are not in Iraq, they are going to be in Afghanistan or they will be in Africa. They are going to be somewhere, if they are not here, doing their terrorist deeds against the peaceful people of the world. We have to show resolve. Our enemies must know that we will never stop until we root them out and do away with them.

I also want to make one last comment because the folks from South Carolina are in so many ways very involved with the effort in Iraq. In fact, over the last several years the airmen at Charleston Air Force Base flying C-17s carry more of the cargo, supplies, and arms into Iraq than any other base in our country. This picture is one of the crews that flew us out of Afghanistan back to Kuwait on our way home. But we actually had three teams out of Charleston that moved us from Kuwait to Baghdad, out of Baghdad and to Afghanistan and back. They are proud of what they do. They wanted us to know, and me to tell you, that they believe this mission is important and that we can win it. Every day they save lives and deliver freedom.

All they need is our support, not our empty rhetoric, our real support and our belief in them and what they are doing. I came back with that belief and that resolve, that what we are doing is right. If we continue what we are doing, we will win, and we will continue to set the terrorists back on their heels and keep our country safe.

I thank the men and women at Charleston Air Force Base who are making all Americans proud as they serve all over the world on their missions.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, what time remains for our side of the aisle?

The PRESIDING OFFICER. Fifteen and one-half minutes on the Democratic side.

Mr. LAUTENBERG. Mr. President, I rise to talk about Iraq and Senator FEINGOLD's legislation to start bringing our troops home from Iraq. But as I stand here on this floor, I listen to one of our colleagues speak of a group out West who may have said something disrespectful and offensive about our troops and that this group may have learned it here on this floor and I feel I must respond. That is an insult to all of us who are part of this body. It is outrageous to say this group learned that here. No one here disrespects our troops. No one here wants anything but the best for them. We ought not to start off that way, as we discuss the Feingold legislation.

I wish to begin my remarks with President Bush's now infamous declaration almost 5 years ago when he announced "mission accomplished." We sadly remember that day, when the President landed on the aircraft carrier USS *Lincoln* like a conquering hero, standing before a huge banner, which we see here portrayed. We remember watching as President Bush declared that day to be the end. It turned out to be a stunningly casual statement, not unlike another remark the President made when he said, talking about the enemy, "bring them on." I served in Europe during World War II, and I never heard a commander invite more of the enemy to come to fight.

When the President stood there that day, the insinuation was that it was the end of major combat operations, the end of America's casualties, the end of America's role as the major player in Iraq's future. But many of us remember fearing that it was not the end.

Today, as we look at the terrible costs to our troops, to their families, to our priorities here at home, to the war against the terrorists who attacked us, and to America's standing, we realize that day in 2003 was only a beginning. When the President stood on the deck of that carrier, America had lost 139 of our troops in Iraq. As we stand here today, we have lost almost 4,000. To be exact, 3,968 Americans have died in Iraq; 102 of those troops had ties to my home State of New Jersey; 95 percent of the mothers, fathers, sons and daughters we have lost were killed in action after President Bush said "mission accomplished."

That mission was not accomplished. President Bush's war has left children growing up without parents and par-

ents to grow old with no children. His war has caused nearly 29,000 troops to leave the combat theater with their wounds. Nearly 700 of them lost limbs, and many more have left with wounds to their minds. Our troops are returning home from the Iraqi desert with traumatic brain injuries and post-traumatic stress disorder, making it so difficult for them to return to their families, their jobs, and their lives.

Instead of spending \$3 billion each week to wage war on education or childhood disease in America, the President is spending \$3 billion a week to wage war in Iraq. Amazingly, I found someone who doesn't know that sad fact—the President's own Director of the Office of Management and Budget, Mr. Nussle. I recently asked him how much we were spending each week in Iraq, in a budget hearing. Director Nussle said he didn't know. Almost everybody in America besides him knows very well—\$3 billion each and every week. It is unacceptable. It is an insult to the American people who are funding this war and an insult to our troops who are still fighting it.

The President will claim we are making military progress in Iraq and that the surge is working. But let's tell the American people the truth. America lost 901 mothers and fathers, sisters and brothers in the year 2007 alone; 2007 was the deadliest year for America since the start of the Iraq war.

More than 3,300 members of New Jersey's Army Reserves and National Guard are scheduled to deploy to Iraq this year. Just a couple of weeks ago, I went to Fort Dix, a major military base in New Jersey. I talked to people who already served there on extended tours, and they were weary. They were willing to do their duty. They respected their obligation. But their families were not happy. The people I saw, the spouses, the children were not happy about their wife or husband, or mother or father going away again. Some of them are going to get hurt, and some of them may never come home. As they do their duty with honor and bravery, they count on us to do ours.

Their deployment is a reminder that the President's surge is fundamentally flawed. His solution is built on military strength, when a political and diplomatic solution is what is needed in Iraq. Iraq, not America, needs to accomplish these goals, and we want them to do it. We want them to make it possible for us to start bringing our troops home as soon as possible. They have to do it. It is their responsibility. It is their country, and we want to end our presence there.

The surge is also a distraction from the war President Bush started in response to 9/11 but never finished. That was the war on terror.

When the President spoke to our country after September 11, he said:

I will never forget this wound to our country or those who inflicted it.

But it appears that he has forgotten. He has forgotten about Osama bin

Laden, the man who inflicted those terrible wounds on the victims, their families, and this country. He has forgotten that the war against al-Qaida and the hunt for Osama bin Laden began and continues outside Iraq. And because we have lost our focus, Afghanistan is now spinning back toward violence and chaos.

After the U.S.-led invasion of 2001, the Taliban was down and wounded. Now it seems the Taliban is growing stronger. Over the past 2 years, southern Afghanistan has seen the worst violence since the Taliban was dismantled. Last year was the deadliest year for troops in Afghanistan since 2001. Today, al-Qaida has also found sanctuary in remote areas of Pakistan, and the Afghani-Pakistani border is so porous that terrorists flow through it like wind.

If all of this were not bad enough, just look at what the President's war has done to America's standing and prestige in the world. There used to be a time when people saw America as the moral leader, and Americans were proud of this country's standing in the world. In World War II, for example, we had strength because most of the free world was with us. Now is not one of those times. Now much of the world is against us. More than 70 percent of Iraqis disapprove of American presence in their country, and 67 percent of citizens across the globe believe American forces should leave Iraq within a year. Countries that were our allies when we first invaded Iraq, such as Italy, Poland, Spain, and Denmark, have left us in the desert. And Great Britain, one of America's greatest historical allies, sent its troops from Iraq into Afghanistan.

President Bush, why are we not so wise?

To date, the President has spent more than \$526 billion on the war in Iraq. That is more than half a trillion dollars on a war that continues to take American youth, empower our rivals, turn our friends against us, and let our enemies remain on the loose.

If that cost were not unbelievable enough, the President had the audacity to ask the American people to spend even more. He has a pending request of \$105 billion for the rest of 2008, and Defense Secretary Robert Gates has estimated that Iraq will cost another \$170 billion for 2009. Every dime we spend on Iraq is a dime we cannot spend on our home—on homeland security for our cities, police for our streets, education for our children, and health care for our families. In fact, the President has requested just now a cut of \$800 million from a critical homeland security grant program, leaving Americans more exposed to dangers at home.

It is time for us to realize it is never going to be enough money. Former Secretary of Defense Donald Rumsfeld used to say we would stand down when the Iraqis stood up. No one says that anymore.

So let me stand up and make it clear: It is time for the troops to start com-

ing home. They have earned the right to get back to their loved ones, their kids, their spouses, and their country. I hope we will see that day in the not too distant future.

With that, Mr. President, I yield the floor.

Mr. LEAHY. Mr. President, the Senate once again is debating a bill by Senator FEINGOLD, Senator REID, myself, and others to change course in Iraq. And once again, I urge the Senate to act.

This is a war started under false pretenses, waged with incompetent political policymaking that disserved the bravery and sacrifice of our fighting men and women. This is a war that now slogs on—week after week, year after year—with nothing but a “pause” on the horizon, and still no end in sight. The toll of American casualties rolls on, and so does the drain on the Nation's resources, heading inexorably past the hundreds of billions of dollars toward an unfathomable trillion dollars.

The war has sapped our credibility, strained our alliances, and complicated our security challenges.

Meanwhile, Osama bin Laden remains at large and al-Qaida has been given the opportunity to regenerate. The northwestern frontier between Pakistan and Afghanistan is a lawless extremist haven.

A redeployment of American forces along the lines of the Feingold-Reid measure would force the Iraqis to realize that our presence is finite. If they want to step away from the abyss, it will take real reconciliation and the will to get it done.

The Bush administration's failed policy in Iraq has stretched our military to the breaking point, diluted and diverted our efforts to counter al-Qaida and its affiliates in Afghanistan and elsewhere, and roiled the Middle East with instability. The sooner we change course the sooner we can implement a sound, sensible, and sustainable policy that truly advances our security interests.

Mr. FEINGOLD. Mr. President, I am pleased we have had a chance to debate S. 2633, the Feingold-Reid bill requiring the safe redeployment of our troops from Iraq. I am very grateful to the majority leader for allowing this debate and for cosponsoring this legislation. He is a strong opponent of the war, and he understands how it is distracting us from our top national security priority: defeating the global threat presented by al-Qaida and its affiliates.

While the debate on Iraq is refreshing, the Republicans still will not allow us to actually vote on the bill. In fact, if you listened to the other side during this debate, it was apparent they believe leaving large numbers of U.S. troops in Iraq indefinitely for an open-ended military mission is somehow in our country's interest.

The American people must be scratching their heads and thinking:

What is it going to take to get those folks in Washington to listen to us? I can assure them—and I can assure my colleagues—we will have more debate and votes on Iraq. Members will have still more opportunities to listen to their constituents, and to listen to the warnings about the global threat from al-Qaida and the intolerable strain on our military. And they will again have to decide whether to keep ignoring those warnings and give the President the green light to continue a war without end in Iraq.

In a few minutes, the Senate will vote in relation to another Feingold-Reid bill, S. 2634, addressing al-Qaida. Before I discuss that bill, I wish to respond to some of the criticisms that have been leveled against the Feingold-Reid Iraq redeployment bill.

I am glad some of my colleagues have apparently taken the time to read the Iraq bill, but I wish some of them had read it a little more carefully, or thought a little harder, before voicing some of their concerns.

Of course, some of the criticisms come from Members who have no interest in stopping or slowing down the war. But I have even heard a few complaints from Members on our side who oppose the war. In fact, some Democrats seem to be trying a lot harder to come up with arguments against this bill, and against Congress acting, than they are trying to end the war. One or two senior Democrats are actually lobbying hard behind the scenes against the Feingold-Reid bill. That is disappointing, to say the least, and it shows us all what we continue to be up against as we try to bring this war to a close.

Let me start by pointing out that the Feingold-Reid bill does not—does not—restrict the Government's ability to go after al-Qaida and its affiliates around the globe. In fact, one of the main purposes of the bill is to ensure we have the full capability to do just that. When it comes to our troops in Iraq, however, we cannot allow this President to use the narrow exceptions in this bill to continue his misguided policies. The language in the bill has been crafted to try to ensure the administration does not—and cannot—continue to maintain a heavy military footprint in Iraq.

Specifically, the first exception in the Feingold-Reid bill allows funding to continue for “targeted operations, limited in duration and scope, against members of AQ and affiliated international terrorist organizations.”

This provision allows operations against AQ in Iraq because fighting al-Qaida is central to our national security. But it does not allow the President to continue the current open-ended mission because it is not in our national security interest to leave our troops on the front lines in the middle of an Iraqi civil war.

The “limited in duration and scope” language prohibits operations without a clearly defined counterterrorism objective, such as the current open-ended

mission. And, of course, this provision, like the rest of the bill, only applies to Iraq. It does not affect any other U.S. operations around the world. But if my colleagues are particularly troubled by this "duration and scope" language, I am open to discussing with them any reasonable modifications that do not open new loopholes. And this is no reason to completely block the Senate from even considering the bill. My colleagues are free to try to amend it, if they will only let us take it up.

If my colleagues think we should have U.S. troops conducting operations in Iraq against other organizations that are not affiliated with AQ, then we do, in fact, have a difference of opinion. We need to be clear about our priorities. Our top national security priority is the threat posed by al-Qaida and its affiliates. Pitting our brave men and women in uniform against groups or entities in Iraq that do not pose a direct threat to the United States is a misuse of our resources, and it is exactly that mistake I am trying to fix with this legislation.

Obviously, at all times, U.S. troops in Iraq will be able to defend themselves against any perceived threat, regardless of who it comes from. But when we are talking about planning and conducting operations, those operations would need to be targeted against members of al-Qaida or affiliates. If we cannot figure out who we are launching operations against, and if we cannot figure out how to distinguish between al-Qaida in Iraq and the many other unsavory actors in Iraq who do not directly threaten our interests, then we have a serious intelligence problem which underscores the degree to which this war is distracting us from our top priority.

The Feingold-Reid bill also allows U.S. troops to remain in Iraq to provide "security for personnel and infrastructure of the United States Government." A question has been raised about whether U.S. troops could also provide security for non-U.S. coalition forces under this provision. Of course, the vast majority of foreign troops in Iraq are U.S. troops. We are the ones holding the bag there, and that is a direct result of this administration's decision to rush to war without building a strong, sustainable coalition. So raising concerns about non-Iraqi coalition forces is largely a red herring. However, I respect the contributions of those coalition troops, and I would be open, again, to discussing ways in which we can ensure they are protected without opening up a big loophole to keep a lot more U.S. troops there. Again, technical concerns such as this are no reason to block us from even considering the bill. Frankly, it sounds like an excuse not to deal with the real issue, which is our need to get out of this situation.

The Feingold-Reid bill also permits U.S. troops to be stationed in Iraq to provide "training to members of the Iraqi Security Forces who have not

been involved in sectarian violence or in attacks upon the U.S. Armed Forces. . . ."

This does not require any kind of guarantee that ISF troops receiving training have not been involved in sectarian violence or attacks upon the U.S., as some have suggested. It just requires some good-faith effort to make sure we are not assisting some of the very people responsible for destabilizing Iraq and killing Americans. That seems pretty reasonable, doesn't it? Just kind of a good-faith effort to make sure we are not helping people who have already killed Americans. One would think that was reasonable.

This should not be controversial. We have a policy as a government of not supporting militaries around the world that commit undisciplined acts of violence, and this administration ostensibly vets foreign militaries thoroughly under what is known as the "Leahy Law." I do not see why we should make an exception for Iraq, particularly when the GAO and General Jones have issued reports showing that the ISF is compromised by militias. If we continue to arm and train the ISF, we may simply be contributing to ongoing instability in Iraq. At a minimum, then, we need to be careful to ensure we are not giving some of the worst actors in Iraq the tools to perpetuate further violence and bloodshed.

Oh, and by the way, we have already trained over 439,000 ISF personnel. This certainly raises questions about how much more training they need. We need to make sure the President cannot keep tens of thousands of troops in Iraq policing the civil war under the guise of "training."

Indeed, the "training" U.S. military personnel in Iraq are providing is not what is traditionally thought of as training, such as boot camp. Our training is all field training, and there is no bright line between training and joint operations.

Now, some folks here think that is fine. They want U.S. troops to continue being embedded with Iraqi troops, conducting joint operations. The Feingold-Reid bill would not foreclose all joint operations or the equipping of ISF. U.S. troops could continue to conduct joint counterterrorism operations with ISF so long as the operations target al-Qaida or affiliated international terrorist organizations. But U.S. troops could not be embedded with Iraqi Security Forces for "training" purposes. And the U.S. may continue to equip ISF but may not deploy U.S. troops to Iraq solely for this purpose.

Some on our side want U.S. troops to continue providing "logistical support" to Iraqi forces indefinitely. This, again, is a backdoor way to keep substantial numbers of U.S. troops on the front lines, performing basic combat support functions, such as providing air support. Even seemingly run-of-the-mill logistical operations can be extremely dangerous in the chaotic environment in Iraq. That is not in our national se-

curity interest, and it is not something we should permit. We need a full redeployment, not a halfhearted half measure.

I hope my colleagues will rethink their opposition to the Feingold-Reid bill. If they do have these kinds of concerns about it, particularly some of the more technical concerns I have addressed, well, let's actually allow the bill to come to the floor and let's have amendments and votes. That is our responsibility as legislators, and we owe it to our constituents and our men and women in uniform to have this debate in the open and on the record.

S. 2634

Mr. President, while we may be done debating Iraq for now, the Senate has another opportunity to support a bill that would help get our national security strategy straight. That bill is S. 2634, which I also introduced with Leader REID, along with Senators BOXER, BROWN, BYRD, CASEY, CLINTON, DODD, HARKIN, LAUTENBERG, LEAHY, MENENDEZ, OBAMA, SCHUMER, and WHITEHOUSE.

Frankly, it is a pretty modest bill. It simply requires the administration to provide Congress with a report outlining a comprehensive, global strategy to defeat al-Qaida and its affiliates, one that ensures we are bringing all of our assets to the table: military, diplomatic, intelligence, and other. The strategy must ensure that U.S. resources and assets are targeted appropriately to meet the regional and country-specific threats that we face and that troop deployments do not overstretch our military. This seems pretty straightforward. Don't we want to make sure we are correctly prioritizing the geographic threats posed by al-Qaida and its affiliates around the world? And don't we need to make sure all of our assets, including military intelligence and diplomatic ones, are properly focused on addressing those threats? Shouldn't we make sure we aren't imposing an impossible burden on our military in the process? It appears, however, that the administration is afraid of what such a strategy would say; namely, that while it is focusing its attention and resources on Iraq, the threat posed by al-Qaida and its affiliates in Pakistan and many places around the world is growing.

The DNI—the Director of National Intelligence—warned this month that al-Qaida:

has retained or regenerated key elements of its capability, including its top leadership, operational lieutenants, and a de facto safe haven in the Pakistani border area with Afghanistan.

Yes, the Chairman of the Joint Chiefs of Staff, ADM Mike Mullen, testified recently that:

The most likely near-term attack on the United States will come from al-Qaida via its safe havens in Pakistan.

In a recent report led by former NATO Commander GEN James Jones, he called Afghanistan a "strategic

stalemate" and warned that "Afghanistan remains a failing State. It could become a failed State."

So while our military and intelligence experts are saying this, the President's Iraq policies have stretched our military to the breaking point. Yesterday, the Senate heard testimony from top Army officials that the Army is under serious strain and must reduce the length of combat tours as soon as possible. Listen to what GEN George Casey, Chief of Staff of the Army, had to say:

The cumulative effects of the last 6 plus years at war have left our Army out of balance, consumed by the current fight, and unable to do the things we know we need to do to properly sustain our all-volunteer force and restore our flexibility for an uncertain future.

These are the words of GEN George Casey: out of balance, unable to do the things we need to do.

We need to heed these dire warnings and recognize that the President's Iraq policies are unsustainable. The Feingold-Reid bill, S. 2634, would force the administration to confront that reality and to confront the dangerous threat posed by al-Qaida while our troops are bogged down in Iraq.

Unfortunately, the administration has its head stuck in the sands of Iraq. It actually threatened yesterday to veto this commonsense bill. I guess the President doesn't want the American people to know how off track we are. Well, believe me, they actually know. They have been watching over the past few years as this administration has confused the war in Iraq with the fight against al-Qaida. They want a change, and they don't want to wait another year for another President and another Congress to finally act on their concerns.

I hope my colleagues listen to them and listen to our intelligence experts when they warn us about the serious threat posed by al-Qaida in Pakistan, Afghanistan, and elsewhere. If they do, this bill will pass 100 to nothing, and the American people will breathe a sigh of relief that finally their voices are being heard.

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

The PRESIDING OFFICER (Ms. CANTWELL). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MCCONNELL. 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. MCCONNELL. Madam President, in a few minutes we will have a procedural vote on another proposal by the junior Senator from Wisconsin, a bill that would direct the administration to produce in 60 days a new global strategy for defeating al-Qaida. But first, a word about the first Feingold bill which dictates withdrawal.

Last year's bold decision to launch a counterinsurgency plan under General

Petraeus has renewed our hopes for a unified Iraq to govern, defend, and sustain itself as an ally in the war on terror. Our men and women in uniform have protected the Iraqi people, scattered al-Qaida, deterred militias, and helped to create an environment that has led to progress not only at the tactical level but in government and in reconciliation as well. We owe them all a great debt.

In September, General Petraeus outlined his plan for bringing these men and women back after a job well done and for transitioning our mission to one of partnership and overwatch. I might say parenthetically, I was just with General Petraeus's wife a few moments ago, who is at a reception here in the Capitol complex for people from the Fort Campbell area. Earlier in General Petraeus's career, he was the commander of the 101st Division of the storied Screaming Eagles who have been at the tip of the spear in both Afghanistan and Iraq over the last 4 years. General Petraeus has had three different assignments in Iraq. We are all thoroughly familiar with his current assignment, but his wife is a good soldier indeed as well, and I had an opportunity a few moments ago to thank her again not only for his contribution but for her sacrifice as well.

This reduction in forces that General Petraeus's mission has made possible has already begun, and the Iraqi people are prepared for provincial elections in October. Due to the success of the Petraeus plan, Sunnis now serving as Sons of Iraq and defending their own Nation will now have a real stake in those elections. When General Petraeus and Ambassador Crocker return this April, we should listen to their recommendations to ensure that the hard-earned gains of the surge are maintained.

But one thing is already clear from the successes we have recently seen. Congress needs to stop considering this war in fits and starts and through piecemeal debates. We need to understand that our interests in the Persian Gulf and Iraq are long-standing and will not vanish because we have a Presidential election in November. We can't wish the dangers away.

This leads me to the second Feingold measure calling for a new strategy in defeating al-Qaida. We deal with global strategies and long-range plans through the national security strategy, the national military strategy, the Quadrennial Defense Review, and through the annual defense legislation. If the Senator from Wisconsin wanted to know how our global strategy to combat al-Qaida fits into the context of these reports and reviews, he might have asked the administration to produce such a document in the annual Defense Authorization Act. Also, I might suggest that one sure way of strengthening our fight against al-Qaida and other terrorists would be for the Democratic leadership over in the House of Representatives to stop block-

ing a vote on the bipartisan, Senate-passed FISA bill. We know there is a bipartisan majority in the House of Representatives to pass the same bill that passed the Senate by a large bipartisan majority. A good way to strengthen our efforts against al-Qaida would be to take up and pass that bill.

It would be irresponsible to cut off funds for troops in the field. We will not pass a bill that does so. But we welcome debate on the al-Qaida report because we are ready to provide all of the resources required to defeat al-Qaida, to include quick passage of the Defense appropriations supplemental, full funding of the 2009 Defense Appropriations Act, and passage of a FISA bill that will allow our intelligence community to continue to hunt terrorists.

We must also consider the full cost of our Nation's global commitments and our need to modernize our ground, air, and naval forces. We should also give the administration ample time to complete this study which should serve as a sound guidance for the incoming administration.

So we welcome a debate on how to best hunt al-Qaida and defend the Nation, and if we are to get on this bill, we will be debating amendments that make this report more meaningful.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, some parts of the Iraq war are open for debate, but there is a lot we know for sure. These are the facts: Nearly 4,000 American soldiers have been killed, 30,000 wounded, and the wounds of a third of them are very serious. We have thousands and thousands of amputees, more than 3,000 double amputees, blind, hearing loss, head trauma that will affect them the rest of their lives. I talked this morning about a returning Iraqi soldier who has post-traumatic stress disorder. He cannot work. He is losing his home. These are the facts. We still have 150,000 more troops in Iraq. News from the Pentagon is that there will be 8,000 more troops in Iraq in July than before the surge started.

GEN Colin Powell told us last year the Army is "about broken." General Casey, Chief of Staff of the Army, confirmed what General Powell said. Yesterday, he said:

The demand for our forces exceeds the sustainable supply.

General Casey basically confirms what General Powell said: The Army is broken.

The day before yesterday, on public broadcasting, there was a good report that dealt with ADM Tim Keating, commander of the Pacific Command, a huge command, and basically the whole report is how hamstrung he is in trying to do his job. He cannot do it anymore because, as indicated in the report, there are not enough resources anymore because they are all being shipped to Iraq and now some to Afghanistan. Those are the facts.

I had visiting me today some people who were so excited—Don Schneider,

who used to be president of a bank in Las Vegas and is now chairman of a board of trustees of an organization that is building a performing arts center in Las Vegas. One foundation gave as a start \$150 million to the organization. They have raised \$420 million. They need \$50 million more for this organization. I said to him: \$420 million is how much we spend in Iraq in 1 day—1 day. That is what this beautiful performing arts center in Las Vegas costs.

Madam President, \$400 million a day, 7 days a week. There are not weekends off. These are taxpayers' dollars we are borrowing. There are no holidays. New Year's, Christmas, Easter—it doesn't matter, we work right through, and another \$400 million of taxpayers' money is borrowed. And the number is going up, not down. The world should understand that America has done its share.

I personally dispute the wisdom of going into Iraq. I said, and I have said many times, the worst foreign policy blunder in the history of this country is the invasion of Iraq. But we are there. When is enough going to be enough? How many more days spending \$400 million are we going to need in Iraq? When is enough enough? Is 4,000 soldiers enough killed? Is 30,000 wounded? How many blind soldiers do we need?

No one disputes the heroic efforts of our troops, but as I indicated yesterday, my friend—I named my son after him, and he named his son after me. He used to be a model. He joined the military. He is a helicopter pilot. He served a tour of duty in Afghanistan, and he sent me e-mails about what he was doing over there. He came home, and I had dinner with him in Las Vegas. He was being shipped to Iraq. I don't get e-mails from him anymore. I asked his dad why. He said he wants to come home. All of them should come home is what he said. So he is not sending me e-mails anymore. He thinks I might be disappointed in him. I am not disappointed in him. He is a valiant soldier.

How much more do we need to do? When is enough enough? Five years of war, I guess, according to the Republicans, is not enough. We are going to start in a few days the sixth year of this war. When is enough enough?

Back here a number of years ago—it has been 5 years ago now—I met the Iraqi Governing Council. I can remember that meeting as well as if it was yesterday. We were in Senator Frist's office. The head of the delegation from Iraq said: I know people think we have the second largest supply of oil in the world, but that is wrong. We have the largest supply of oil. We have more oil than Saudi Arabia.

Iraq is a wealthy Nation. When is there enough American blood and treasure for Iraq? Can't this wealthy nation take care of itself?

The matter on which we are going to be voting in just a few minutes is not very complicated. This bill is to require a report setting forth the global

strategy of the United States to combat and defeat al-Qaida and its affiliates.

Section 1. Report on United States Global Strategy to Combat al-Qaeda and Its Affiliates.

(a) Report Required—Not later than 60 days after the date of the enactment of this Act, the Secretary of Defense, the Secretary of State, and the Secretary of Homeland Security, in coordination with the Chairman of the Joint Chiefs of Staff and the Director of National Intelligence, shall join and submit to Congress a report setting forth the global strategy of the United States to combat and defeat al Qaeda its affiliates.

That is pretty simple and direct. That is what we are voting on. That is what the legislation is all about. Why would anybody be opposed to this legislation? It is straightforward legislation.

It is clear that my colleagues on the other side of the aisle are not serious about any of this Iraq legislation. They had an opportunity to talk on it. As I said earlier today, it has been a good debate. They believe there still is not enough of American blood and treasure in Iraq. I do. The American people do. Twenty-five percent of Republicans believe we should be coming home from Iraq. This is not some Democratic idea; it is an idea of the American people.

How can they object to this matter on which we are going to vote in a few minutes? How can they not vote overwhelmingly for this legislation? If they had an honest reason to disagree with a report on the fight against terrorism, that would be one thing. That is not what is going on here. This is a stall that has been going on so that we will not have the opportunity to start the debate on a stimulus package dealing with housing.

Of course, we brought up these matters, and if they were allowing us to go forward with these pieces of legislation dealing with Iraq and have amendments like, of course, what has happened—but, no, motions to proceed, 30 hours. We broke the record last year in 1 year of a 2-year filibuster plan. They broke all records, and they are at it again.

Keith Olbermann, an MSNBC anchor, says at the end of every one of his telecasts:

This is the 1,764th day since President Bush declared "mission accomplished" aboard an aircraft carrier. We all know the mission has not been accomplished. We all know we're not safer today than we were when we began this misguided war now five years ago. It's time to turn the page and begin to rebuild a moral authority to address the growing challenges we face throughout the world.

The PRESIDING OFFICER. The majority whip.

Mr. DURBIN. Madam President, I thank my majority leader, Senator REID, not only for his statement but also for bringing this matter to the floor. I especially thank Senator FEINGOLD. I have been happy to cosponsor this measure.

I believe, as do many of us today, that the decision to invade Iraq was, in

fact, the worst foreign policy decision of our time, maybe beyond that. We will pay a heavy price for it, but we will not pay a price as a nation as great as the price paid by the families who have lost in combat a son or daughter or husband or wife they dearly loved. Those men and women are true heroes.

The PRESIDING OFFICER. The majority's time has expired.

Mr. REID. I thought the vote was at 6:30 p.m.

The PRESIDING OFFICER. The remaining time is under the control of the minority.

Mr. MCCONNELL. Madam President, I yield back the remaining time on this side.

The PRESIDING OFFICER. All time is yielded back. Under the previous order, the motion to proceed to S. 2633 is withdrawn.

REQUIRING A REPORT SETTING FORTH THE GLOBAL STRATEGY OF THE UNITED STATES TO COMBAT AND DEFEAT AL QAEDA AND ITS AFFILIATES—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will report.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 576, S. 2634, global strategy report.

Russell D. Feingold, Edward M. Kennedy, Patrick J. Leahy, Robert Menendez, Ron Wyden, Sherrod Brown, Richard Durbin, Bernard Sanders, Patty Murray, Joseph R. Biden, Jr., Frank R. Lautenberg, Christopher J. Dodd, John D. Rockefeller, Amy Klobuchar, Charles E. Schumer, Tom Harkin, Barbara Boxer.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that the debate on the motion to proceed to S. 2634, a bill to require a report setting forth the global strategy of the United States to combat and defeat al-Qaida and its affiliates, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from New York (Mrs. CLINTON), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from

Minnesota (Mr. COLEMAN), the Senator from Texas (Mr. CORNYN), and the Senator from Arizona (Mr. MCCAIN).

Further, if present and voting, the Senator from Minnesota (Mr. COLEMAN) and the Senator from Texas (Mr. CORNYN) would have voted: "yea."

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

The yeas and nays resulted—yeas 89, nays 3, as follows:

[Rollcall Vote No. 34 Leg.]

YEAS—89

Akaka	Durbin	Murkowski
Alexander	Ensign	Murray
Allard	Feingold	Nelson (FL)
Baucus	Feinstein	Nelson (NE)
Bayh	Graham	Pryor
Bennett	Grassley	Reed
Biden	Gregg	Reid
Bingaman	Harkin	Roberts
Boxer	Hatch	Rockefeller
Brown	Hutchison	Salazar
Brownback	Inhofe	Sanders
Bunning	Inouye	Schumer
Burr	Isakson	Sessions
Cantwell	Johnson	Shelby
Cardin	Kerry	Smith
Carper	Klobuchar	Snowe
Casey	Kohl	Specter
Chambliss	Kyl	Stabenow
Coburn	Landrieu	Stevens
Cochran	Lautenberg	Sununu
Collins	Leahy	Tester
Conrad	Levin	Thune
Corker	Lieberman	Vitter
Craig	Lincoln	Voinovich
Crapo	Lugar	Warner
DeMint	Martinez	Webb
Dodd	McCaskey	Whitehouse
Dole	McConnell	Wicker
Domestic	Menendez	Wyden
Dorgan	Mikulski	

NAYS—3

Barrasso	Enzi	Hagel
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NOT VOTING—8

Bond	Coleman	McCain
Byrd	Cornyn	Obama
Clinton	Kennedy	

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 3. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. ALLARD. Mr. President, I was scheduled to speak at 6:30. We had a vote at 6:30. It is my understanding that I now have the floor to speak on the bill on which we just voted.

The PRESIDING OFFICER (Mr. CASEY). The Senator is recognized.

Mr. ALLARD. I rise to discuss the war in Iraq and specifically the legislation at hand which directs the President to transition the mission of U.S. forces in Iraq.

The Senate has voted on this same issue on four separate occasions in this session alone. Not one of those times did the measure receive even one-third of the Senate's support. Nonetheless, here we are again debating the policies of the war.

Let me be clear. There is certainly nothing wrong with openly debating those policies. It is our responsibility as Members of this body to discuss thoroughly what is arguably the most important and defining issue of our day. In fact, I find it highly curious

there was an attempt to castigate those who voted for this debate and who wanted the full 30 hours to talk about this vital issue. Some in this body seem to have perhaps been a little too clever and tried to summon as much outrage against debating this matter as they were prepared to use in support of debate.

I do question exactly what those in support of this bill hoped to realistically accomplish with this debate and this legislation before us given the gains that have been made through the surge strategy. Last May when the surge was being implemented, only 29 Senators voted for similar legislation. Undoubtedly, much has changed for the better since that point. Violence in Iraq is down 60 percent since the start of the surge and 80 percent in and around Iraq. There has been a 30-percent increase since June in insurgent weapon caches discovered. Economic improvements continue. Oil production is constantly increasing, up 50 percent from this time last year. And oil revenues are nearly double what they were last year. In Baghdad alone, 21 new health clinics opened this year, 1,885 new schools have been built, and another 1,604 have been refurbished throughout Iraq.

Because of reconstruction and rebuilding, electricity demand is up 25 percent. A year ago, it would have been laughable to suggest that Anbar Province be transferred to Iraqi control. But that will happen in May. When this occurs, Anbar will be 10 out of 18 provinces under full Iraqi control.

The city of Ramadi in Anbar was once one of the most dangerous cities in Iraq. It is now one of its safest following the surge. The number of U.S. combat battalions operating in Ramadi has decreased from five to two in less than a year.

An Army combat brigade that has been stationed in Ramadi for over a year is scheduled to leave the area in March and is not scheduled to be replaced. The United States is on pace to transfer control of all Iraqi provinces by the end of the year.

The surge strategy is brilliant in its simplicity: Exert our military forces to quell insurgent violence in order to create an environment suitable for fostering and sustaining a legitimate government capable of governing its citizens. Real political progress will only be reached when Iraqis feel secure, and the results of the surge are proving this to be exactly the case.

Thus far the surge is producing its intended results by eliminating terrorists, interrupting communications between insurgents in many areas in Iraq, and ensuring safety for the people which, in turn, allows far broader, far greater cooperation and association with the United States.

Only with these security improvements do Iraqis have a reasonable chance of finding a political solution. This strategy is convincing many Iraqis to abandon terrorist methods

and turn against groups such as al-Qaida.

Our efforts are reuniting torn communities and enabling political process. Obviously, this Nation would have been better served had the surge strategy been implemented earlier. But the ability to criticize strategy is not the same as the ability to strategize.

So I applaud those who did finally implement the surge strategy and congratulate them on their vision. As we know, Iraq must stand up before we can stand down. Again, David Petraeus has stated there cannot be solely a military solution to violence without political action. And he is absolutely correct in his assertion.

In recent weeks, Iraqis have made tremendous political strides under what are still difficult and onerous conditions and as a result increased security in their nation. February 13 saw the Council of Representatives pass three key pieces of legislation: amnesty for Sunni security detainees, a provincial powers law, and a budget.

Debaathification reform was enacted last month as well.

Let's talk about those political accomplishments. The general amnesty law passed by the Shiite-majority Parliament sets the guidelines in providing amnesty for thousands of detainees held in Iraq detention facilities. This helps to remove one of the greatest stumbling blocks to reconciliation between Sunnis and Shiites.

The Iraqi Parliament has also passed the provincial powers law which outlines the balance of authorities between the central and local governments while also specifying that provincial elections be held on October 1 of this year. The Iraqi Parliament approved a \$48 billion budget, representing a step toward Iraq using its own resources to provide for security and infrastructure reconstruction. This Sunni-Shia compromise budget allows the Kurds a larger share of the budget, which is 17 percent. Iraqi oil revenues have soared with the rise of global prices, and Iraqi production has increased due to gains in security. The money is now going to the provinces on a regular basis where it will fund urgently needed reconstruction and humanitarian relief. The Iraqi Government is now providing the kind of services that give the Iraqi people a stake in their own success.

Finally, the President's council approved the law of accountability and justice on February 3, 2008. This law could allow thousands of former Ba'ath party officials to return to Government jobs and receive pensions, helping the reconciliation process and stimulating the economy. In addition, even more groundbreaking legislation is slated for consideration in the very near future. These initiatives include a hydrocarbons law to determine the level of control allocated to the central Government as well as an election law that is being drafted currently by the Prime Minister's office. While the job is far

from over and much work is still required, these recent accomplishments on the political and economic fronts continue to gather momentum and show important signs of progress and create reasons for optimism. There is much criticism of flaws in the Iraqi Government's processes and outcomes, but any Member of this body who considers throwing stones in that direction should first glance at any newspaper, news show, citizen rally, or public opinion poll, and reflect on who among us is producing perfect and flawless legislation.

Even the media, which has often been one-sided on the war, has for several months now been forced to report that the surge and coalition efforts have been succeeding. Let's look at some of the headlines:

The Washington Post, February 23, 2007, "Sadr Extends Truce in Iraq"; the Los Angeles Times, February 22, 2008, "U.S. Micro-Loan Effort Yields Big Results in Iraqi Province"; the Colorado Springs Gazette, February 18, 2008, "Baghdad Neighborhood is a Model of Progress"; Reuters, February 16 of this year, "Attacks in Baghdad Fall 80 Percent"; Reuters, a February 13 article, "Iraq Lawmakers Pass Key Budget and Amnesty Laws"; Reuters on January 17 of 2008, "Iraqi Forces Could Control All Provinces This Year"; even the New York Times, February 14, 2008, "Making (Some) Progress in Iraq"; the Washington Post on February 10, 2008, "Diary of an Insurgent in Retreat: Al-Qaeda in Iraq Figure Lists Woes"; the AP, February 2, 2008, "Lynch: US Surge Tipped Scales in Iraq"; an AP article on January 21, 2008, "U.N. Envoy Applauds Cut in Iraqi Violence"; the Winston-Salem Journal, February 12, 2008, "Iraq is Much Changed Since Surge Started One Year Ago"; Tacoma News Tribune, February 14, 2008, "Iraq Reaches Benchmark for Healing."

Coalition success is being seen all over Iraq. It is being reported. The only people who seem to refuse to see it or admit we are winning in Iraq are my colleagues on the other side of the aisle who continue time and again to bring this issue to the floor claiming that the surge has not worked and urging immediate troop withdrawal. Certain Members of Congress continue to deny that any progress has been made. Earlier this month the Speaker of the House described the surge as a failure. Opponents long criticized the administration for not sending more troops to Iraq. But when this strategy was installed, it was also attacked as opponents declared that this effort was essentially too little, too late. When the surge began to show great military success, it faded from the floor of this body.

That is why we welcome the chance to spend 30 hours on this topic. It is a shame that now, when both military and political success is being realized, we are only debating whether to retreat. If that is the ground the majority wishes to stand on, so be it.

For a moment let's consider the severity of the issue at hand. We are debating whether to deploy our forces which would essentially concede the country to whatever group eventually gains control that would likely plunge the country into further unrest and chaos. It seems we are acting under the assumption that if we get all of our forces out, we can slam the door behind us and all will be fine. This policy fails to lend any consideration to what would certainly be dire consequences that would ensue as a result of our Nation abandoning Iraq at this critical juncture. To do this would simply be irresponsible and shortsighted. Iraq is the pivotal front in our global war on terror. To intentionally abandon our progress and lose the battle would surely cause irrevocable harm to our efforts to secure our Nation. Osama bin Laden had referred to Iraq as the central front in the war against America and the West. Al-Qaida in Iraq shares this view of the situation. Leaving prematurely would only strengthen al-Qaida and enable terrorists to set up training camps in Iraq and plot further attacks on the United States.

The National Intelligence Council stated:

If such a rapid withdrawal were to take place, we judge that al Qaeda in Iraq would attempt to use parts of the country—particularly al-Anbar province—to plan increased attacks in and outside Iraq.

By passing this legislation, we would be running away from a war from the floor of the Senate. When has it ever been sound policy for legislators to micromanage a war from Washington? I don't ever recall in our history this tactic being successful in achieving our strategic goals. In fact, let me remind our colleagues, we have seen terrible results from political motives being placed above military necessity. Installing an artificial deadline is not what we need. It is not what is good for the Nation. It is not good for the future of Iraq and the long-term stability of that region. We have heard from our military intelligence professionals who have warned about the possible consequences of hasty withdrawal and the potentially catastrophic results that may ensue. We should also listen to our folks on the ground. I have heard time and time again from our service men and women from all branches of the military who have returned from Iraq that progress is being made, and they are proud of the contributions they are making to this Nation and to the long-term stability of Iraq and the Middle East.

In my lifetime I have witnessed few events that compare to the joy and jubilation that accompany the homecoming of a military unit. When I have seen a brigade return home to Fort Carson or a wing to Peterson Air Force base, there are no words to describe the sheer emotion of seeing families returned to loved ones and friends. However, redeploying our forces at this point is not the proper course of action

and not in the best interests of our Nation. Our military does not exist just to come marching home, and our military understands this. They exist to fight our enemies and secure our vital national interests. Removing Saddam Hussein from power was in our national interest. Stability in the Middle East is in our national interest. Securing Iraq from terrorist control is in our national interest. Pandering speeches about bringing the troops home that strive for mere political points and fail to acknowledge strategic realities are not in our national interest.

We still have a job that needs to be completed. We still have work to do. When the time is right, we will redeploy responsibly. The Iraqi Government is making progress. We are beginning to be able to stand down to a greater extent than we have in the past. General Petraeus and Ambassador Crocker will return to Washington and report on the progress in Iraq in April. We owe to it our men and women in harm's way to listen to the experts and make our decisions off of their findings.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, I am pleased the Senate has voted overwhelmingly to allow some debate of the Feingold-Reid al-Qaida bill, but it is pretty clear to everyone that this body still doesn't fully understand and is not ready to address head on the threat posed by al-Qaida. As was made clear during debate on the Iraq redeployment legislation, too many Members confuse the war in Iraq with the fight against al-Qaida. That is true of the administration too. While it is focused on Iraq, al-Qaida has reconstituted itself along the Afghanistan-Pakistan border. Don't take my word for it. Listen to our intelligence community.

Early this month, the Director of National Intelligence testified before Congress that the central leadership based in the border area of Pakistan is al-Qaida's most dangerous component. A few months ago, the DNI again repeated the intelligence community's assessment that over the last few years "Al Qaeda's central leadership has been able to regenerate the core operational capabilities needed to conduct attacks in the Homeland"—our homeland, Mr. President, the United States of America.

The DNI also testified that al-Qaida "is improving the last key aspect of its ability to attack the U.S.: the identification, training, and positioning of operatives for an attack in the Homeland."

Meanwhile, the Federally Administered Tribal Areas in Pakistan is serving as a staging ground for al-Qaida in support of the Taliban and providing it with a base similar to the one it used to have across the border in Afghanistan. The Chairman of the Joint Chiefs of Staff, ADM Mike Mullen, testified

recently that “the most likely near term attack on the United States will come from Al Qaeda via” its safe havens in Pakistan—not in Iraq, in Pakistan. Over the past year, we have seen an unprecedented rise in suicide bombings in Pakistan. The Taliban is gaining ground in Afghanistan. While we may be sending an additional 3,200 marines to Afghanistan in the near future, we have been fighting for far too long there with too few soldiers and too few reconstruction funds.

With the Joint Chiefs of Staff saying in “Iraq we do what we must and in Afghanistan we do what we can,” it is no wonder that Afghanistan is teetering on the edge. Let me remind my colleagues that it was from Afghanistan—Afghanistan, not Iraq—that the 9/11 attacks were planned. And it was under the Taliban regime, which is once again gaining ground, that al-Qaida was able to flourish so freely.

Al-Qaida affiliates from Africa to Southeast Asia pose a significant terrorist threat. While we have been so myopically fixated on Iraq, the threat from an al-Qaida affiliate in north Africa has grown and now, according to the DNI’s testimony, “represents a significant threat to the United States and European interests in the region.” Since its merger with al-Qaida in September 2006, it has expanded its targets to include the United States, the United Nations, and other interests. And it likely got a further boost when al-Qaida leadership announced last November that the Libyan Islamic Fighting Group united with al-Qaida under AQIM’s leadership. Its possible reach covers Tunisia, Morocco, Nigeria, Mauritania, Libya, and other countries. Meanwhile, it is using deadly tactics that suggest it is acquiring knowledge from the war in Iraq. That is right. The war in Iraq may be being used as a training ground by forces that wish to do us harm. Another way of saying it is, our troops are being used as a way to train people to give them the skills to launch attacks in other places.

Al-Qaida has affiliates around the world—in Saudi Arabia, the United Arab Emirates, Yemen, Lebanon, where al-Qaida poses a growing threat, the Horn of Africa, and Southeast Asia. We cannot ignore the rest of the world to focus solely on Iraq. Al-Qaida is and will continue to be a global terrorist organization with dangerous affiliates around the world. We are watching al-Qaida strengthen and develop its affiliates around the world while we remain bogged down in Iraq.

We need a robust military presence and an effective reconstruction program in Afghanistan. We need to build strong partnerships where al-Qaida and its affiliates are operating—across north Africa, in Southeast Asia, and along the border between Afghanistan and Pakistan, and we need to address the root causes of the terrorist threat, not just rely on military power to get the job done.

We can start doing that by passing S. 2634. This bill requires the administra-

tion to provide Congress with a report outlining a comprehensive global strategy to defeat al-Qaida and its affiliates. The strategy must ensure U.S. resources and assets are targeted appropriately to meet the regional and country-specific threats we face, and that troop deployments do not overstretch our military.

Who could oppose a commonsense bill such as this? Well, as I noted earlier, the administration actually issued a veto threat for this bill. That threat makes the baffling argument that preparing a report on the threat of al-Qaida may somehow “inhibit the President’s constitutional authority as Commander in Chief.” That is not all. The administration also argues that preparing a plan that prioritizes operations against al-Qaida would tie the hands of commanders.

This is just plain double-talk. We are trying to help our commanders and the rest of our Government to properly dedicate their resources to our most pressing national security concern. This bill does not tell our commanders how to carry out any operations; it merely requires a report. The Congress has a constitutional responsibility, in collaboration with the President, to determine what are our national security priorities. That is what we should be doing. That is what this bill would do. Unless the President has completely abandoned the idea of civilian control of the military, and of the shared responsibilities between the legislative and executive branches, then he should have no objection to my bill.

The administration does say that it “supports the bill’s goals and intent, with regard to updating and informing Congress and the American people on the strategy to combat terrorism.” I guess that is good news. But then it cites two documents it has already prepared on this topic. One is the September 2006 National Strategy for Combating Terrorism, which sets broad goals but does not include the detail called for in our bill about how limited resources will be allocated to achieve this strategic vision. That 2006 document also does not prioritize the geographic—country and region-specific—threats we face from AQ and its affiliates, which is essential because how else—how else, Mr. President—will we know where to focus our resources?

The other document cited by the administration is the National Implementation Plan. I am a member of both the Senate Intelligence and Foreign Relations Committees, and I am not even allowed to see that document. The administration will not even share it with the full Intelligence Committee. So the idea this document is an acceptable substitute for what is called for in the Feingold-Reid bill is absurd.

The administration suggests our bill limits the President’s authority to withhold information. Now, I agree we need to protect classified information, and there is nothing in my bill—nothing—that would prevent the addition of

a classified annex. Much of our strategic planning, however, is not classified, consistent with our country’s belief in open government and accountability.

The American people deserve to be told, to the extent possible without divulging classified information, what their government is doing to protect them. The President’s veto threat is further evidence of his unwillingness to be straight with the American people about the fact that the war in Iraq is actually undermining our national security. The President’s current strategy is to prioritize operations in Iraq, even to the detriment of operations in Afghanistan against those who attacked us on 9/11.

Now, that does not make sense. It has to change, and we have to change it today by passing this Feingold-Reid bill, refocusing our attention and resources on al-Qaida.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

HEALTH CARE REFORM

Mr. BURR. Mr. President, one of the most pressing issues in America today is: What will Congress do to address health care? The American people deserve a 21st century health care system—not just a delivery system of doctors and hospitals but a system that is integrated, one that recognizes society has changed.

This body, several years ago, extended a new benefit to Medicare, where we covered prescription drugs in a health care delivery system that was created in the 1960s, when drugs were not a common treatment for disease. It took us until the 21st century to recognize that if we would enhance the benefit so we could match the disease with some of the breakthroughs, that the outcome was different, that Americans actually got better, that the cost actually went down because we eliminated the number of incidents.

America’s health is at risk. When I say America’s health is at risk, I am talking about the physical health and the economic health of this country. It is impossible to believe that unless you transform health care so it works for everybody in this country that American business can be competitive in a global marketplace that is not coming, that we are part of today.

Now, Republicans want to propose to this body and to America one main goal. That goal is that we are committed—Republicans are committed—to providing every American with genuine access to quality, affordable health care that protects the sacred doctor-patient relationship. This is what everybody thinks of when they think of a health care plan: health care coverage that recognizes them as an individual and coverage they need to provide security for their family.

Let me restate it. We are committed to providing every American with genuine access to quality, affordable health care that protects the sacred

doctor-patient relationship. Nothing else should get between that. It should not be determined based upon an arbitrary third-party reimbursor or the Federal Government. The reality is, when we provide every American with this opportunity, we have a system that functions like the marketplace is designed.

How do we get there? No. 1: access and choice. All Americans have a right to choose their doctor, to choose their hospital, and, I believe, to choose the health care plan they want, and, more importantly, they deserve. No Washington, DC, bureaucrat should deny that right.

Americans like choice. We know that. Americans do not like to have one choice. They like multiple choices. As a matter of fact, when you have one, you really do not have a choice. Some politicians want to give America one choice. It is the debate potentially of this next election cycle.

Let me teach America a new word. It is called "universal control." Universal control: when one entity is in charge of the only choice, and now they control how they provide that; they control what it looks like; they control where you get it; they control what the cost is. All of a sudden, this innovative, creative health care system we have had in America—that has not worked for everybody because our target has not been to make sure every American is covered—all of a sudden it totally breaks down.

Well, one health care package, one set of doctors, one set of treatments, one set of prescriptions is not what America is looking for. America is looking for choice. North Carolinians do not want one choice, and they certainly do not want bureaucrats in Washington, DC, defining what their choices are going to be.

A majority of Americans are willing to pay a little bit more to have more choices. I strongly believe doctors and patients—not lawyers and bureaucrats—should have the power to make health care decisions.

The challenge is that Americans believe that is the most important thing. Clearly, access to health care is directly dependent upon cost. Americans must have access and choice, but they also have to have affordable coverage. Republicans believe the best health care in the world is worthless if Americans cannot afford it, and I think we would all agree.

It would drive down costs by giving Americans control over their own health care choices, making sure patients have the information they need to make good decisions, guaranteeing vigorous competition that benefits patients, and holding the entire health care system accountable to the patients' needs.

You see, in many cases we have used Government as the accountability measure. We miss the boat. The accountability measure is making sure patients hold the system, patients hold

the doctors, patients hold the hospitals accountable; more importantly, patients hold the insurers accountable.

This belief that a patient cannot negotiate with an insurer—well, quite frankly, these days are over. We need to drive down costs. We need to give Americans control over their own health care choices. We need to make sure patients have the information they need to make good choices—the right choices for them, for their family, for their age, for their illness or their health conditions, and, more importantly, for their income, guaranteeing vigorous competition that benefits patients. The focus here is on patients, holding the entire health care system accountable to patients' needs.

I would suggest if health care could be more like a television—with a television, you have real competition. You have a choice of over the air, you have a choice of basic, you have a choice of cable, you have a choice of cable with premiums, and you have a choice of DirectTV. In fact, with television, you know exactly what comes with each option. You know exactly how much it costs, and you know you get what you pay for. That can be the only reason that on-demand sports has become so popular. It is because when you want to watch a sporting event, and you see exactly what the cost is, you can make a calculation as an individual as to whether that is worth it to you. Americans should have all the competition, the choice, the control, and the information they need when it comes to health care decisions. So affordable coverage.

Let me tell you a story. My oldest son is now 23. Shortly before he became 22, I was notified by the Office of Personnel Management in Washington that in the Federal Government, regardless of where you were in the Federal Government, your children, when they turned the age of 22, even if they were in school—which mine were—had to be dropped from your health insurance.

Now, forget the fact—I can see the Presiding Officer is struggling with this. That does not save any money. You are exactly right. You are taking the healthiest of America, and you are taking them out of the risk pool that helps hold down the risk for us older guys who are more susceptible to disease. But somewhere the Federal Government got this idea that they are going to save money by dropping people when they become 22 years old—the healthiest of the American population.

So I went through the realization that this is actually going to happen. There is no way you can change it. So I called OPM to say: Surely, you have negotiated coverage for our children. I would like something that resembles the plan I had with Blue Cross Blue Shield. They quoted me the exact same plan: \$5,400 a year. Twenty-two years old, healthy as a bull, still in college, and all of a sudden, as a parent, I was strapped with the decision that for him

to have coverage it was going to cost \$5,400. If it was his decision alone, he would have said: No way. Affordability was not met from the standpoint of what he was getting in coverage for what it was costing.

I did not stop there. I picked up the phone. I called the university he was at and found out a local insurer, insurance agent, had negotiated with Blue Cross Blue Shield coverage for kids who fell into this situation where they did not have insurance. I described to him the plan. He quoted me the exact same plan that as a Member of the Senate I had, which, before, my son was covered under, with the same deductible, the same copay, the same limits—the exact same plan. But this was negotiated by an independent insurance agent in Chapel Hill, NC, against the same Blue Cross Blue Shield that the Federal Government, representing 1.3 million employees, negotiated with; and on behalf of my son, he negotiated a cost of \$1,500 per year—\$1,500 versus \$5,400, a fairly significant savings.

We sit here and wonder: What can the American people do with the right information relative to the decisions they have to make as it relates to health care coverage? If it is that difficult to figure out how to have the coverage you need at the cost you can afford, envision how difficult it is for a patient without information to decide what type of chemotherapy they are going to take, when all of a sudden the doctor walks in and says: You have cancer and you are going to die without treatment. This is a difficult thing without the ability to go out and search for the information.

The third item is quality care and prevention. Here is a unique word in health care, "prevention." It is something that probably for decades we should have incorporated into the coverage each of us has. We believe in strengthening health care by providing consistent, dependable quality and promoting the principles of prevention. What is prevention? Let's change our habits. Let's educate ourselves. Let's do the things that keep us healthy. And let's actually pay annually to let somebody go in and see the doctor and make sure there is not a health condition they have that could be prevented, early, without the incidence of an inpatient stay in the hospital.

We will harness the powerful promise of advanced research and modern technology to create innovative new treatments and breakthrough cures, promote wellness, and empower consumers with accurate, comprehensive information on quality health care that is available for them.

Choice, information: I believe strengthening health care by providing consistent, dependable quality and promoting prevention is absolutely essential.

Creating innovative new treatments and breakthrough cures: Let me ask my colleagues, if innovation didn't take place, what would the diabetics do

today, those who currently have a diabetic pump that is implanted in their side, that automatically reads their blood sugar 24 hours a day, administers the insulin when they need it. No longer do they go through a finger prick. No longer do they get an inconsistent reading. No longer do they inject themselves later than they need to keep a balance. Why is that important? Because for somebody with diabetes who can constantly maintain their blood sugar at the right level, it means none of the horrors we heard about and saw and that many families lived with before when the management was not as precise. The result was, eventually they began to go blind, eventually began to have a toe, two toes, all their toes, a foot, a leg amputated because of the effects of diabetes. Forget the number of times the person might have been admitted to the hospital to get their blood sugar in balance so they could at least delay the deterioration. Now technology allows a diabetic to insert a pump and to keep a constant read and a constant regulation of their blood sugar. The net result is the system saves a tremendous amount of money. The individual saves a tremendous amount of money. The individual's quality of life is that much better.

For a student who had diabetes, the likelihood was that they would never play organized sports because the demands on an athlete mean they have a blood sugar spike that is incredible, and without the ability to regulate that, it was impossible. Now kids are playing soccer at every age and running around with a pump that is automatically reading their blood sugar.

How about for some of us who are a little bit older and we probably are susceptible—because we haven't done everything we should do regarding healthy habits, we are susceptible to high cholesterol. Where would we be without the pharmaceuticals' breakthrough of cholesterol drugs? I will tell my colleagues where we would be. We would be funding \$8,000-plus bypass surgeries at an alarming rate that would bankrupt the system, both public and private. But today we have this little pill we can take. It doesn't take the place of exercise, it doesn't take the place of diet, but it certainly enhances our chances that we are not going to be selected to have bypass surgery, open-heart surgery; that we are not going to have the recovery time, the loss of productivity at work because innovation allowed us now to inject in that quality arena a different outcome based upon innovation.

We want to promote wellness. We want to empower consumers with accurate, comprehensive information. The United States has the best health care system in the world. I will tell my colleagues, North Carolina is a big reason as to why health care is so good. We need to make sure quality stays high while improving the access. Congress needs to foster—not hinder—research

and development of treatments and cures.

I just mentioned prevention and wellness. Those words need to be the first thing Americans think about when they think "health care" or when they think "doctors." Prevention and wellness. Doctors should be paid to help people stay healthy instead of just paying them to treat individuals who are sick.

My final thought for this section: Patients should have as much information prior to using doctors and hospitals as they do prior to buying cars. What a novel idea. The Centers for Medicare and Medicaid Services is starting to provide quality, Web-based information about nursing homes and hospitals. The initiative needs to keep growing so all patients have the ability to research all aspects of health care. That happens in real time at the tips of our fingers. Access and choice, affordable coverage, quality care and prevention.

The fourth piece—and we shouldn't be shocked because this is America—personal ownership and security. But this is something our system has never incorporated. We believe Americans should own and control their health care coverage and should have the freedom and the flexibility to take it with them when they change jobs, just like a 401(k).

Hard-working Americans deserve the peace of mind to know the care they need will be the care they receive and that their financial security will be protected from catastrophic events.

Americans will achieve this security and will receive better care if the health care system is highly personalized and guarantees patient control. What does that mean? With the right information, with the right resources, any American should have the ability to construct a health care plan that meets their age, their health, their income, and have the financial security of knowing they are covered. Some might call this *ala carte*, the ability to construct something that meets—for those of us who are over a certain age, we have probably already been instructed by our spouses that we have had all the children we are going to have. That is a little tough in this body because we have had some Members who had them at quite a late stage in life. But I fall into that category. I can't buy health insurance coverage that doesn't come with maternity coverage. I pay for it knowing I am never going to use it.

Now, maybe I am helping to subsidize somebody else. But while we are here talking about every American being insured, the reason we are here is because that subsidy is going on today. It goes on in every company. It goes on with everybody who pays out of pocket. It is something that happens to each of us who have health insurance, and it is triggered by somebody who receives a service in health care and either won't or can't pay. So to recover

the cost of the delivery of that benefit, hospitals, doctors, every delivery point in health care does what they call cost-shift. They charge that cost of delivering that service over to the people who have coverage or who can pay.

When all of a sudden you have a goal and a commitment that every American is insured, the cost-shift goes away. What is the score on that? It is \$200 billion a year. So that is \$200 billion that today does not go to the delivery of one ounce of care. It is shifted to people who can pay or who are covered. All of a sudden now we know the answer to why health care increases at double-digit rates of inflation on an annual basis. It is because as the pool of uninsured continues to grow, the amount of cost-shift continues to grow, and the cost-shift is directly dumped on those companies that provide coverage for their employees, for us as individuals if we go to the marketplace and we buy coverage or to us who pay out of pocket when we access health care because it is shifted evenly across the system.

Forget the fact that if we adopt this, if we achieve it, that, one, we have a more manageable system—a system, quite honestly, that incorporates access and choice, affordability, quality and prevention and wellness, personal ownership, and the security of knowing you have coverage. We drive the costs down for every American.

The goal is to continue to have the best health care system in the world, to continue to drive innovation and medical breakthroughs, and to do it in a way that brings the overall cost of health care down. If we can begin to see the trend line on inflation and health care begin to go south, it is amazing what type of an incentive it will be to individuals who now engage in the prevention and wellness section and begin to look at ways that they can control the cost of their health care because it is now theirs, they own it, they have constructed it, they can change it as they need to, and—oh, yes, by the way, to accomplish this, we have to have 50 States that have high-risk pools that take those individuals with preexisting conditions, and we collectively buy their cost of insurance down to an equal amount for those of us who are healthy. A lot of States around the country currently do it. Mine just happened to pass it last year. We are late coming to the game. But the reality is that all 50 States should and will and have to do it if we want the system to work.

There is a way to maintain the highest level of care in the world, the highest commitment to innovation and breakthroughs, to look down the road and know we are going to cure things tomorrow, that today there is only one outcome and it is to live. If we don't change and transform our health care system and begin to promote prevention and wellness and to drive the costs down, the first thing that will leave is innovation, the innovation that treats

many of us today in a totally different way, with a multitude of options we never had. If, in fact, we don't begin to change this, the system will reflect one choice, one doctor, one hospital, one delivery port.

I challenge my colleagues today that is universal control, control where one entity—the Federal Government—dictates where we go, who we see, what they are reimbursed for delivering the service, and the outcome will be the lack of innovation, the lack of breakthroughs, and no reason for the American people to make healthy choices and to engage in prevention and wellness.

That is where we are. I hope my colleagues on both sides of the aisle will engage and encourage our leadership to have a healthy debate on health care. I haven't locked in to any prescribed legislation tonight. It is the principles of the Republican Conference that I am here to present and will continue to come back to the Senate floor to present. I encourage my colleagues on both sides of the aisle: let's come to the floor. Bring your legislation. Let's examine it, let's debate it, let's let America see it. Let them be the judge. At the end of the day, it is the American people who will influence where this debate goes, and that is exactly who should influence it. They are the patients of the future health care system.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

MORNING BUSINESS

Mr. SALAZAR. Mr. President, I ask unanimous consent that the Senate proceed to a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

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

5TH ANNIVERSARY OF NEVADA STATE COLLEGE

Mr. REID. Mr. President, I rise today to commemorate the 5th anniversary of Nevada State College, the newest institution in the Nevada System of Higher Education.

Nevada State College was born out of a dire need. In recent years, southern Nevada has been growing at a break-neck pace. In 1990, Clark County's population was just over 740,000 people; today, it is over 2 million. With such tremendous growth came considerable growing pains. Enrollment in Nevada's two universities and four community colleges swelled 16 percent from 1994 to 2000. Clark County was facing both teacher and nursing shortages. Nevada needed another place to train the next generation of nurses, teachers, and business professionals. That place is Nevada State College.

In many ways, Nevada State College is representative of our State. In 2002,

Nevada State opened its doors with 177 students; 5 years later, NSC's enrollment has swelled to over 1,900. In true pioneer fashion, Nevada State's students tend to focus on professions that are needed most in the community. NSC's two largest majors, nursing and teaching, are two areas of critical need in Nevada. But Nevada State is more than simply a nursing and teaching college.

Nevada State students also practice civic responsibility. Before they graduate, NSC students are required to take a course called Community Based Learning, CBL, 400. In this course, students work with different organizations to improve their community. For example, Nevada State graduates have worked at their local libraries, volunteered at nonprofits, and tutored public school students in the areas of math, science, and engineering. This service-oriented program has been such a success, it was named to the Presidential Higher Education Community Service Honor Roll for 2007.

Nevada State College has experienced rapid growth in its first 5 years, and I am sure it will continue to grow in both students and stature. Soon, NSC will begin expanding into its 500-acre parcel situated in the beautiful foothills of Henderson. I look forward to the completion of the new campus. Nevada State College is only 5 years old, but it has already made its mark as one of Nevada's shining academic gems.

IN HONOR OF JOHNNIE ALBERTSON

Mr. REID. Mr. President, I rise today to recognize the life and accomplishments of Ms. Johnnie Albertson. Johnnie, a valued employee of the Small Business Administration for 32 years, succumbed to illnesses resulting from pneumonia. A native North Carolinian, Ms. Albertson was able, through her own perseverance, to overcome poverty and the loss of her parents to establish herself as a champion of equal rights.

Ms. Albertson will be remembered for her dedication to her work with the Small Business Administration. Johnnie was a modern pioneer who overcame gender and class restrictions and went on to hold numerous senior positions at the SBA. She served as the first Associate Administrator for the Small Business Development Center Program and was the first woman to achieve the rank of senior executive within the SBA—the highest rank possible without a congressional appointment.

Through the many programs she initiated at the SBA, Johnnie was instrumental in guaranteeing the rights of minority and female small business owners across the country. Thousands of business owners owe their success, in part, to Ms. Albertson's resolve to ensure equal opportunities for all entrepreneurial Americans.

For her achievements, Ms. Albertson was awarded the SBA's Silver Medal for Meritorious Service and the inaugural SBA Lifetime Achievement Award. She was also the first female to sell advertising space for the Washington Post, New York Times, and the New York Tribune. These awards, coupled with her work in the private sector, forged a path for others to follow.

Johnnie Albertson will be remembered by those closest to her for her enthusiasm for reading, her wonderful sense of humor, and her love of jazz music. Those who benefited personally by knowing Ms. Albertson, along with those who profited by her good works, will forever be indebted to her generosity, devotion, and diligence in promoting equal opportunities for all. Mr. President, I extend my deepest sympathies to the friends and family of Ms. Albertson and express my gratitude for the passion with which she served our country.

INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. KERRY. Mr. President, I welcome the Senate passage of the Indian Health Care Improvement Act. The bill is a long overdue response to a health crisis for our country's American Indians and would at last strengthen and expand health services to those who need it most and those to whom promises were made but far too few promises have been kept. The last comprehensive reauthorization of IHCA took place in 1992—and since then, progress has been ground to a halt in the Senate while health disparities for American Indians have dramatically widened.

The situation is dire. Today, American Indians suffer from disproportionately higher rates of diabetes, heart disease, suicide, and several types of cancer than all other groups in the United States: 2.6 times more likely to be diagnosed with diabetes; 630 percent more likely to die from alcoholism; and a life expectancy nearly 6 years shorter than the rest of the U.S. population. The gap between the needs of this community and the resources dedicated to addressing them is stark: fewer mental health professionals available to treat Indians than the rest of the U.S. population; health care expenditures for Indians less than half of what America spends for Federal prisoners.

It goes without saying that we should invest the necessary funds in improving health coverage and care for American Indians, which is why it is so important that the Indian Health Care Improvement Act modernizes Indian health care services and helps ensure at least that money is no longer the biggest impediment to quality health care in Indian Country.

In my home State, the status of Indian health care is particularly daunting: inadequate health facilities, mental health services and assisted living care for the elderly; the percentage

of American Indians with poor emotional health is on average 2.1 times higher than the adult Massachusetts population; an obesity rate twice as high as the rate for Massachusetts adults in general. Moreover, the percentage of Mashpee Wampanoag adults with diabetes is nearly two times higher than the rest of the adult population in our State. During the 5 years between 1999 and 2004, American Indian mothers were over three times more likely to smoke during pregnancy than all mothers giving birth in Massachusetts. American Indian students have much higher percentages of smoking, drinking alcohol before age 13, and lifetime cocaine use than all other students in Massachusetts. Also, 1 in 4 American Indian high school students have reported attempting suicide compared to 1 out of 10 for all other students. The Indian health bill is an important step we must take to begin reversing these troubling statistics in Massachusetts and across the Nation.

This bill can mark a new day of at last addressing the health care needs of Indian Country programs to increase the outreach and enrollment of Indians in Medicaid and CHIP and improve the ability for tribes to participate in managed care health plans. The Indian Health Care Improvement Act brings greater access to health care services, improved medical insurance coverage, and education of disease prevention and healthy lifestyles.

The Senate came together across partisan lines to take a step forward with Indian Country, and I look forward to the quick passage of the bill and ultimately to seeing it signed into law by President Bush. This must be the beginning, not the end, of a new compact with Indian Country—and a renewed commitment to making sure that no American's health suffers because they are born on a farm, in a city, or on a reservation.

RED CROSS MONTH

Ms. COLLINS. Mr. President, I rise to speak on the Red Cross and its campaign to encourage citizen preparedness for disasters.

For 65 years, since the first proclamation by Franklin D. Roosevelt, Presidents of the United States have designated March as Red Cross Month.

I am proud to support this year's proclamation in recognizing this great organization, whose activities include lifesaving courses, blood drives, sheltering families displaced by fire or flood, and responding to major disasters. This January, for example, Red Cross work in my home State of Maine included an urgent blood drive amid ice and snow that had reduced some hospitals' blood supply to a single day. Other Maine Red Cross workers were taking care of a seven-member family in the town of Skowhegan who had lost their home and possessions in a fire.

I know the good works of the Red Cross both as a Maine resident and as a

Senator. As ranking member of the Senate Committee on Homeland Security, I have worked closely with emergency management agencies and non-profit organizations for years. I know the Red Cross has not only saved many lives and comforted millions but has taken steps to improve its structure and capabilities for disaster response.

The record of recent years for terrorism, fires, earthquakes, floods, and other disasters underscores the need for preparedness not only at all levels of government but among individual citizens and families.

I therefore commend the Red Cross for focusing their public-communication efforts this year on the theme of "Be Red Cross Ready." It is a well-chosen theme: Red Cross survey work finds that up to 60 percent of Americans are entirely unprepared for disaster. They have no emergency supplies, no firstaid or CPR training, no rendezvous or communication plans or other precautions.

The catastrophe of Hurricane Katrina reminded us that government and other first responders, no matter how efficient and heroic, cannot appear instantly at every point affected by a disaster. Every citizen should be prepared to serve as a first responder for family and neighbors if official or volunteer responders cannot offer immediate assistance.

Encouraging individual responsibility and preparedness to augment government and private organization efforts can reinforce our national response framework to provide truly comprehensive and all-hazards protection.

For promoting readiness, and for all its good works, the American Red Cross deserves the thanks of all Americans and the recognition of Red Cross Month.

NATIONAL PEACE CORPS WEEK

Mrs. FEINSTEIN. Mr. President, as a part of National Peace Corps Week, I wish to join many of my colleagues in celebrating the 47th anniversary of the Peace Corps and honoring the important work of Peace Corps volunteers.

During this week, Peace Corps volunteers from around the world who have served over the years will share their overseas experiences with schools and community groups around the United States.

By giving presentations during Peace Corps Week, former Peace Corps volunteers will help Americans better understand the people and cultures they have experienced, and the many benefits of Peace Corps service.

By making presentations in classrooms, former volunteers will help create greater global awareness among students.

The Peace Corps is one of our most effective and successful foreign aid programs.

Since the establishment of the Peace Corps by President John F. Kennedy in 1961, more than 190,000 U.S. citizens, in-

cluding 25,000 from my home State of California, have served their country in the cause of peace by living and working in 139 developing countries.

The world has changed since 1961—and the Peace Corps has succeeded in keeping up with these changes.

While education and agriculture are still an important part of what a Peace Corps volunteer does, today's volunteers also work on HIV/AIDS awareness, information technology, and business development.

Many volunteers work in orphanages with HIV-positive children, implement programs for at-risk youth, and create support groups for HIV-positive people.

Business volunteers conduct seminars on subjects like marketing, strategic planning, and tourism development. They work with women and minority groups to strengthen their participation in the economic system.

Agriculture volunteers may find themselves working with farmers to implement techniques to improve soil quality and conserve water—or on the business end conducting production cost-and-price analyses.

The Peace Corps also assists countries in need by supplying Crisis Corps volunteers—former volunteers who return to the field on a short-term basis. In 2005, for the first time in its history, Peace Corps deployed 272 Crisis Corps volunteers domestically to assist in Hurricane Katrina relief efforts along the gulf coast.

Also in 2005, Crisis Corps volunteers were deployed to Sri Lanka and Thailand to assist with rebuilding tsunami devastated areas, and to Guatemala following Hurricane Stan. As part of PEPFAR, Crisis Corps has deployed volunteers to Uganda, Kenya, Namibia and Zambia. Finally, Crisis Corps is working with Peace Corps posts in Central America and the Caribbean to address disaster preparedness in the region.

Today's Peace Corps is more vital than ever, working in emerging and essential areas such as information technology and business development. They have made significant and lasting contributions around the world in agriculture, education, health, HIV/AIDS, and the environment.

Peace Corps volunteers continue to help countless individuals who want to build a better life for themselves, their children, and their communities.

At a time when the United States is seeking to reclaim the respect and admiration of the world and once again be seen as a champion and a leader of democracy, justice, and human rights, Peace Corps volunteers revitalize faith in this country.

They are leaders and diplomats, and they serve as an inspiration not only to their fellow American citizens but to citizens all across the world.

I urge all my colleagues to support the Peace Corps and celebrate National Peace Corps Week.

Mr. SMITH. Mr. President, I rise today to commemorate National Peace

Corps Week and to recognize the 47th anniversary of this distinguished organization. Since 1961, the Peace Corps has dispatched over 190,000 volunteers to promote a greater understanding between the United States and the rest of the world.

As part of National Peace Corps Week, returning volunteers will be visiting Washington for several days of events. Many of them will use this opportunity to share their experiences in local classrooms. I heartily applaud these fine men and women for their initiative in seeking to make the world a better place to live and for the positive impact they have had beyond our borders.

Now more than ever, the work of Peace Corps volunteers is an important asset within the diplomatic toolbox of the United States. Their efforts augment official diplomatic acts of our Government and add a personal dimension which could not be duplicated in any other way. When a volunteer travels abroad, they provide others with a glimpse of what it means to be an American and the values we cherish here at home. I encourage all Americans to make the kind of selfless contributions these volunteers provide to the international community. The Peace Corps has proven that individual citizens working together can promote and strengthen the image of the United States.

Peace Corps volunteers inspire us all, and I am proud to say that 213 volunteers from the State of Oregon are currently serving in over 50 developing countries. These Oregonians complement the thousands of others who have served in the Peace Corps, and they brighten our hopes for a better tomorrow. Peace Corps volunteers have shown a level of dedication and accomplishment that is truly extraordinary. I invite all Oregonians, and all Americans, to join me this week in commending their efforts.

Mr. BARRASSO. Mr. President, I wish to acknowledge Peace Corps volunteers during National Peace Corps Week.

Currently, 25 active U.S. Peace Corps volunteers are from Wyoming. They have joined a unique organization of people who have taken the initiative and make the personal commitment to assist those around the world who are less fortunate.

Peace Corps volunteers are the face of America in many countries. They are often on the frontline in the most primitive of environments, working tirelessly with local leaders to build a better future. Their optimism is often contagious as they assist communities in building infrastructure, developing resources, and improving basic health care, education, and business opportunities.

I commend all the men and women of the Peace Corps for their personal sacrifices. It is not easy to leave behind friends and family and the comforts of home. Yet I often hear that the re-

wards of bringing aid to those suffering from political unrest, natural disasters, disease, and a lack of economic opportunities are well worth it.

The Peace Corps volunteers' reputation as ambassadors of good will demonstrates the ability of individuals to make a difference in the world. Their firsthand knowledge of the challenges people face on a day-to-day basis give those of us in the United States a better understanding of our world. I applaud their efforts and dedication.

I would like to recognize the men and women from Wyoming who are currently serving as U.S. Peace Corps volunteers: Pamela J. Anderson, Jason N. Arnold, Alexandria L. Blute, Katie E. Boysen, Bria M. Chimenti, Joanne A. Cook, Jenna M. Dillon, Heather Dixon, Jeannie M. Freeman, Annie B. Gierhart, Alexis L. Grieve, Daniel J. Healy, Kevin U. Malatesta, Joshua C. Marshall, Korie C. Merrill, Michael O. Nielsen, Katherine G. Oglietti, Kathleen F. Petersen, Rachel L. Petersen, Michael S. Quinn, Garrett C. Schiche, Brian M. Steen, Dayna C. Wolter, Angela E. Zivkovich, and Aaron R. Zueck.

Mr. ISAKSON. Mr. President, I stand before you today to congratulate the Peace Corps on 47 years of service. The Peace Corps was founded on March 1, 1961, when President John F. Kennedy signed an Executive order establishing the Peace Corps as a new Government agency. Over the years, 190,000 volunteers, including nearly 2,700 Georgians, have served in more than 139 countries around the world. Throughout its history, Peace Corps volunteers have responded to the issues of this world with energy, purpose, and compassion.

From February 25 to March 3, 2008, thousands of former Peace Corps volunteers will share their experiences with schools and community groups across the United States during Peace Corps Week. Through these activities, former Peace Corps volunteers will help our citizens better understand the advantages of becoming a Peace Corps volunteer. They will also have the opportunity to educate about the people and cultures they have encountered during their service. Additionally, by making presentations in classrooms, former volunteers will help create greater global awareness among students.

I also want to take this opportunity to pay tribute to the late U.S. Senator Paul Coverdell of Georgia, who was my good friend and colleague for many years. As the corps' first post-Cold War director, Paul steered the Peace Corps into a new era. I was pleased the President honored Paul posthumously in 2001 by renaming the Peace Corps headquarters in Washington, DC, as the Paul D. Coverdell Peace Corps Headquarters as well as renaming the Peace Corps World Wise Schools program as the Paul D. Coverdell World Wise Schools program. I am proud to support an organization that such a distinguished Georgian was so instrumental in shaping.

I am pleased that the President announced the reopening of a Peace Corps

mission in Rwanda during his visit to the country last week. I believe the Peace Corps will make an important contribution to the recovery of that country.

Today, there are 8,079 Peace Corps volunteers and trainees in 68 posts serving 74 countries. Of those volunteers, 160 are from my home State of Georgia. I want to take this opportunity to thank those Georgians and all Americans who have served in the Peace Corps. The Peace Corps is a critical piece of our diplomatic and humanitarian efforts worldwide. I look forward to supporting the Peace Corps as a Member of the Senate.

Mr. CASEY. Mr. President, I wish to commemorate the past 47 years of service of over 190,000 Peace Corps volunteers who have served our Nation and aided developing nations worldwide. This week our Nation celebrates their contributions toward the elimination of global poverty and disease that continues to deprive millions of people the opportunity to fulfill their goals and dreams.

Henry David Thoreau noted that "One is not born into the world to do everything, but to do something." To do something is the foundation of the Peace Corps' mission. In 1961, President John F. Kennedy established the Peace Corps to promote peace and friendship and challenged Americans, young and old, to help their Nation and the world by sharing their talents with those in developing countries. Many Americans have heeded his call to service. Currently, approximately 8,000 volunteers serve in 74 countries to help train and provide skills to those in need and act as American cultural ambassadors to those nations. However, their work does not end there.

I am very proud that 261 Peace Corps volunteers from Pennsylvania are currently serving abroad. These men and women will join the ranks of former Pennsylvanian volunteers who continue to leave their mark on the world such as Christina Luongo from Stroudsburg, PA, who served as a nutrition education volunteer in Bolivia from 2002 to 2005; Abigail Calkins, from Philadelphia, PA, who served as a community development volunteer in Cameroon from 1987 to 1990 and is now working at the University of Pennsylvania researching breast and endometrial cancer; and Betrice Grabish, from North Wales, PA, who served as an English teacher in Uzbekistan from 1992 to 1994.

As we celebrate National Peace Corps Week, I would also like to highlight the vital contributions that a predecessor of mine, Senator Harris Wofford, made toward launching the Peace Corps in 1961. As special assistant to President John F. Kennedy, Senator Wofford helped plan and launch the Peace Corps and later moved with his family to Ethiopia, where he served as the Peace Corps' special representative to Africa and director of its Ethiopia program. Ever since, Senator Wofford

has been a leading voice advocating for more Americans to become involved in national service. Committing to serve one's nation is an honor, and I join Senator Wofford in calling on more Americans to make this commitment.

As our world becomes interconnected, more Americans will need to interact with those who live outside our borders. Peace Corps volunteers learn more than 250 languages, which provides them the skills to compete globally as well as assist the U.S. Government in national security areas where critical language skills are essential. Many Peace Corps volunteers go on to serve in Congress, the executive branch, and the Foreign Service. I salute the Peace Corps for its tremendous work and the dedication of its volunteers who have not hesitated to help improve our world. On this week marking the 47th anniversary of the founding of the Peace Corps, I call on everyone to join me in celebrating its historic achievements.

PRENATALLY AND POSTNATALLY DIAGNOSED CONDITIONS AWARE- NESS ACT

Mr. BROWNBACK. Mr. President, I am excited and encouraged that the Committee on Health, Education, Labor, and Pension today voted unanimously to pass the Prenatally and Postnatally Diagnosed Conditions Awareness Act. This legislation will help parents receiving the news that their unborn child may be born with a disability by supplying them with current and reliable information about the many services and support networks available. This information will also be made available to parents whose children were diagnosed at birth or up until 12 months of age.

The American College of Obstetricians and Gynecologists now recommends that the screening procedure used to detect Down syndrome be offered to all pregnant women, not just those over the age of 35, as was recommended in the past. According to the American Journal of Medical Genetics, 80–90 percent of patients who are told that the child they are carrying has Down syndrome choose to have abortions. The percentage is similarly high for children with other prenatally diagnosable conditions. A recent study by Prenatal Diagnosis actually puts the figure at between 91 to 93 percent.

I believe that one of the main reasons for these disturbingly high figures is that many people in society still believe the outdated stereotypes and misconceptions that continue to exist about people with disabilities. In a study done by Louis Harris and Associates, the vast majority of adults with even the most severe disabilities reported being “very satisfied” or “somewhat satisfied” with their lives. The same study shows that there is virtually no difference between the proportion of Americans with disabilities

and those without who are married and who have children. Many people with even the most severe disabilities live independently, have jobs, get married, have children, and pay taxes.

Parent support groups and disability advocacy groups have tried to reach out to parents who have received prenatal diagnoses of various conditions, but they often have difficulty getting practical information about raising a child with a disability and information about available services and resources to new and expecting parents. This bill will help to remediate this situation in five concrete ways.

First, the bill establishes a toll-free resource telephone hotline parents can call after they have been given a prenatal or postnatal diagnosis for their child. The bill also calls for the expansion of the leading information clearinghouse on disability, so that it can more effectively provide parents with accurate, up-to-date information on their child's condition along with available resources and services. The bill also provides for the expansion and development of national and local parent support programs and disability advocacy groups, so that they can more effectively reach out to new parents. A national registry of parents willing to adopt children with these disabilities would also be established under this bill. Finally, this bill will help create awareness and education programs for health care providers who give parents the results of these tests.

It is difficult, sometimes overwhelming, for new and expecting parents to receive the news that their new baby or their unborn child will have a disability. I hope that this bill will provide these parents with the information and support they so desperately need during this critical time. I hope this information will encourage parents that their child can live a meaningful and fulfilling life and that this bill will heighten society's awareness of the capabilities value and worth of people with disabilities.

I would like to thank Senator KENNEDY, Senator ENZI, and all other members of the HELP Committee who have worked so diligently with my office to get this important legislation past the HELP Committee. I am hopeful that this bill will soon receive consideration by the full Senate. The quicker my colleagues and I move to pass this bill, the more people we can help with these critical services and information.

GREEN CHEMISTRY RESEARCH AND DEVELOPMENT ACT

Mr. ROCKEFELLER. Mr. President, I am proud to join my friend Senator SNOWE and our colleagues Senator PRYOR, Senator COLLINS, and Senator KERRY in introducing the Green Chemistry Research and Development Act. This legislation is a bipartisan effort to promote the efforts of some of the most brilliant minds in academia, government, and industry to both reduce the

environmental impacts of common chemical processes and to foster the development of a new generation of environmentally responsible chemical products.

My fellow cosponsors and I seek to help the chemical industry reduce its use and production of hazardous substances and the overall effect on the environment of the business of chemistry. As it was in the past when Senator SNOWE and I previously introduced legislation to promote “Green Chemistry,” this legislation is supported by the chemical, pharmaceutical, and biotechnology industries and academic institutions because it is designed to hasten the attainment of a goal we all share: making the production of the chemical products we need in ways not detrimental to the environment using engineering processes that save both money and the planet. The products and engineering processes we believe will be developed will produce benefits across the entire economy.

What we call “green chemistry” is nothing more than what every industry in the United States should strive to be. Chemical companies employing green chemistry techniques will challenge their best scientists, engineers, and product developers to make new products that are better suited to the task for which they are created than the products they will replace using state-of-the-art manufacturing that minimizes or completely eliminates both the use of environmentally unsustainable substances as inputs or results in environmentally unsustainable substances as byproducts. Our purpose in introducing this legislation is to make certain that the nascent green technology revolution does not bypass the chemical industry by providing significant and ongoing support for green chemistry research, development, demonstration, education, and technology transfer.

When enacted, the Green Chemistry Research and Development Act will create a Federal Interagency Working Group—made up of representatives from the National Science Foundation, the National Institute of Standards and Technology, the Department of Energy, and the Environmental Protection Agency—to fund and oversee research through merit-based grants to universities, industry, and nonprofit organizations to promote the development and adoption of green chemistry processes and products. Further, the Interagency Working Group will help expand education, training in, and the flow of information about sustainable chemical engineering, including development of green chemistry curricula for undergraduate and graduate students. Finally, Federal resources in funding and technical expertise will seek to identify barriers to the commercialization of the products of a rejuvenated, more environmentally responsible domestic chemical industry.

These are challenging times for the domestic chemical industry. High

prices for necessary feedstocks and transportation to customers, along with all the other hurdles that must be overcome in the global economy, have put this industry, which began here and which supplied vital products to customers the world over, at risk of being another industry the United States could lose to our foreign trading competitors. However, this industry meets challenges every day. This legislation will allow American chemical companies to once again demonstrate a passion for excellence, safety, and innovation that will be a source of envy around the world and create a generation's worth of good-paying jobs that States like West Virginia can build an economy around.

Mr. President, I call on my colleagues to take up and pass the Green Chemistry Research and Development Act.

HONORING OUR ARMED FORCES

SPECIAL WARFARE OPERATOR CHIEF PETTY OFFICER NATHAN H. HARDY

Mr. GREGG. Mr. President, I rise today to pay a heartfelt tribute to special warfare operator CPO, SEAL, Nathan H. Hardy of Durham, NH. Sadly on February 4, 2008 while supporting Operation Iraqi Freedom, this brave 29-year old patriot gave his life for his team and for our Nation during combat operations in Iraq. Chief Hardy was a member of Naval Special Warfare Tactical Development and Evaluation Squadron THREE, Dam Neck, VA, and was serving our country in his fourth deployment to Iraq.

Nathan, or Nate to family and friends, was a 1997 graduate of Oyster River High School, Durham, NH, where he excelled in soccer and lacrosse. He enlisted in the U.S. Navy on November 4, 1997, received basic training in Great Lakes, IL, Undersea Demolition/SEAL training in Coronado, CA, and attended the Defense Language Institute in Monterey, CA. During his Navy career he served entirely with east coast-based SEAL teams.

Friends say from his youth Nate dreamed of becoming a U.S. Navy SEAL, one of the most challenging, rigorous, and elite fighting organizations in the history of the world. He applied his fierce competitiveness and team spirit to achieve success and served our Nation with deep pride and great courage. He loved what he did, and that was obvious.

The awards and decorations Nate received serve as testimony to his strong character and extraordinary performance. They include two Bronze Star Medals, Purple Heart, two Navy Marine Corps Achievement Medals, Combat Action Ribbon—approval pending—three Good Conduct Medals, two National Defense Service Medals, Armed Forces Expeditionary Medal, Afghanistan Campaign Medal, Iraq Campaign Medal, Kosovo Campaign Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Serv-

ice Medal, three Sea Service Deployment Medals, NATO Medal, Expert Rifle Medal and the Sharpshooter Pistol Medal.

During our country's difficult Revolutionary War, Thomas Paine wrote "These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country; but he that stands it now, deserves the love and thanks of man and woman." In these turbulent times Chief Hardy stood with the country he loved, served it with distinction and valor, and earned and deserves our love and thanks. Because of his efforts, the liberty of this country is made more secure.

My sympathy, condolences, and prayers go out to Nate's wife Mindi, son Parker, parents Steve and Donna, brother Ben, and to his other family members and many friends who have suffered this most grievous loss. All will sorely miss Nate Hardy—devoted husband, caring father, dedicated son, loyal brother, good friend, outstanding SEAL. Laid to rest at Arlington National Cemetery, Chief Hardy joins his fellow heroes in eternal peace at our military's most sacred place. His sacrifice will live on forever among the many dedicated heroes this Nation has sent abroad to defend freedom. In the words of another son of New Hampshire, Daniel Webster—may his remembrance be as longlasting as the land he honored. God bless Nathan Hardy.

REMEMBERING JANEZ DRNOVŠEK

Mr. HARKIN. Mr. President, I have come to the floor to pay tribute to a good friend, Janez Drnovšek, who passed away on Saturday. Dr. Drnovšek served as the second Prime Minister of Slovenia from 1992 to 2002, and as President from 2002 to 2007. In these and other capacities, he played a truly historic role in giving birth to a free and independent Slovenia, while avoiding the bloodshed and warfare that engulfed other nations as they seceded from the former Yugoslavia.

Dr. Drnovšek was born on May 17, 1950, in Celje. He graduated from the University of Ljubljana's Faculty of Economics. In 1986, he finished his doctoral studies in economic science at the University of Maribor. In 1994, he received an honorary doctorate from Boston University. In 2004 he was named Protector and Honorary Senator of the European Academy of Sciences and Arts in Salzburg.

But Dr. Drnovšek will be best remembered as a statesman of enormous ability, vision, and courage. A brilliant economist, he unleashed the entrepreneurial spirit of the Slovenian people and played a historic role in establishing his new nation as a robust democracy with one of the most successful economies in Central and Eastern Europe. Today, thanks in large measure to Dr. Drnovšek's leadership, Slovenia is a full member of the European

Union and NATO, and a force for stability and democratic reform across the Balkans.

The world looks at Slovenia's success in the nearly 17 years since she declared independence, and it wonders: How could a nation of just 2 million people accomplish so much in so short period of time? As an American, I know the answer. Bear in mind that, when Jefferson wrote the Declaration of Independence, America was also a nation of just 2 million people. Like Slovenians in 1991, Americans in 1776 dared to break away from a much larger and more powerful mother country. Like Slovenians, Americans demanded a democratic course for their new country.

But the most important parallel between our two countries is this: Historians of the American Revolution have marveled that a tiny nation of just 2 million people was blessed with such an extraordinary collection of thinkers and leaders, including Washington, Jefferson, and Franklin. At this crucial crossroads in Slovenia's history, it, too, has been blessed with extraordinary leaders. And Dr. Drnovšek will be remembered as one of the most talented of these Founding Fathers.

On a personal note, I was very fortunate to spend time with President Drnovšek during my trip to Slovenia in August 2005. Clearly, he was an independent thinker and a free spirit. One obituary in the Washington Post on Sunday noted that in his youth and early adulthood, he was a member of the Communist Party, which was the only political force in the former Yugoslavia. But he was never a Communist at heart, and he made a point of going off to ski whenever the party held a congress.

Mr. President, with the passing of Dr. Janez Drnovšek, the world has lost an important leader and a wonderfully decent human being. He was instrumental in founding and nurturing a free, democratic, successful Slovenia. History will not forget him, nor will the citizens of his grateful nation.

A TRIBUTE TO J. SHANE CREAMER

Mr. SPECTER. Mr. President, I seek recognition today to express my thanks to Shane Creamer, on his extraordinary volunteer service to the Commonwealth of Pennsylvania as the State president for the American Association of Retired Persons, the AARP. I also express deep regret that Mr. Creamer will no longer serve on the Executive Council as the Pennsylvania State president for the AARP as he will be stepping down February 22, 2008. He currently holds the highest volunteer position within the AARP and has since 2002.

In 1951, Shane Creamer graduated from Villanova University and in 1953 graduated from Temple University School of Law. During his time at each institution he served as student body president. Immediately after earning

his law degree, Shane spent 2 years in the U.S. Army assigned to the Staff Judge Advocate. Before entering private practice, Creamer spent 11 years with the U.S. Justice Department in Philadelphia, including 8 years as the first assistant U.S. attorney and in 1968 served as the first director of the Pennsylvania Crime Commission. In 1968 he published the first edition of his first book "The Law of Arrest, Search and Seizure," which was used as a training manual for the U.S. Secret Service for a number of years in the 1970s and 1980s. In 1971, he published his second book, "A Citizens Guide to Legal Rights."

From 1971 to 1973 Shane served as the attorney general of the Commonwealth of Pennsylvania, which was followed by a successful career as a trial lawyer specializing in civil and criminal cases with the law firms Carroll, Creamer and Duffy; Sprague, Creamer and Sprague; Montgomery McCracken; and Dilworth, Paxson, LLP. In 1980 he returned to Villanova University as a professor at the law school for 5 years. Shane has also served as chairman of the board of trustees of the Philadelphia Prison System and as a member of the board of Goodwill Industries. He continues his dedication to service as a member of both the board of the Pennsylvania Prison Society and Joint State Government Commission's Advisory Committee on Wrongful Convictions.

As president of AARP Pennsylvania, Shane championed the interests of Pennsylvania's 1,905,000 seniors. Older Pennsylvanians have certainly benefited from Shane's passion and tireless dedication. During his tenure, AARP fought for Medicare Part D drug coverage and won approval of a new State law that ends discrimination against older workers receiving Social Security. The AARP has recently helped strengthen the Pharmaceutical Assistance Contract for the Elderly, PACE, and the PACE Needs Enhancement Tier in Pennsylvania, expanded the property tax and rent rebate program, and improved the State's long-term care system.

Shane Creamer is an outstanding advocate in the fight to protect the interests of older Pennsylvanians and truly a great supporter for the elderly. He will be missed in his capacity as Pennsylvania's AARP president as he goes forward in his future endeavors. I congratulate him on a brilliant tenure and applaud Shane's outstanding service to the people of Pennsylvania. I wish him, his wife Mary-Ellen, and all his family the very best in the years to come.

ADDITIONAL STATEMENTS

TRIBUTE TO JUDGE ALLEN SHARP

• Mr. LUGAR. Mr. President, today I pay tribute to a remarkable Hoosier, Judge Allen Sharp, as he assumes Senior Status after 34 years as a judge on

the U.S. District Court for the Northern District of Indiana. As he enters this next phase of his career, I know that Judge Sharp will continue to serve the people of our State and Nation.

Upon graduating from the Indiana University School of Law in 1957, Judge Sharp entered private practice in Williamsport, IN, successfully arguing *Hopkins v. Cohen* before the U.S. Supreme Court in 1968. In 1969 Sharp became a Judge of the Appellate Court of Indiana, serving the people of Indiana in that capacity until he was confirmed as a U.S. District Judge in 1973.

Over the course of nearly three and a half decades on the U.S. District Court for the Northern District of Indiana, including 15 years as chief judge, Judge Sharp has served with distinction. In the performance of his duties, he has presided over civil and criminal jury trials in four different U.S. District Courts and sat by special designation on four U.S. Appeals Courts.

In addition to his exemplary service to our Nation as a member of the Federal judiciary, Judge Sharp also served with the U.S. Air Force Reserve, rising to the rank of Lieutenant Colonel.

Outside of the courtroom, Judge Sharp has also distinguished himself as a scholar, teaching at Butler University, Indiana University South Bend, and Milligan College. He has also authored both books and scholarly articles, several of which focus on historical aspects of the law and government.

I am pleased to join with my colleagues in congratulating Judge Sharp and his family as we celebrate his remarkable service.●

RECOGNIZING LIVING NUTZ

• Ms. SNOWE. Mr. President, today I recognize a small business from my home State of Maine that has revolutionized the health snack food market. Living Nutz, a company that sells all-natural, organic nuts and seeds in a variety of delicious flavors, provides its customers with delicious treats that are exceedingly nutritious without sacrificing an ounce of taste.

Seth Leaf Pruzansky and Davy Pruzansky, brothers who founded Living Nutz in 2002 in the basement of their house in Bowdoinham, ME, represent the hard work and passionate drive that go into small businesses in Maine and across the Nation. It takes Living Nutz's core group of seven employees about a week to clean, season, and prepare nuts for distribution to retail stores throughout the United States and Canada, as well as for sales through Living Nutz's website. From almonds to walnuts and raisins to pumpkin seeds, Living Nutz offers 19 varieties, including sweet ones like Banana Bread and Cina-Pecan-Bun, and spicy ones like Lemon Tahini Twist and Spicy Onion Garlic. The company is also certified by the Maine Organic Farmers and Gardeners Association, ensuring both the quality and authenticity of its snacks.

Living Nutz employs a time-intensive process to produce several thousand pounds of nuts each week. First, the nuts are soaked overnight in water. Then, the next morning, employees place the nuts in large bowls and add all-natural flavoring. The nuts are finally placed into dehydrators for 5 days before being packaged and shipped. The Pruzansky brothers believe that the soaking method delivers a more desirous product, and one that is easier to digest. They say that these "living nuts" are significantly richer in enzymes and nutrients than nuts that are cooked. In the end, this lengthy procedure yields healthy and taste-filled nuts, as well as repeat customers and devoted fans of the company.

Living Nutz recently played a cameo role in the 2008 Screen Actors Guild awards, as the Guild selected the company to contribute 1,500 bags of its mixed nuts for the actors' and attendees' gift bags. What makes this occasion so unique is that the Screen Actors Guild actually approached the Pruzansky brothers with the opportunity, instead of vice versa. As a result of this exposure, the brothers hope to take on new customers and even celebrity clientele, and are seeking to expand by adding new facilities, equipment, and employees.

The Pruzansky brothers and Living Nutz are symbols of Maine's great small business achievements. They have proven beyond a doubt that healthy food can taste great. The brothers' unique spin on healthy food, combined with their great sense of business skills, has made Living Nutz such a successful company. Therefore, I congratulate the company on its success from Maine to Hollywood, and wish everyone at Living Nutz the best for years to come.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGE FROM THE HOUSE

At 5:23 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 5264. An act to extend the Andean Trade Preference Act, and for other purposes.

ENROLLED BILLS SIGNED

The message also announced that the Speaker has signed the following enrolled bills:

S. 2571. An act to make technical corrections to the Federal Insecticide, Fungicide, and Rodenticide Act.

H.R. 2082. An act to authorize appropriations for fiscal year 2008 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-5242. A communication from the Chairman, Broadcasting Board of Governors, transmitting, pursuant to law, proposed legislation to clarify the authority of the Board to hire non-citizens in its efforts to produce and broadcast programming; to the Committee on Foreign Relations.

EC-5243. A communication from the Director of Selective Service, transmitting, pursuant to law, the report of several violations of the Antideficiency Act; to the Committee on Appropriations.

EC-5244. A communication from the Chairman, Defense Nuclear Facilities Safety Board, transmitting, pursuant to law, a quarterly report relative to the status of significant unresolved issues with the Department of Energy's Design and Construction Projects; to the Committee on Armed Services.

EC-5245. A communication from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled "Mandatory Use of Wide Area WorkFlow" (DFARS Case 2006-D049) received on February 26, 2008; to the Committee on Armed Services.

EC-5246. A communication from the Under Secretary of Defense (Acquisition, Technology and Logistics), transmitting, pursuant to law, a report relative to the Reliability Enhancement and Re-engining Program; to the Committee on Armed Services.

EC-5247. A communication from the Chief, Congressional Action Division, Department of the Air Force, transmitting, pursuant to law, a report relative to a public-private competition that was commenced on August 25, 2005, at Luke Air Force Base; to the Committee on Armed Services.

EC-5248. A communication from the Principal Deputy, Office of the Under Secretary of Defense (Personnel and Readiness), transmitting, the report of an officer authorized to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC-5249. A communication from the Under Secretary of Defense (Acquisition, Technology and Logistics), transmitting, pursuant to law, a report relative to the Program Acquisition Unit Cost and the Procurement Unit Cost for the Joint Tactical Radio System Ground Mobile Radio; to the Committee on Armed Services.

EC-5250. A communication from the Principal Deputy, Office of the Under Secretary of Defense (Personnel and Readiness), transmitting, pursuant to law, a report relative to the Critical Skills Retention Bonus program; to the Committee on Armed Services.

EC-5251. A communication from the Chief Operating Officer, Resolution Funding Corporation, transmitting, pursuant to law, the Corporation's Statement on the System of Internal Controls; to the Committee on Banking, Housing, and Urban Affairs.

EC-5252. A communication from the Chief Operating Officer, Financing Corporation, transmitting, pursuant to law, the Corporation's Statement on the System of Internal Controls; to the Committee on Banking, Housing, and Urban Affairs.

EC-5253. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Changes in Flood Elevation Determinations" (73 FR 7476) received on February 26, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC-5254. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Final Flood Elevation Determinations" (73 FR 5455) received on February 26, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC-5255. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Suspension of Community Eligibility" (73 FR 4697) received on February 25, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC-5256. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency that was declared in Executive Order 13288 relative to blocking the property of those who are undermining democratic processes or institutions in Zimbabwe; to the Committee on Banking, Housing, and Urban Affairs.

EC-5257. A communication from the Acting Director, Office of Management, Federal Housing Finance Board, transmitting, pursuant to law, a report relative to its 2008 compensation program; to the Committee on Banking, Housing, and Urban Affairs.

EC-5258. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Leased Commercial Access" (MB Docket No. 07-42) received on February 22, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5259. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "2006 Quadrennial Regulatory Review—Review of the Commission's Broadcast Ownership Rules and Other Rules Adopted Pursuant to Section 202 of the Telecommunications Act of 1996" (MB Docket No. 06-121) received on February 22, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5260. A communication from the Deputy Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Telephone Number Requirements for IP-Enabled Services Providers; Local Number Portability Porting Interval and Validation Requirements; IP-Enabled Services; Telephone Number Portability; Numbering Resource Optimization" (FCC 07-188) received on February 26, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5261. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Amendment of Section 73.202(b), Table of Allot-

ments, FM Broadcast Stations; Peach Springs, Arizona" (MB Docket No. 07-164) received on February 26, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5262. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Cable Horizontal/Vertical Ownership Limits, Implementation of Section 11—Cable TV Consumer Protection and Competition Act of 1992, Implementation of Cable Act Reform, Provisions of the Telecom Act of 1996, Review of Regulations—Attribution of Broadcast and Cable/MDS Interests, Review of Regulations/Policies—Investment in the Broadcast Industry, Reexamination of Cross-Interest Policy" (FCC 07-219) received on February 26, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5263. A communication from the Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Shallow-Water Species Fishery by Amendment 80 Vessels Subject to Sideboard Limits in the Gulf of Alaska" (RIN0648-XF44) received on February 26, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5264. A communication from the Acting Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Non-American Fisheries Act Crab Vessels Catching Pacific Cod for Processing by the Inshore Component in the Western Regulatory Area of the Gulf of Alaska" (RIN0648-XF49) received on February 26, 2008; to the Committee on Commerce, Science, and Transportation.

EC-5265. A communication from the Deputy Chief, National Forest System, Department of Agriculture, transmitting, pursuant to law, a report relative to the boundary for the Wildcat River in New Hampshire; to the Committee on Energy and Natural Resources.

EC-5266. A communication from the General Counsel, Federal Energy Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled "Blanket Authorization Under FPA Section 203" (Docket No. RM07-21-000) received on February 26, 2008; to the Committee on Energy and Natural Resources.

EC-5267. A communication from the Chairman, Nuclear Regulatory Commission, transmitting, pursuant to law, the Commission's Strategic Plan for the period of fiscal year 2008 through fiscal year 2013; to the Committee on Environment and Public Works.

EC-5268. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Medicaid Program; Health Care Related Taxes" (RIN0938-AO80) received on February 22, 2008; to the Committee on Finance.

EC-5269. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Medicare Program; Medicare Secondary Payer Amendments" (RIN0938-AN27) received on February 22, 2008; to the Committee on Finance.

EC-5270. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Coordinated Issue: Variable Prepaid Forward Contracts Incorporating Share Lending Arrangements"

(LMSB-04-1207-077) received on February 26, 2008; to the Committee on Finance.

EC-5271. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "2008 Economic Stimulus Payments: Filing Instructions for Certain Individuals" (Notice 2008-28) received on February 26, 2008; to the Committee on Finance.

EC-5272. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "2008 Census Count" (Notice 2008-22) received on February 26, 2008; to the Committee on Finance.

EC-5273. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Performance-Based Compensation Under Internal Revenue Code Section 162(m)" (Rev. Rul. 2008-13) received on February 26, 2008; to the Committee on Finance.

EC-5274. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Special Rule for Bank Required to Change from the Reserve Method of Accounting on Becoming an S Corporation" (Rev. Proc. 2008-18) received on February 26, 2008; to the Committee on Finance.

EC-5275. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Vacation Homes and Section 1031" (Rev. Proc. 2008-16) received on February 25, 2008; to the Committee on Finance.

EC-5276. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Substitute for Return" (TD 9380) received on February 25, 2008; to the Committee on Finance.

EC-5277. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Reissuance Standards for State and Local Bonds" (Notice 2008-27) received on February 26, 2008; to the Committee on Finance.

EC-5278. A communication from the Assistant Secretary, Office of Legislative Affairs, Department of State, transmitting, pursuant to law, the certification of a proposed technical assistance agreement for the export of technical data in support of the Integrated Surveillance System for the A400M Military Transport Aircraft; to the Committee on Foreign Relations.

EC-5279. A communication from the Director of National Intelligence, transmitting, a report relative to the Administration's opposition to S. 274; to the Committee on Homeland Security and Governmental Affairs.

EC-5280. A communication from the Secretary of Commerce, transmitting, pursuant to law, the Department's Performance and Accountability Report for fiscal year 2007; to the Committee on Homeland Security and Governmental Affairs.

EC-5281. A communication from the Assistant Administrator for Legislative and Intergovernmental Affairs, National Aeronautics and Space Administration, transmitting, pursuant to law, a report relative to the Administration's use of the category rating system; to the Committee on Homeland Security and Governmental Affairs.

EC-5282. A communication from the Director of Human Resources, Railroad Retirement Board, transmitting, pursuant to law, a report relative to the category rating system; to the Committee on Homeland Security and Governmental Affairs.

EC-5283. A communication from the Chairman, Merit Systems Protection Board, transmitting, pursuant to law, a report entitled "Attracting the Next Generation: A Look at Federal Entry-Level New Hires"; to the Committee on Homeland Security and Governmental Affairs.

EC-5284. A communication from the Director, Division for Strategic Human Resources Policy, Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled "Allotments From Federal Employees" (RIN3206-AJ88) received on February 26, 2008; to the Committee on Homeland Security and Governmental Affairs.

EC-5285. A communication from the Director, Strategic Human Resources Policy Division, Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled "Career and Career-Conditional Employment and Adverse Actions" (RIN3206-AL30) received on February 26, 2008; to the Committee on Homeland Security and Governmental Affairs.

EC-5286. A communication from the Chairman, Nuclear Regulatory Commission, transmitting, pursuant to law, the Commission's Annual Report for calendar year 2007; to the Committee on Homeland Security and Governmental Affairs.

EC-5287. A communication from the Principal Deputy Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, a report relative to the Bureau of Prisons' compliance with the privatization requirements of the Revitalization Act; to the Committee on the Judiciary.

EC-5288. A communication from the Principal Deputy Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, an annual report on the Department's activities during calendar year 2006 relative to prison rape abatement; to the Committee on the Judiciary.

EC-5289. A communication from the Chairman, Commission on Civil Rights, transmitting, pursuant to law, a report relative to a new Strategic Plan that was adopted by the Commission; to the Committee on the Judiciary.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. JOHNSON (for himself and Ms. STABENOW):

S. 2670. A bill to amend the Pittman-Robertson Wildlife Restoration Act to ensure adequate funding for conservation and restoration of wildlife, and for other purposes; to the Committee on Environment and Public Works.

By Mrs. MURRAY:

S. 2671. A bill to provide grants to promote financial literacy; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CONRAD (for himself and Mr. BROWNBACK):

S. 2672. A bill to provide incentives to physicians to practice in rural and medically underserved communities; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. BAUCUS (for himself, Mr. REID, Mr. LEAHY, Mr. TESTER, Mrs. MURRAY, Mr. ISAKSON, Mr. DURBIN, Mrs. FEINSTEIN, and Mr. KENNEDY):

S. Res. 462. A resolution designating the first week of April 2008 as "National Asbestos Awareness Week"; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 644

At the request of Mrs. LINCOLN, the name of the Senator from Oregon (Mr. SMITH) was added as a cosponsor of S. 644, a bill to amend title 38, United States Code, to recodify as part of that title certain educational assistance programs for members of the reserve components of the Armed Forces, to improve such programs, and for other purposes.

S. 1223

At the request of Ms. LANDRIEU, the names of the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from Texas (Mrs. HUTCHISON) were added as cosponsors of S. 1223, a bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to support efforts by local or regional television or radio broadcasters to provide essential public information programming in the event of a major disaster, and for other purposes.

S. 1382

At the request of Mr. REID, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 1382, a bill to amend the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis Registry.

S. 1395

At the request of Mr. LEVIN, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1395, a bill to prevent unfair practices in credit card accounts, and for other purposes.

S. 1854

At the request of Mr. REID, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1854, a bill to amend the Social Security Act and the Public Health Service Act to improve elderly suicide early intervention and prevention strategies, and for other purposes.

S. 2004

At the request of Mrs. MURRAY, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 2004, a bill to amend title 38, United States Code, to establish epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

S. 2170

At the request of Mrs. HUTCHISON, the name of the Senator from Louisiana

(Mr. VITTER) was added as a cosponsor of S. 2170, a bill to amend the Internal Revenue Code of 1986 to modify the treatment of qualified restaurant property as 15-year property for purposes of the depreciation deduction.

S. 2337

At the request of Mr. GRASSLEY, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 2337, a bill to amend the Internal Revenue Code of 1986 to allow long-term care insurance to be offered under cafeteria plans and flexible spending arrangements and to provide additional consumer protections for long-term care insurance.

S. 2366

At the request of Mr. VITTER, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of S. 2366, a bill to provide immigration reform by securing America's borders, clarifying and enforcing existing laws, and enabling a practical verification program.

S. 2369

At the request of Mr. BAUCUS, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 2369, a bill to amend title 35, United States Code, to provide that certain tax planning inventions are not patentable, and for other purposes.

S. 2401

At the request of Ms. CANTWELL, the name of the Senator from Idaho (Mr. CRAIG) was added as a cosponsor of S. 2401, a bill to amend the Internal Revenue Code of 1986 to allow a refund of motor fuel excise taxes for the actual off-highway use of certain mobile machinery vehicles.

S. 2433

At the request of Mrs. MURRAY, her name was added as a cosponsor of S. 2433, a bill to require the President to develop and implement a comprehensive strategy to further the United States foreign policy objective of promoting the reduction of global poverty, the elimination of extreme global poverty, and the achievement of the Millennium Development Goal of reducing by one-half the proportion of people worldwide, between 1990 and 2015, who live on less than \$1 per day.

S. 2505

At the request of Ms. CANTWELL, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 2505, a bill to allow employees of a commercial passenger airline carrier who receive payments in a bankruptcy proceeding to roll over such payments into an individual retirement plan, and for other purposes.

S. 2580

At the request of Mr. BROWN, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from Nebraska (Mr. HAGEL) were added as cosponsors of S. 2580, a bill to amend the Higher Education Act of 1965 to improve the participation in higher education of, and to increase opportunities

in employment for, residents of rural areas.

S. 2623

At the request of Mr. NELSON of Nebraska, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of S. 2623, a bill to amend title 37, United States Code, to authorize travel and transportation allowances for mobilized members of the reserve components of the Armed Forces on leave for suspension of training or to meet minimal staffing requirements, and for other purposes.

S. 2625

At the request of Mr. HARKIN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 2625, a bill to ensure that deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts, be excluded from consideration as annual income when determining eligibility for low-income housing programs.

S. 2636

At the request of Mr. REID, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 2636, a bill to provide needed housing reform.

S. 2640

At the request of Mr. BURR, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 2640, a bill to amend title 38, United States Code, to enhance and improve insurance, housing, labor and education, and other benefits for veterans, and for other purposes.

S.J. RES. 26

At the request of Mrs. DOLE, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S.J. Res. 26, a joint resolution supporting a base Defense Budget that at the very minimum matches 4 percent of gross domestic product.

S. RES. 252

At the request of Mr. BOND, the name of the Senator from Utah (Mr. BENNETT) was added as a cosponsor of S. Res. 252, a resolution recognizing the increasingly mutually beneficial relationship between the United States of America and the Republic of Indonesia.

S. RES. 439

At the request of Mr. LUGAR, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. Res. 439, a resolution expressing the strong support of the Senate for the North Atlantic Treaty Organization to enter into a Membership Action Plan with Georgia and Ukraine.

S. RES. 455

At the request of Mr. DURBIN, the names of the Senator from California (Mrs. FEINSTEIN), the Senator from Maine (Ms. SNOWE), the Senator from Illinois (Mr. OBAMA) and the Senator from Pennsylvania (Mr. SPECTER) were added as cosponsors of S. Res. 455, a resolution calling for peace in Darfur.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CONRAD (for himself and Mr. BROWNBACK):

S. 2672. A bill to provide incentives to physicians to practice in rural and medically underserved communities; to the Committee on the Judiciary.

Mr. CONRAD. Mr. President, today I am introducing the Conrad State 30 Improvement Act to extend and expand this program's success in bringing doctors to communities that would otherwise not have access to health care services.

The Conrad State 30 program, which I helped create in 1994, has brought thousands of physicians to underserved communities in all 50 states, across our great country. These doctors are foreign born, but have all received training in the United States. Under the Conrad 30 program, foreign doctors already in the country for medical training are granted a waiver from a visa requirement to return to their home country for 2 years. In exchange for this waiver, the doctors must commit to providing health care to underserved populations in the United States for 3 years.

By 2020, some projections show that the United States may have 200,000 fewer doctors than it needs; that is a staggering statistic, and one that cannot be taken lightly. If this shortfall is allowed to materialize, rural areas, like my State of North Dakota, will undoubtedly be among the hardest hit.

Given the looming deficit of doctors and an increasingly competitive global marketplace, it is vital that we maintain the incentives for qualified foreign physicians to serve patients in this country. The immigration benefits historically provided by the Conrad program, and enhanced in this bill, provide crucial incentives to foreign doctors. And when they do come to our country, it is vital that we make sure that they end up in the places that need them most.

This bill makes the Conrad 30 program permanent, something that I believe is long overdue. It also invites a new group of foreign doctors to take part in the program, a change that could dramatically expand the pool of doctors practicing in rural and underserved areas. Further, the bill creates a mechanism by which the current cap of 30 doctors per state can significantly expand, while protecting the interests of those states that have had difficulty recruiting doctors under the program. The bill also creates an important new incentive for doctors to participate in the program by granting them a green card cap exemption when they have completed their service. Finally, the bill gives increased flexibility to State health authorities to determine the needs of their State in utilizing Conrad waivers.

I strongly believe the Conrad State 30 Improvement Act can be of great benefit to every state in the country and help combat the growing shortage of

health care providers in the United States.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 462—DESIGNATING THE FIRST WEEK OF APRIL 2008 AS “NATIONAL ASBESTOS AWARENESS WEEK”

Mr. BAUCUS (for himself, Mr. REID, Mr. LEAHY, Mr. TESTER, Mrs. MURRAY, Mr. ISAKSON, Mr. DURBIN, Mrs. FEINSTEIN, and Mr. KENNEDY) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 462

Whereas dangerous asbestos fibers are invisible and cannot be smelled or tasted;

Whereas the inhalation of airborne asbestos fibers can cause significant damage;

Whereas these fibers can cause mesothelioma, asbestosis, and other health problems;

Whereas asbestos-related diseases can take 10 to 50 years to present themselves;

Whereas the expected survival time for those diagnosed with mesothelioma is between 6 and 24 months;

Whereas generally little is known about late stage treatment and there is no cure for asbestos-related diseases;

Whereas early detection of asbestos-related diseases may give some patients increased treatment options and might improve their prognosis;

Whereas the United States has substantially reduced its consumption of asbestos yet continues to consume almost 2,000 metric tons of the fibrous mineral for use in certain products throughout the Nation;

Whereas asbestos-related diseases have killed thousands of people in the United States;

Whereas asbestos exposures continue and safety and prevention will reduce and has reduced significantly asbestos exposure and asbestos-related diseases;

Whereas asbestos has been a cause of occupational cancer;

Whereas thousands of workers in the United States face significant asbestos exposure;

Whereas thousands of people in the United States die from asbestos-related diseases every year;

Whereas a significant percentage of all asbestos-related disease victims were exposed to asbestos on naval ships and in shipyards;

Whereas asbestos was used in the construction of a significant number of office buildings and public facilities built before 1975;

Whereas people in the small community of Libby, Montana have asbestos-related diseases at a significantly higher rate than the national average and suffer from mesothelioma at a significantly higher rate than the national average; and

Whereas the establishment of a “National Asbestos Awareness Week” would raise public awareness about the prevalence of asbestos-related diseases and the dangers of asbestos exposure: Now, therefore, be it

Resolved, That the Senate—

(1) designates the first week of April 2008 as “National Asbestos Awareness Week”;

(2) urges the Surgeon General, as a public health issue, to warn and educate people that asbestos exposure may be hazardous to their health; and

(3) respectfully requests the Secretary of the Senate to transmit a copy of this resolution to the Surgeon General.

Mr. BAUCUS. Mr. President, I rise to talk about an important resolution I

am submitting. It is the asbestos awareness week resolution. This resolution has passed the Senate for 3 years, and I am pleased to submit it again this year.

This is a very deeply personal issue for me. About 8 years ago, I was in Libby, MT, in the living room of Les Skramstad, and there were several people in the room who were suffering from asbestos-related diseases. This was in Libby. Since then, about 200 people have died of asbestos-related diseases.

Les Skramstad, whom I met that day about 8 or 9 years ago, was dying from mesothelioma. He looked at me and said: As a U.S. Senator, I expect you do something to help us in Libby.

I said: You bet.

He looked me straight in the eye, and because he has been around a little bit, he said: Senator, I am going to be watching you to make sure that is not just an idle promise. I will be watching you.

Boy, I got the message loudly and clearly. I decided right then at that moment that I need to do all I can to help make sure that people in Libby, MT, get justice. As I said, over 200 people died since then.

He was an employee of a W.R. Grace mine. W.R. Grace clearly knew it was poisoning people in Libby, MT, in its mine there. It did not admit it. There is a criminal case going on right now against the officers of W.R. Grace claiming that they did know what they were doing.

Asbestos from this mine is called tremolite. It is not the ordinary crystal asbestos. This is tremolite asbestos, which is much more pernicious. It gets more deeply embedded in your lungs, more angles to the dust that gets into your lungs. It is harder to detect. Sometimes the latency period can be from 20 to 30 years.

Les would come home all dusty from the mine, and he would go home and embrace his wife, and his kids would jump into his lap. Guess what. Les is now dead. He died last month from mesothelioma. Les's wife is dying from asbestos-related diseases. Three of his four children are now dying.

It is the dust, the asbestos dust that is in Libby, MT. This stuff was used on playgrounds. It was used on golf courses. It was used for insulation in attics in homes. People have died and are dying. We are doing all we can to address this, and we are trying to get them proper medical care.

There is a clinic called the CARD Clinic in Libby which is doing a really good job in screening people, trying to find out who has it and who doesn't. Again, it is very hard to find. You need special techniques. We had to change the disability laws in America because—not change but point out to the Social Security Administration that this is a different kind of asbestos, it is not ordinary asbestos, and then decide whether to grant disability payments. They were looking at ordinary asbestos. They didn't know about this asbestos. They didn't know about tremolite

asbestos. Finally, people in Montana are getting disability benefits because of the asbestos diseases they have.

So I am very proud to submit this resolution. As I said, I have been doing this for several years, and we are making this National Asbestos Recognition Week in April, the first week in April. I believe it is so important to highlight this dread disease so we can stamp out the scourge and, in my view, finally banish asbestos. If we can accomplish that, then in some small way we have vindicated the people of Libby, MT.

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that an oversight hearing has been scheduled before the Senate Committee on Energy and Natural Resources. The hearing will be held on Wednesday, March 5, 2008, at 3 p.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose is to receive testimony on the impacts of the capability of the United States to maintain a domestic enrichment capability as a result of the recently initiated amendment between the United States and the Russian Federation on the Agreement Suspending the Antidumping Investigation on Uranium from the Russian Federation.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by e-mail to Rosemarie_Calabro@energy.senate.gov.

For further information, please contact Jonathan Epstein (202) 228-3031 or Rosemarie Calabro at (202) 224-5039.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, at 9:30 a.m., in open session, and possibly closed session, to receive testimony on the current and future worldwide threats to the national security of the United States.

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

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, at 2:30 p.m., in room 253 of the Russell

Senate Office Building, in order to conduct a hearing.

The hearing will focus on the National Aeronautics and Space Administration's fiscal year 2009 budget proposal.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate in order to conduct a hearing on Wednesday, February 27, 2008, at 9:45 a.m., in room SD366 of the Dirksen Senate Office Building. At this hearing, the Committee will hear testimony to consider two nominations: Stanley C. Suboleski, of Virginia, to be an Assistant Secretary of Energy (Fossil Energy), vice Jeffrey D. Jarrett, resigned; and, J. Gregory Copeland, of Texas, to be General Counsel of the Department of Energy, vice David R. Hill.

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

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on Wednesday, February 27, 2008 at 10:00 a.m. in room 406 of the Dirksen Senate Office Building in order to conduct a hearing entitled, "Hearing on the President's Proposed EPA Budget for FY 2009."

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet in executive session during the session of the Senate on Wednesday, February 27, 2008 at 10 a.m. in SD-430.

Agenda

S. 579, Breast Cancer and Environmental Research Act of 2007; S. 1810, Prenatally and Postnatally Diagnosed Conditions Awareness Act; S. 999, Stroke Treatment and Ongoing Prevention Act of 2007; S. 1760, Healthy Start Reauthorization Act of 2007; H.R. 20, Melanie Blocker-Stokes Postpartum Depression Research and Care Act; and S. 1042, Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2007.

National Board for Education Sciences: Jonathan Baron, Frank Handy, Sally Shaywitz.

National Foundation on the Arts and Humanities: Jamsheed Choksy, Gary Glenn, David Hertz, Marvin Scott, Carol Swain.

National Museum and Library Science Board: Julia Bland, Jan Cellucci, William Hagenah, Mark Her-
ring,

Truman Scholarship Foundation: Javaid Anwar, and Assistant Secretary of Labor ODEP: Neil Romano.

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, at 10 a.m. in order to conduct a hearing entitled "An Uneasy Relationship: U.S. Reliance on Private Security Firms in Overseas Operations."

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

COMMITTEE ON INDIAN AFFAIRS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet during the session of the Senate on Wednesday, February 27, at 9:30 a.m. in room 485 of the Russell Senate Office Building in order to conduct a hearing on S. 2232, the Foreign Aid Lessons for Domestic Economic Assistance Act of 2007.

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

COMMITTEE ON THE JUDICIARY

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senate Committee on the Judiciary be authorized to meet during the session of the Senate, in order to conduct a hearing entitled "The False Claims Act Correction Act (S. 2041): Strengthening the Government's Most Effective Tool Against Fraud for the 21st Century" on Wednesday, February 27, 2008 at 10 a.m. in room SD-226 of the Dirksen Senate Office Building.

Witness List

Michael F. Hertz, Deputy Assistant Attorney General, Civil Division, U.S. Department of Justice, Washington, DC.

Panel II: Tina M. Gonter, Jacksonville, FL; The Honorable John E. Clark, Of Counsel, Goode, Casseb, Jones, Riklin, Choate & Watson, P.C., San Antonio, TX; John T. Boese, Partner, Fried, Frank, Harris, Shriver & Jacobson LLP, Washington, DC; and Pamela H. Bucy, Bainbridge Professor of Law, University of Alabama School of Law, Tuscaloosa, AL.

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

COMMITTEE ON RULES AND ADMINISTRATION

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Rules and Administration be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, at 10:00 a.m., in order to hear testimony on Protecting Voters at Home and at the Polls: Limiting Abusive Robocalls and Vote Caging Practices.

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

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Small Business and Entrepreneurship be authorized to meet during the session of the Senate in order to conduct a hearing entitled "The President's FY2009 Budget Request for the Small Business Administration on Wednesday, February 27, 2008, beginning at 10:00 a.m., in room 428A of the Russell Senate Office Building.

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

COMMITTEE ON VETERANS' AFFAIRS

Mr. BAUCUS. Mr. President, I ask unanimous consent for the Committee on Veterans' Affairs to be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, in order to conduct an oversight hearing entitled "Review of Veterans' Disability Compensation: Expert Reports on PTSD and other issues." The Committee will meet in room 216 of the Hart Senate Office Building, at 9:30 a.m.

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

PERSONNEL SUBCOMMITTEE

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Personnel Subcommittee of the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, February 27, 2008, at 3:00 p.m., in open session to receive testimony on active component, reserve component, and civilian personnel programs in review of the defense authorization request for Fiscal Year 2009 and the Future Years Defense Program.

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on February 27, 2008, at 2:30 p.m. in order to hold a closed business meeting.

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

SUBCOMMITTEE ON CRIME AND DRUGS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senate Committee on the Judiciary, Subcommittee on Crime and Drugs, be authorized to meet during the session of the Senate, in order to conduct a hearing entitled "Supporting the Front Line in the Fight Against Crime: Restoring Federal Funding for State and Local Law Enforcement" on Wednesday, February 27, 2008 at 2 p.m. in the Dirksen Senate Office Building, Room 226.

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

SUBCOMMITTEE ON PUBLIC LANDS AND FORESTS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Subcommittee on Public Lands and Forests of the Committee on Energy and Natural Resources be authorized to

meet during the session of the Senate in order to conduct a hearing on Wednesday, February 27, 2008, at 2:30 p.m., in room SD366 of the Dirksen Senate Office Building. At this hearing, the Committee will hear testimony regarding the following legislation:

S. 832, to provide for the sale of approximately 25 acres of public land to the Turnabout Ranch, Escalante, Utah, at fair market value;

S. 2229, to withdraw certain Federal land in the Wyoming Range from leasing and provide an opportunity to re-tire certain leases in the Wyoming Range;

S. 2379, to authorize the Secretary of the Interior to cancel certain grazing leases on land in Cascade-Siskiyou National Monument that are voluntarily waived by the lessees, to provide for the exchange of certain Monument land in exchange for private land, to designate certain Monument land as wilderness, and for other purposes;

S. 2508 and H.R. 903, to provide for a study of options for protecting the open space characteristics of certain lands in and adjacent to the Arapaho and Roosevelt National Forests in Colorado, and for other purposes;

S. 2601 and H.R. 1285, to provide for the conveyance of a parcel of National Forest System land in Kittitas County, Washington, to facilitate the construction of a new fire and rescue station, and for other purposes;

H.R. 523, to require the Secretary of the Interior to convey certain public land located wholly or partially within the boundaries of the Wells Hydroelectric Project of Public Utility District No. 1 of Douglas County, Washington, to the utility district;

H.R. 838, to provide for the conveyance of the Bureau of Land Management parcels known as the White Acre and Gambel Oak properties and related real property to Park City, Utah, and for other purposes.

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

SPECIAL COMMITTEE ON AGING

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet during the session of the Senate on Wednesday, February 27, 2008 from 10:30 a.m.-12:30 p.m. in Dirksen 628 for the purpose of conducting a hearing.

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

INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007

On Tuesday, February 26, 2008, the Senate passed S. 1200, as amended, as follows:

S. 1200

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the “Indian Health Care Improvement Act Amendments of 2008”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
TITLE I—AMENDMENTS TO INDIAN LAWS
Sec. 101. Indian Health Care Improvement Act amended.

Sec. 102. Soboba sanitation facilities.
Sec. 103. Native American Health and Wellness Foundation.
Sec. 104. Modification of term.
Sec. 105. GAO study and report on payments for contract health services.
Sec. 106. GAO study of membership criteria for federally recognized Indian tribes.
Sec. 107. GAO study of tribal justice systems.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.
Sec. 202. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.
Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.
Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.
Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.
Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.
Sec. 207. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
Sec. 208. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.
Sec. 209. Annual report on Indians served by Social Security Act health benefit programs.
Sec. 210. Development of recommendations to improve interstate coordination of Medicaid and SCHIP coverage of Indian children and other children who are outside of their State of residency because of educational or other needs.

Sec. 211. Establishment of National Child Welfare Resource Center for Tribes.

Sec. 212. Adjustment to the Medicare Advantage stabilization fund.

Sec. 213. Moratorium on implementation of changes to case management and targeted case management payment requirements under Medicaid.

Sec. 214. Increased civil money penalties and criminal fines for Medicare fraud and abuse.

Sec. 215. Increased sentences for felonies involving Medicare fraud and abuse.

TITLE III—MISCELLANEOUS

Sec. 301. Resolution of apology to Native Peoples of United States.

TITLE I—AMENDMENTS TO INDIAN LAWS **SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT AMENDED.**

The Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) is amended to read as follows:

“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

“(a) SHORT TITLE.—This Act may be cited as the ‘Indian Health Care Improvement Act’.

“(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

“Sec. 1. Short title; table of contents.
“Sec. 2. Findings.
“Sec. 3. Declaration of national Indian health policy.

“Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT

“Sec. 101. Purpose.
“Sec. 102. Health professions recruitment program for Indians.
“Sec. 103. Health professions preparatory scholarship program for Indians.
“Sec. 104. Indian health professions scholarships.
“Sec. 105. American Indians Into Psychology Program.
“Sec. 106. Scholarship programs for Indian Tribes.
“Sec. 107. Indian Health Service extern programs.
“Sec. 108. Continuing education allowances.
“Sec. 109. Community Health Representative Program.
“Sec. 110. Indian Health Service Loan Repayment Program.
“Sec. 111. Scholarship and Loan Repayment Recovery Fund.
“Sec. 112. Recruitment activities.
“Sec. 113. Indian recruitment and retention program.
“Sec. 114. Advanced training and research.
“Sec. 115. Quentin N. Burdick American Indians Into Nursing Program.
“Sec. 116. Tribal cultural orientation.
“Sec. 117. INMED Program.
“Sec. 118. Health training programs of community colleges.
“Sec. 119. Retention bonus.
“Sec. 120. Nursing residency program.
“Sec. 121. Community Health Aide Program.
“Sec. 122. Tribal Health Program administration.
“Sec. 123. Health professional chronic shortage demonstration programs.
“Sec. 124. National Health Service Corps.
“Sec. 125. Substance abuse counselor educational curricula demonstration programs.
“Sec. 126. Behavioral health training and community education programs.
“Sec. 127. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

“Sec. 201. Indian Health Care Improvement Fund.
“Sec. 202. Catastrophic Health Emergency Fund.
“Sec. 203. Health promotion and disease prevention services.
“Sec. 204. Diabetes prevention, treatment, and control.
“Sec. 205. Shared services for long-term care.
“Sec. 206. Health services research.
“Sec. 207. Mammography and other cancer screening.
“Sec. 208. Patient travel costs.
“Sec. 209. Epidemiology centers.
“Sec. 210. Comprehensive school health education programs.
“Sec. 211. Indian youth program.
“Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
“Sec. 213. Other authority for provision of services.
“Sec. 214. Indian women’s health care.
“Sec. 215. Environmental and nuclear health hazards.
“Sec. 216. Arizona as a contract health service delivery area.

- “Sec. 216A. North Dakota and South Dakota as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton service area.
- “Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Notification of provision of emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Office of Indian Men’s Health.
- “Sec. 226. Authorization of appropriations.
- “TITLE III—FACILITIES
- “Sec. 301. Consultation; construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of non-Service funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 306. Indian health care delivery demonstration projects.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Study on loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of Federally-owned quarters.
- “Sec. 315. Applicability of Buy American Act requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.
- “TITLE IV—ACCESS TO HEALTH SERVICES
- “Sec. 401. Treatment of payments under Social Security Act health benefits programs.
- “Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.
- “Sec. 403. Reimbursement from certain third parties of costs of health services.
- “Sec. 404. Crediting of reimbursements.
- “Sec. 405. Purchasing health care coverage.
- “Sec. 406. Sharing arrangements with Federal agencies.
- “Sec. 407. Eligible Indian veteran services.
- “Sec. 408. Payor of last resort.
- “Sec. 409. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
- “Sec. 410. Consultation.
- “Sec. 411. State Children’s Health Insurance Program (SCHIP).
- “Sec. 412. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
- “Sec. 413. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
- “Sec. 414. Treatment under Medicaid and SCHIP managed care.
- “Sec. 415. Navajo Nation Medicaid Agency feasibility study.
- “Sec. 416. General exceptions.
- “Sec. 417. Authorization of appropriations.
- “TITLE V—HEALTH SERVICES FOR URBAN INDIANS
- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, Urban Indian Organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Division of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse-related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Conferring with Urban Indian Organizations.
- “Sec. 515. Urban youth treatment center demonstration.
- “Sec. 516. Grants for diabetes prevention, treatment, and control.
- “Sec. 517. Community Health Representatives.
- “Sec. 518. Effective date.
- “Sec. 519. Eligibility for services.
- “Sec. 520. Authorization of appropriations.
- “TITLE VI—ORGANIZATIONAL IMPROVEMENTS
- “Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.
- “TITLE VII—BEHAVIORAL HEALTH PROGRAMS
- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian youth program.
- “Sec. 708. Indian youth telemental health demonstration project.
- “Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 710. Training and community education.
- “Sec. 711. Behavioral health program.
- “Sec. 712. Fetal alcohol spectrum disorders programs.
- “Sec. 713. Child sexual abuse and prevention treatment programs.
- “Sec. 714. Domestic and sexual violence prevention and treatment.
- “Sec. 715. Testimony by service employees in cases of rape and sexual assault.
- “Sec. 716. Behavioral health research.
- “Sec. 717. Definitions.
- “Sec. 718. Authorization of appropriations.
- “TITLE VIII—MISCELLANEOUS
- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation relating to abortion.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Tribal employment.
- “Sec. 812. Severability provisions.
- “Sec. 813. Establishment of National Bipartisan Commission on Indian Health Care.
- “Sec. 814. Confidentiality of medical quality assurance records; qualified immunity for participants.
- “Sec. 815. Sense of Congress regarding law enforcement and methamphetamine issues in Indian Country.
- “Sec. 816. Tribal Health Program option for cost sharing.
- “Sec. 817. Testing for sexually transmitted diseases in cases of sexual violence.
- “Sec. 818. Study on tobacco-related disease and disproportionate health effects on tribal populations.
- “Sec. 819. Appropriations; availability.
- “Sec. 820. GAO report on coordination of services.
- “Sec. 821. Authorization of appropriations.
- “SEC. 2. FINDINGS.**
- “Congress makes the following findings:
- “(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.
- “(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian Tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.
- “(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.
- “(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.
- “(5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.
- “SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY.**
- “Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—
- “(1) to assure the highest possible health status for Indians and Urban Indians and to provide all resources necessary to effect that policy;
- “(2) to raise the health status of Indians and Urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives;
- “(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;
- “(4) to increase the proportion of all degrees in the health professions and allied and

associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service Area is raised to at least the level of that of the general population;

“(5) to require that all actions under this Act shall be carried out with active and meaningful consultation with Indian Tribes and Tribal Organizations, and conference with Urban Indian Organizations, to implement this Act and the national policy of Indian self-determination;

“(6) to ensure that the United States and Indian Tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and

“(7) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

“SEC. 4. DEFINITIONS.

“For purposes of this Act:

“(1) The term ‘accredited and accessible’ means on or near a reservation and accredited by a national or regional organization with accrediting authority.

“(2) The term ‘Area Office’ means an administrative entity, including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.

“(3)(A) The term ‘behavioral health’ means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services.

“(B) The term ‘behavioral health’ includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

“(4) The term ‘California Indians’ means those Indians who are eligible for health services of the Service pursuant to section 806.

“(5) The term ‘community college’ means—

“(A) a tribal college or university, or

“(B) a junior or community college.

“(6) The term ‘contract health service’ means health services provided at the expense of the Service or a Tribal Health Program by public or private medical providers or hospitals, other than the Service Unit or the Tribal Health Program at whose expense the services are provided.

“(7) The term ‘Department’ means, unless otherwise designated, the Department of Health and Human Services.

“(8) The term ‘Director’ means the Director of the Service.

“(9) The term ‘disease prevention’ means the reduction, limitation, and prevention of disease and its complications and reduction in the consequences of disease, including—

“(A) controlling—

“(i) the development of diabetes;

“(ii) high blood pressure;

“(iii) infectious agents;

“(iv) injuries;

“(v) occupational hazards and disabilities;

“(vi) sexually transmittable diseases; and

“(vii) toxic agents; and

“(B) providing—

“(i) fluoridation of water; and

“(ii) immunizations.

“(10) The term ‘health profession’ means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, and any other health profession.

“(11) The term ‘health promotion’ means—

“(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increas-

ing their knowledge and providing them with valid information;

“(B) encouraging adequate and appropriate diet, exercise, and sleep;

“(C) promoting education and work in conformity with physical and mental capacity;

“(D) making available safe water and sanitary facilities;

“(E) improving the physical, economic, cultural, psychological, and social environment;

“(F) promoting culturally competent care; and

“(G) providing adequate and appropriate programs, which may include—

“(i) abuse prevention (mental and physical);

“(ii) community health;

“(iii) community safety;

“(iv) consumer health education;

“(v) diet and nutrition;

“(vi) immunization and other prevention of communicable diseases, including HIV/AIDS;

“(vii) environmental health;

“(viii) exercise and physical fitness;

“(ix) avoidance of fetal alcohol spectrum disorders;

“(x) first aid and CPR education;

“(xi) human growth and development;

“(xii) injury prevention and personal safety;

“(xiii) behavioral health;

“(xiv) monitoring of disease indicators between health care provider visits, through appropriate means, including Internet-based health care management systems;

“(xv) personal health and wellness practices;

“(xvi) personal capacity building;

“(xvii) prenatal, pregnancy, and infant care;

“(xviii) psychological well-being;

“(xix) family planning;

“(xx) safe and adequate water;

“(xxi) healthy work environments;

“(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);

“(xxiii) stress control;

“(xxiv) substance abuse;

“(xxv) sanitary facilities;

“(xxvi) sudden infant death syndrome prevention;

“(xxvii) tobacco use cessation and reduction;

“(xxviii) violence prevention; and

“(xxix) such other activities identified by the Service, a Tribal Health Program, or an Urban Indian Organization, to promote achievement of any of the objectives described in section 3(2).

“(12) The term ‘Indian’, unless otherwise designated, means any person who is a member of an Indian Tribe or is eligible for health services under section 806, except that, for the purpose of sections 102 and 103, the term also means any individual who—

“(A)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or

“(ii) is a descendant, in the first or second degree, of any such member;

“(B) is an Eskimo or Aleut or other Alaska Native;

“(C) is considered by the Secretary of the Interior to be an Indian for any purpose; or

“(D) is determined to be an Indian under regulations promulgated by the Secretary.

“(13) The term ‘Indian Health Program’ means—

“(A) any health program administered directly by the Service;

“(B) any Tribal Health Program; or

“(C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of June 25, 1910 (25 U.S.C. 47) (commonly known as the ‘Buy Indian Act’).

“(14) The term ‘Indian Tribe’ has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“(15) The term ‘junior or community college’ has the meaning given the term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).

“(16) The term ‘reservation’ means any federally recognized Indian Tribe’s reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

“(17) The term ‘Secretary’, unless otherwise designated, means the Secretary of Health and Human Services.

“(18) The term ‘Service’ means the Indian Health Service.

“(19) The term ‘Service Area’ means the geographical area served by each Area Office.

“(20) The term ‘Service Unit’ means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.

“(21) The term ‘telehealth’ has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c-16(a)).

“(22) The term ‘telemedicine’ means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

“(23) The term ‘tribal college or university’ has the meaning given the term in section 316(b)(3) of the Higher Education Act (20 U.S.C. 1059c(b)(3)).

“(24) The term ‘Tribal Health Program’ means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“(25) The term ‘Tribal Organization’ has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“(26) The term ‘Urban Center’ means any community which has a sufficient Urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.

“(27) The term ‘Urban Indian’ means any individual who resides in an Urban Center and who meets 1 or more of the following criteria:

“(A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member.

“(B) The individual is an Eskimo, Aleut, or other Alaska Native.

“(C) The individual is considered by the Secretary of the Interior to be an Indian for any purpose.

“(D) The individual is determined to be an Indian under regulations promulgated by the Secretary.

“(28) The term ‘Urban Indian Organization’ means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

"TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT

"SEC. 101. PURPOSE.

"The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and Urban Indian Organizations involved in the provision of health services to Indians.

"SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS.

"(a) IN GENERAL.—The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or Urban Indian Organizations to assist such entities in meeting the costs of—

"(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them—

"(A) to enroll in courses of study in such health professions; or

"(B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;

"(2) publicizing existing sources of financial aid available to Indians enrolled in any course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study; or

"(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).

"(b) GRANTS.—

"(1) APPLICATION.—The Secretary shall not make a grant under this section unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or Urban Indian Organizations.

"(2) AMOUNT OF GRANTS; PAYMENT.—The amount of a grant under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

"SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS.

"(a) SCHOLARSHIPS AUTHORIZED.—The Secretary, acting through the Service, shall provide scholarship grants to Indians who—

"(1) have successfully completed their high school education or high school equivalency; and

"(2) have demonstrated the potential to successfully complete courses of study in the health professions.

"(b) PURPOSES.—Scholarship grants provided pursuant to this section shall be for the following purposes:

"(1) Compensatory preprofessional education of any recipient, such scholarship not to exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued under this Act).

"(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2 years (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.

"(c) OTHER CONDITIONS.—Scholarships under this section—

"(1) may cover costs of tuition, books, transportation, board, and other necessary

related expenses of a recipient while attending school;

"(2) shall not be denied solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution; and

"(3) shall not be denied solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.

"SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

"(a) IN GENERAL.—

"(1) AUTHORITY.—The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254l), except as provided in subsection (b) of this section.

"(2) DETERMINATIONS BY SECRETARY.—The Secretary, acting through the Service, shall determine—

"(A) who shall receive scholarship grants under subsection (a); and

"(B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional service in the health professions.

"(3) CERTAIN DELEGATION NOT ALLOWED.—The administration of this section shall be a responsibility of the Director and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(b) ACTIVE DUTY SERVICE OBLIGATION.—

"(1) OBLIGATION MET.—The active duty service obligation under a written contract with the Secretary under this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 or more of the following:

"(A) In an Indian Health Program.

"(B) In a program assisted under title V of this Act.

"(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

"(D) In a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, the health service provided to Indians would not decrease.

"(2) OBLIGATION DEFERRED.—At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

"(A) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service under this subsection.

"(B) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).

"(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph (1).

"(D) A recipient of a scholarship under this section may, at the election of the recipient, meet the active duty service obligation de-

scribed in paragraph (1) by service in a program specified under that paragraph that—

"(i) is located on the reservation of the Indian Tribe in which the recipient is enrolled; or

"(ii) serves the Indian Tribe in which the recipient is enrolled.

"(3) PRIORITY WHEN MAKING ASSIGNMENTS.—Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs specified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

"(c) PART-TIME STUDENTS.—In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—

"(1) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary;

"(2) the period of obligated service described in subsection (b)(1) shall be equal to the greater of—

"(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Secretary); or

"(B) 2 years; and

"(3) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254l(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.

"(d) BREACH OF CONTRACT.—

"(1) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 if that individual—

"(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

"(B) is dismissed from such educational institution for disciplinary reasons;

"(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

"(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

"(2) OTHER BREACHES.—If for any reason not specified in paragraph (1) an individual breaches a written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (1) of section 110 in the manner provided for in such subsection.

"(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

"(4) WAIVERS AND SUSPENSIONS.—

"(A) IN GENERAL.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

"(i) it is not possible for the recipient to meet that obligation or make that payment;

"(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or

“(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

“(B) **FACTORS FOR CONSIDERATION.**—Before waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the affected Area Office, Indian Tribes, or Tribal Organizations, or confer with the affected Urban Indian Organizations, and may take into consideration whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).

“(5) **EXTREME HARDSHIP.**—Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.

“(6) **BANKRUPTCY.**—Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.

“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

“(a) **GRANTS AUTHORIZED.**—The Secretary, acting through the Service, shall make grants of not more than \$300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.

“(b) **QUENTIN N. BURDICK PROGRAM GRANT.**—The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Psychology Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.

“(c) **REGULATIONS.**—The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.

“(d) **CONDITIONS OF GRANT.**—Applicants under this section shall agree to provide a program which, at a minimum—

“(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;

“(2) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;

“(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;

“(4) provides stipends to undergraduate and graduate students to pursue a career in psychology;

“(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;

“(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and

“(7) to the maximum extent feasible, employs qualified Indians in the program.

“(e) **ACTIVE DUTY SERVICE REQUIREMENT.**—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each

graduate who receives a stipend described in subsection (d)(4) that is funded under this section. Such obligation shall be met by service—

“(1) in an Indian Health Program;

“(2) in a program assisted under title V of this Act; or

“(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$2,700,000 for each of fiscal years 2008 through 2017.

“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.

“(a) **IN GENERAL.**—

“(1) **GRANTS AUTHORIZED.**—The Secretary, acting through the Service, shall make grants to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.

“(2) **AMOUNT.**—Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.

“(3) **APPLICATION.**—An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as consistent with this section.

“(b) **REQUIREMENTS.**—

“(1) **IN GENERAL.**—A Tribal Health Program receiving a grant under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.

“(2) **COSTS.**—With respect to costs of providing any scholarship pursuant to subsection (a)—

“(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and

“(B) 20 percent of such costs may be paid from any other source of funds.

“(c) **COURSE OF STUDY.**—A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in 1 of the health professions contemplated by this Act.

“(d) **CONTRACT.**—

“(1) **IN GENERAL.**—In providing scholarships under subsection (b), the Secretary and the Tribal Health Program shall enter into a written contract with each recipient of such scholarship.

“(2) **REQUIREMENTS.**—Such contract shall—

“(A) obligate such recipient to provide service in an Indian Health Program or Urban Indian Organization, in the same Service Area where the Tribal Health Program providing the scholarship is located, for—

“(i) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or

“(ii) such greater period of time as the recipient and the Tribal Health Program may agree;

“(B) provide that the amount of the scholarship—

“(i) may only be expended for—

“(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and

“(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), with such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and not to exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and

“(ii) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in clause (i);

“(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and

“(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.

“(3) **SERVICE IN OTHER SERVICE AREAS.**—The contract may allow the recipient to serve in another Service Area, provided the Tribal Health Program and Secretary approve and services are not diminished to Indians in the Service Area where the Tribal Health Program providing the scholarship is located.

“(e) **BREACH OF CONTRACT.**—

“(1) **SPECIFIC BREACHES.**—An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—

“(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);

“(B) is dismissed from such educational institution for disciplinary reasons;

“(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

“(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

“(2) **OTHER BREACHES.**—If for any reason not specified in paragraph (1), an individual breaches a written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (1) of section 110 in the manner provided for in such subsection.

“(3) **CANCELLATION UPON DEATH OF RECIPIENT.**—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

“(4) **INFORMATION.**—The Secretary may carry out this subsection on the basis of information received from Tribal Health Programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.

“(f) **RELATION TO SOCIAL SECURITY ACT.**—The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein—

“(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and

“(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.

“(g) **CONTINUANCE OF FUNDING.**—The Secretary shall make payments under this section to a Tribal Health Program for any fiscal year subsequent to the first fiscal year of

such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Tribal Health Program has not complied with the requirements of this section.

“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

“(a) **EMPLOYMENT PREFERENCE.**—Any individual who receives a scholarship pursuant to section 104 or 106 shall be given preference for employment in the Service, or may be employed by a Tribal Health Program or an Urban Indian Organization, or other agencies of the Department as available, during any nonacademic period of the year.

“(b) **NOT COUNTED TOWARD ACTIVE DUTY SERVICE OBLIGATION.**—Periods of employment pursuant to this subsection shall not be counted in determining fulfillment of the service obligation incurred as a condition of the scholarship.

“(c) **TIMING; LENGTH OF EMPLOYMENT.**—Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an Urban Indian Organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.

“(d) **NONAPPLICABILITY OF COMPETITIVE PERSONNEL SYSTEM.**—Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.

“SEC. 108. CONTINUING EDUCATION ALLOWANCES.

“In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program, in the case of nurses, to obtain training and certification as sexual assault nurse examiners, and to provide their services in the rural and remote areas where a significant portion of Indians reside, the Secretary, acting through the Service, may—

“(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, 106, and 115; and

“(2) provide programs or allowances to health professionals employed in an Indian Health Program to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation, management, leadership, refresher training courses, and, in the case of nurses, additional clinical sexual assault nurse examiner experience to maintain competency or certification.

“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

“(a) **IN GENERAL.**—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs—

“(1) provide for the training of Indians as community health representatives; and

“(2) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities.

“(b) **DUTIES.**—The Community Health Representative Program of the Service, shall—

“(1) provide a high standard of training for community health representatives to ensure that the community health representatives provide quality health care, health promotion, and disease prevention services to

the Indian communities served by the Program;

“(2) in order to provide such training, develop and maintain a curriculum that—

“(A) combines education in the theory of health care with supervised practical experience in the provision of health care; and

“(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty;

“(3) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education;

“(4) maintain a system that provides close supervision of Community Health Representatives;

“(5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated; and

“(6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.

“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

“(a) **ESTABLISHMENT.**—The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the ‘Loan Repayment Program’) in order to ensure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and Urban Indian Organizations.

“(b) **ELIGIBLE INDIVIDUALS.**—To be eligible to participate in the Loan Repayment Program, an individual must—

“(1)(A) be enrolled—

“(i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 2541–1(b)(1)(c)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

“(ii) in an approved graduate training program in a health profession; or

“(B) have—

“(i) a degree in a health profession; and

“(ii) a license to practice a health profession;

“(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;

“(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;

“(C) meet the professional standards for civil service employment in the Service; or

“(D) be employed in an Indian Health Program or Urban Indian Organization without a service obligation; and

“(3) submit to the Secretary an application for a contract described in subsection (e).

“(c) **APPLICATION.**—

“(1) **INFORMATION TO BE INCLUDED WITH FORMS.**—In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.

“(2) **CLEAR LANGUAGE.**—The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.

“(3) **TIMELY AVAILABILITY OF FORMS.**—The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

“(d) **PRIORITIES.**—

“(1) **LIST.**—Consistent with subsection (k), the Secretary shall annually—

“(A) identify the positions in each Indian Health Program or Urban Indian Organization for which there is a need or a vacancy; and

“(B) rank those positions in order of priority.

“(2) **APPROVALS.**—Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—

“(A) give first priority to applications made by individual Indians; and

“(B) after making determinations on all applications submitted by individual Indians as required under subparagraph (A), give priority to—

“(i) individuals recruited through the efforts of an Indian Health Program or Urban Indian Organization; and

“(ii) other individuals based on the priority rankings under paragraph (1).

“(e) **RECIPIENT CONTRACTS.**—

“(1) **CONTRACT REQUIRED.**—An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).

“(2) **CONTENTS OF CONTRACT.**—The written contract referred to in this section between the Secretary and an individual shall contain—

“(A) an agreement under which—

“(i) subject to subparagraph (C), the Secretary agrees—

“(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and

“(II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health Program or Urban Indian Organization as provided in clause (ii)(III); and

“(ii) subject to subparagraph (C), the individual agrees—

“(I) to accept loan payments on behalf of the individual;

“(II) in the case of an individual described in subsection (b)(1)—

“(aa) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and

“(bb) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and

“(III) to serve for a time period (hereinafter in this section referred to as the ‘period of obligated service’) equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian Health Program or Urban Indian Organization to which the individual may be assigned by the Secretary;

“(B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III);

“(C) a provision that any financial obligation of the United States arising out of a

contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section;

“(D) a statement of the damages to which the United States is entitled under subsection (l) for the individual’s breach of the contract; and

“(E) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.

“(f) DEADLINE FOR DECISION ON APPLICATION.—The Secretary shall provide written notice to an individual within 21 days on—

“(1) the Secretary’s approving, under subsection (e)(1), of the individual’s participation in the Loan Repayment Program, including extensions resulting in an aggregate period of obligated service in excess of 4 years; or

“(2) the Secretary’s disapproving an individual’s participation in such Program.

“(g) PAYMENTS.—

“(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—

“(A) tuition expenses;

“(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and

“(C) reasonable living expenses as determined by the Secretary.

“(2) AMOUNT.—For each year of obligated service that an individual contracts to serve under subsection (e), the Secretary may pay up to \$35,000 or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act, whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—

“(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts;

“(B) provides an incentive to serve in Indian Health Programs and Urban Indian Organizations with the greatest shortages of health professionals; and

“(C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or Urban Indian Organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.

“(3) TIMING.—Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.

“(4) REIMBURSEMENTS FOR TAX LIABILITY.—For the purpose of providing reimbursements for tax liability resulting from a payment under paragraph (2) on behalf of an individual, the Secretary—

“(A) in addition to such payments, may make payments to the individual in an amount equal to not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and

“(B) may make such additional payments as the Secretary determines to be appropriate with respect to such purpose.

“(5) PAYMENT SCHEDULE.—The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.

“(h) EMPLOYMENT CEILING.—Notwithstanding any other provision of law, individ-

uals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the Department while those individuals are undergoing academic training.

“(i) RECRUITMENT.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other manpower programs of the Service at educational institutions training health professionals or specialists identified in subsection (a).

“(j) APPLICABILITY OF LAW.—Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.

“(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary, in assigning individuals to serve in Indian Health Programs or Urban Indian Organizations pursuant to contracts entered into under this section, shall—

“(1) ensure that the staffing needs of Tribal Health Programs and Urban Indian Organizations receive consideration on an equal basis with programs that are administered directly by the Service; and

“(2) give priority to assigning individuals to Indian Health Programs and Urban Indian Organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

“(1) BREACH OF CONTRACT.—

“(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary under this section and has not received a waiver under subsection (m) shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual’s behalf under the contract if that individual—

“(A) is enrolled in the final year of a course of study; and—

“(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

“(ii) voluntarily terminates such enrollment; or

“(iii) is dismissed from such educational institution before completion of such course of study; or

“(B) is enrolled in a graduate training program and fails to complete such training program.

“(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.—If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual’s period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: $A = 3Z(t - s/t)$ in which—

“(A) ‘A’ is the amount the United States is entitled to recover;

“(B) ‘Z’ is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury;

“(C) ‘t’ is the total number of months in the individual’s period of obligated service in accordance with subsection (f); and

“(D) ‘s’ is the number of months of such period served by such individual in accordance with this section.

“(3) DEDUCTIONS IN MEDICARE PAYMENTS.—Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.

“(4) TIME PERIOD FOR REPAYMENT.—Any amount of damages which the United States is entitled to recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.

“(5) RECOVERY OF DELINQUENCY.—

“(A) IN GENERAL.—If damages described in paragraph (4) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages—

“(i) use collection agencies contracted with by the Administrator of General Services; or

“(ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.

“(B) REPORT.—Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.

“(m) WAIVER OR SUSPENSION OF OBLIGATION.—

“(1) IN GENERAL.—The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

“(2) CANCELED UPON DEATH.—Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.

“(3) HARDSHIP WAIVER.—The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

“(4) BANKRUPTCY.—Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.

“(n) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be submitted to Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area the following:

“(1) A list of the health professional positions maintained by Indian Health Programs and Urban Indian Organizations for which recruitment or retention is difficult.

“(2) The number of Loan Repayment Program applications filed with respect to each type of health profession.

“(3) The number of contracts described in subsection (e) that are entered into with respect to each health profession.

“(4) The amount of loan payments made under this section, in total and by health profession.

“(5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession.

“(6) The amount of scholarship grants provided under section 104 and 106, in total and by health profession.

“(7) The number of providers of health care that will be needed by Indian Health Programs and Urban Indian Organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed.

“(8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or Urban Indian Organizations for which recruitment or retention is difficult.

“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

“(a) ESTABLISHMENT.—There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the

'LRRF'). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(l) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

“(b) USE OF FUNDS.—

“(1) BY SECRETARY.—Amounts in the LRRF may be expended by the Secretary, acting through the Service, to make payments to an Indian Health Program—

“(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and

“(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 104, 106, or section 110.

“(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.

“(c) INVESTMENT OF FUNDS.—The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary of Health and Human Services determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

“(d) SALE OF OBLIGATIONS.—Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.

“(e) EFFECTIVE DATE.—This section takes effect on October 1, 2009.

“SEC. 112. RECRUITMENT ACTIVITIES.

“(a) REIMBURSEMENT FOR TRAVEL.—The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or Urban Indian Organizations, including individuals considering entering into a contract under section 110 and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

“(b) RECRUITMENT PERSONNEL.—The Secretary, acting through the Service, shall assign 1 individual in each Area Office to be responsible on a full-time basis for recruitment activities.

“SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM.

“(a) IN GENERAL.—The Secretary, acting through the Service, shall fund, on a competitive basis, innovative demonstration projects for a period not to exceed 3 years to enable Tribal Health Programs and Urban Indian Organizations to recruit, place, and retain health professionals to meet their staffing needs.

“(b) ELIGIBLE ENTITIES; APPLICATION.—Any Tribal Health Program or Urban Indian Organization may submit an application for funding of a project pursuant to this section.

“SEC. 114. ADVANCED TRAINING AND RESEARCH.

“(a) DEMONSTRATION PROGRAM.—The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals who have worked in an Indian Health Program or Urban Indian Organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists.

“(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the

individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

“(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—Health professionals from Tribal Health Programs and Urban Indian Organizations shall be given an equal opportunity to participate in the program under subsection (a).

“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.

“(a) GRANTS AUTHORIZED.—For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following:

“(1) Public or private schools of nursing.

“(2) Tribal colleges or universities.

“(3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.

“(b) USE OF GRANTS.—Grants provided under subsection (a) may be used for 1 or more of the following:

“(1) To recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses.

“(2) To provide scholarships to Indians enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses.

“(3) To provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services to Indians.

“(4) To provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses.

“(5) To provide any program that is designed to achieve the purpose described in subsection (a).

“(c) APPLICATIONS.—Each application for a grant under subsection (a) shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.

“(d) PREFERENCES FOR GRANT RECIPIENTS.—In providing grants under subsection (a), the Secretary shall extend a preference to the following:

“(1) Programs that provide a preference to Indians.

“(2) Programs that train nurse midwives or advanced practice nurses.

“(3) Programs that are interdisciplinary.

“(4) Programs that are conducted in cooperation with a program for gifted and talented Indian students.

“(5) Programs conducted by tribal colleges and universities.

“(e) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide 1 of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Nursing Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).

“(f) ACTIVE DUTY SERVICE OBLIGATION.—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service—

“(1) in the Service;

“(2) in a program of an Indian Tribe or Tribal Organization conducted under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) (including programs under agreements with the Bureau of Indian Affairs);

“(3) in a program assisted under title V of this Act;

“(4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians; or

“(5) in a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, health services provided to Indians would not decrease.

“SEC. 116. TRIBAL CULTURAL ORIENTATION.

“(a) CULTURAL EDUCATION OF EMPLOYEES.—The Secretary, acting through the Service, shall require that appropriate employees of the Service who serve Indian Tribes in each Service Area receive educational instruction in the history and culture of such Indian Tribes and their relationship to the Service.

“(b) PROGRAM.—In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible—

“(1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and Urban Indian Organizations;

“(2) be carried out through tribal colleges or universities;

“(3) include instruction in American Indian studies; and

“(4) describe the use and place of traditional health care practices of the Indian Tribes in the Service Area.

“SEC. 117. INMED PROGRAM.

“(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the ‘Indians Into Medicine Program’ (hereinafter in this section referred to as ‘INMED’) as a means of encouraging Indians to enter the health professions.

“(b) QUENTIN N. BURDICK GRANT.—The Secretary shall provide 1 of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the ‘Quentin N. Burdick Indian Health Programs’, unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

“(c) REGULATIONS.—The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to this section.

“(d) REQUIREMENTS.—Applicants for grants provided under this section shall agree to provide a program which—

“(1) provides outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on reservations which will be served by the program;

“(2) incorporates a program advisory board comprised of representatives from the Indian Tribes and Indian communities which will be served by the program;

“(3) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions;

“(4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and

“(5) to the maximum extent feasible, employs qualified Indians in the program.

"SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES.**"(a) GRANTS TO ESTABLISH PROGRAMS.—**

"(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.

"(2) AMOUNT OF GRANTS.—The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed \$250,000.

"(b) GRANTS FOR MAINTENANCE AND RECRUITING.—

"(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.

"(2) REQUIREMENTS.—Grants may only be made under this section to a community college which—

"(A) is accredited;

"(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals;

"(C) has entered into an agreement with an accredited college or university medical school, the terms of which—

"(i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs that train health professionals; and

"(ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs;

"(D) has a qualified staff which has the appropriate certifications;

"(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and

"(F) agrees to provide for Indian preference for applicants for programs under this section.

"(c) TECHNICAL ASSISTANCE.—The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by—

"(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and

"(2) providing technical assistance and support to such colleges.

"(d) ADVANCED TRAINING.—

"(1) REQUIRED.—Any program receiving assistance under this section that is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who—

"(A) has already received a degree or diploma in such health profession; and

"(B) provides clinical services on or near a reservation or for an Indian Health Program.

"(2) MAY BE OFFERED AT ALTERNATE SITE.—Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).

"(e) PRIORITY.—Where the requirements of subsection (b) are met, grant award priority shall be provided to tribal colleges and universities in Service Areas where they exist.

"SEC. 119. RETENTION BONUS.

"(a) BONUS AUTHORIZED.—The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, an Indian Health Program or Urban Indian Organization either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—

"(1) is assigned to, and serving in, a position for which recruitment or retention of personnel is difficult;

"(2) the Secretary determines is needed by Indian Health Programs and Urban Indian Organizations;

"(3) has—

"(A) completed 2 years of employment with an Indian Health Program or Urban Indian Organization; or

"(B) completed any service obligations incurred as a requirement of—

"(i) any Federal scholarship program; or

"(ii) any Federal education loan repayment program; and

"(4) enters into an agreement with an Indian Health Program or Urban Indian Organization for continued employment for a period of not less than 1 year.

"(b) RATES.—The Secretary may establish rates for the retention bonus which shall provide for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than \$25,000 per annum.

"(c) DEFAULT OF RETENTION AGREEMENT.—Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(l)(2)(B).

"(d) OTHER RETENTION BONUS.—The Secretary may pay a retention bonus to any health professional employed by a Tribal Health Program if such health professional is serving in a position which the Secretary determines is—

"(1) a position for which recruitment or retention is difficult; and

"(2) necessary for providing health care services to Indians.

"SEC. 120. NURSING RESIDENCY PROGRAM.

"(a) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or Urban Indian Organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or Urban Indian Organization leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certifications in nursing and public health.

"(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicals), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.

"(a) GENERAL PURPOSES OF PROGRAM.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service—

"(1) provides for the training of Alaska Natives as health aides or community health practitioners;

"(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

"(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.

"(b) SPECIFIC PROGRAM REQUIREMENTS.—The Secretary, acting through the Community Health Aide Program of the Service, shall—

"(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

"(2) in order to provide such training, develop a curriculum that—

"(A) combines education in the theory of health care with supervised practical experience in the provision of health care;

"(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

"(C) promotes the achievement of the health status objectives specified in section 3(2);

"(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

"(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

"(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners;

"(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services; and

"(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.

"(c) PROGRAM REVIEW.—**"(1) NEUTRAL PANEL.—**

"(A) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2).

"(B) MEMBERSHIP.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives.

"(2) STUDY.—

"(A) IN GENERAL.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate.

"(B) PARAMETERS OF STUDY.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.

"(C) INCLUSIONS.—The study shall include a determination by the neutral panel with respect to—

“(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives;

“(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and

“(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.

“(D) CONSULTATION.—In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study.

“(3) REPORT.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—

“(A) any determination of the neutral panel under paragraph (2)(C); and

“(B) any comments received from an Alaska Tribal Organization under paragraph (2)(D).

“(d) NATIONALIZATION OF PROGRAM.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.

“(2) EXCEPTION.—The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.

“(3) REQUIREMENT.—In establishing a national program under paragraph (1), the Secretary shall not reduce the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).

“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

“The Secretary, acting through the Service, shall, by contract or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.

“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS.

“(a) DEMONSTRATION PROGRAMS AUTHORIZED.—The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

“(b) PURPOSES OF PROGRAMS.—The purposes of demonstration programs funded under subsection (a) shall be—

“(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

“(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and

“(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region.

“(c) ADVISORY BOARD.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.

“SEC. 124. NATIONAL HEALTH SERVICE CORPS.

“The Secretary shall not—

“(1) remove a member of the National Health Service Corps from an Indian Health Program or Urban Indian Organization; or

“(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.

“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS.

“(a) CONTRACTS AND GRANTS.—The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration

programs to develop educational curricula for substance abuse counseling.

“(b) USE OF FUNDS.—Funds provided under this section shall be used only for developing and providing educational curriculum for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.

“(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A contract entered into or a grant provided under this section shall be for a period of 3 years. Such contract or grant may be renewed for an additional 2-year period upon the approval of the Secretary.

“(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

“(e) ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.

“(f) REPORT.—Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for that fiscal year, a report on the findings and conclusions derived from the demonstration programs conducted under this section during that fiscal year.

“(g) DEFINITION.—For the purposes of this section, the term ‘educational curriculum’ means 1 or more of the following:

“(1) Classroom education.

“(2) Clinical work experience.

“(3) Continuing education workshops.

“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.

“(a) STUDY; LIST.—The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self-destructive behavior.

“(b) POSITIONS.—The positions referred to in subsection (a) are—

“(1) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of—

“(A) elementary and secondary education;

“(B) social services and family and child welfare;

“(C) law enforcement and judicial services; and

“(D) alcohol and substance abuse;

“(2) staff positions within the Service; and

“(3) staff positions similar to those identified in paragraphs (1) and (2) established and maintained by Indian Tribes and Tribal Organizations (without regard to the funding source).

“(c) TRAINING CRITERIA.—

“(1) IN GENERAL.—The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe or Tribal Organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C.

450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.

“(2) POSITION SPECIFIC TRAINING CRITERIA.—Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

“(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.—The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, or assist the Indian Tribe, Tribal Organization, or Urban Indian Organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

“(e) PLAN.—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after the date of enactment of this section, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this subsection shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’).

“SEC. 127. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

“TITLE II—HEALTH SERVICES

“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

“(a) USE OF FUNDS.—The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—

“(1) eliminating the deficiencies in health status and health resources of all Indian Tribes;

“(2) eliminating backlogs in the provision of health care services to Indians;

“(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;

“(4) eliminating inequities in funding for both direct care and contract health service programs; and

“(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies:

“(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

“(B) Preventive health, including mammography and other cancer screening in accordance with section 207.

“(C) Dental care.

“(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

“(E) Emergency medical services.

“(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol spectrum disorders) among Indians.

“(G) Injury prevention programs, including training.

“(H) Home health care.

“(I) Community health representatives.

“(J) Maintenance and improvement.

“(b) NO OFFSET OR LIMITATION.—Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), or any other provision of law.

“(c) ALLOCATION; USE.—

“(1) IN GENERAL.—Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization.

“(2) APPORTIONMENT OF ALLOCATED FUNDS.—The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.

“(d) PROVISIONS RELATING TO HEALTH STATUS AND RESOURCE DEFICIENCIES.—For the purposes of this section, the following definitions apply:

“(1) DEFINITION.—The term ‘health status and resource deficiency’ means the extent to which—

“(A) the health status objectives set forth in section 3(2) are not being achieved; and

“(B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

“(2) AVAILABLE RESOURCES.—The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

“(3) PROCESS FOR REVIEW OF DETERMINATIONS.—The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.

“(e) ELIGIBILITY FOR FUNDS.—Tribal Health Programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

“(f) REPORT.—By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report shall set out—

“(1) the methodology then in use by the Service for determining Tribal health status and resource deficiencies, as well as the most recent application of that methodology;

“(2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service or a Tribal Health Program;

“(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service or a Tribal Health Program; and

“(4) an estimate of—

“(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization;

“(B) the number of Indians eligible for health services in each Service Unit or Indian Tribe or Tribal Organization; and

“(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

“(g) INCLUSION IN BASE BUDGET.—Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

“(h) CLARIFICATION.—Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.

“(i) FUNDING DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the ‘Indian Health Care Improvement Fund’.

“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

“(a) ESTABLISHMENT.—There is established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the ‘CHEF’) consisting of—

“(1) the amounts deposited under subsection (f); and

“(2) the amounts appropriated to CHEF under this section.

“(b) ADMINISTRATION.—CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

“(c) CONDITIONS ON USE OF FUND.—No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

“(d) REGULATIONS.—The Secretary shall promulgate regulations consistent with the provisions of this section to—

“(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

“(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

“(A) the 2000 level of \$19,000; and

“(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

“(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by—

“(A) Service Units; or

“(B) whenever otherwise authorized by the Service, non-Service facilities or providers;

“(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and

“(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

“(e) NO OFFSET OR LIMITATION.—Amounts appropriated to CHEF under this section

shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), or any other law.

“(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

“(a) FINDINGS.—Congress finds that health promotion and disease prevention activities—

“(1) improve the health and well-being of Indians; and

“(2) reduce the expenses for health care of Indians.

“(b) PROVISION OF SERVICES.—The Secretary, acting through the Service and Tribal Health Programs, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives set forth in section 3(2).

“(c) EVALUATION.—The Secretary, after obtaining input from the affected Tribal Health Programs, shall submit to the President for inclusion in the report which is required to be submitted to Congress under section 801 an evaluation of—

“(1) the health promotion and disease prevention needs of Indians;

“(2) the health promotion and disease prevention activities which would best meet such needs;

“(3) the internal capacity of the Service and Tribal Health Programs to meet such needs; and

“(4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.

“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) DETERMINATIONS REGARDING DIABETES.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine—

“(1) by Indian Tribe and by Service Unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and

“(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.

“(b) DIABETES SCREENING.—To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.

“(c) DIABETES PROJECTS.—The Secretary shall continue to maintain each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, any such other diabetes programs operated by the Service or Tribal Health Programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108-87, as implemented to serve Indian Tribes. Tribal Health Programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and for projects which are added and funded thereafter.

“(d) DIALYSIS PROGRAMS.—The Secretary is authorized to provide, through the Service,

Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.

“(e) OTHER DUTIES OF THE SECRETARY.—

“(1) IN GENERAL.—The Secretary shall, to the extent funding is available—

“(A) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes;

“(B) establish in each Area Office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and

“(C) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.

“(2) DIABETES CONTROL OFFICERS.—

“(A) IN GENERAL.—The Secretary may establish and maintain in each Area Office a position of diabetes control officer to coordinate and manage any activity of that Area Office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c-3).

“(B) CERTAIN ACTIVITIES.—Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.

“(a) LONG-TERM CARE.—Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.

“(b) CONTENTS OF AGREEMENTS.—An agreement entered into pursuant to subsection (a)—

“(1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section;

“(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and

“(3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).

“(c) MINIMUM REQUIREMENT.—Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.

“(d) OTHER ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

“(e) USE OF EXISTING OR UNDERUSED FACILITIES.—The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.

“SEC. 206. HEALTH SERVICES RESEARCH.

“(a) IN GENERAL.—The Secretary, acting through the Service, shall make funding available for research to further the per-

formance of the health service responsibilities of Indian Health Programs.

“(b) COORDINATION OF RESOURCES AND ACTIVITIES.—The Secretary shall also, to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs.

“(c) AVAILABILITY.—Tribal Health Programs shall be given an equal opportunity to compete for, and receive, research funds under this section.

“(d) USE OF FUNDS.—This funding may be used for both clinical and nonclinical research.

“(e) EVALUATION AND DISSEMINATION.—The Secretary shall periodically—

“(1) evaluate the impact of research conducted under this section; and

“(2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.

“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

“The Secretary, acting through the Service or Tribal Health Programs, shall provide for screening as follows:

“(1) Screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under accepted and appropriate national standards, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act.

“(2) Other cancer screening that receives an A or B rating as recommended by the United States Preventive Services Task Force established under section 915(a)(1) of the Public Health Service Act (42 U.S.C. 299b-4(a)(1)). The Secretary shall ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to—

“(A) frequency;

“(B) the population to be served;

“(C) the procedure or technology to be used;

“(D) evidence of effectiveness; and

“(E) other matters that the Secretary determines appropriate.

“SEC. 208. PATIENT TRAVEL COSTS.

“(a) DEFINITION OF QUALIFIED ESCORT.—In this section, the term ‘qualified escort’ means—

“(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;

“(2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or

“(3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.

“(b) PROVISION OF FUNDS.—The Secretary, acting through the Service and Tribal Health Programs, is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) under this Act—

“(1) emergency air transportation and non-emergency air transportation where ground transportation is infeasible;

“(2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and

“(3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.

“SEC. 209. EPIDEMIOLOGY CENTERS.

“(a) ESTABLISHMENT OF CENTERS.—The Secretary shall establish an epidemiology center in each Service Area to carry out the functions described in subsection (b). Any new center established after the date of enactment of the Indian Health Care Improve-

ment Act Amendments of 2008 may be operated under a grant authorized by subsection (d), but funding under such a grant shall not be divisible.

“(b) FUNCTIONS OF CENTERS.—In consultation with and upon the request of Indian Tribes, Tribal Organizations, and Urban Indian communities, each Service Area epidemiology center established under this section shall, with respect to such Service Area—

“(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and Urban Indian communities in the Service Area;

“(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

“(3) assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

“(4) make recommendations for the targeting of services needed by the populations served;

“(5) make recommendations to improve health care delivery systems for Indians and Urban Indians;

“(6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

“(7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian communities to promote public health.

“(c) TECHNICAL ASSISTANCE.—The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this section.

“(d) GRANTS FOR STUDIES.—

“(1) IN GENERAL.—The Secretary may make grants to Indian Tribes, Tribal Organizations, Indian organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities.

“(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An intertribal consortium or Indian organization is eligible to receive a grant under this subsection if—

“(A) the intertribal consortium is incorporated for the primary purpose of improving Indian health; and

“(B) the intertribal consortium is representative of the Indian Tribes or urban Indian communities in which the intertribal consortium is located.

“(3) APPLICATIONS.—An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe.

“(4) REQUIREMENTS.—An applicant for a grant under this subsection shall—

“(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5);

“(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and

“(C) demonstrate cooperation from Indian Tribes or Urban Indian Organizations in the area to be served.

“(5) USE OF FUNDS.—A grant awarded under paragraph (1) may be used—

“(A) to carry out the functions described in subsection (b);

“(B) to provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff on health care and health service management issues; and

“(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.

“(e) ACCESS TO INFORMATION.—The Secretary shall grant epidemiology centers operated by a grantee pursuant to a grant

awarded under subsection (d) access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary. Such activities shall be for the purposes of research and for preventing and controlling disease, injury, or disability for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191; 110 Stat. 2033), as such activities are described in part 164.512 of title 45, Code of Federal Regulations (or a successor regulation).

“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.

“(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award grants to Indian Tribes and Tribal Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian and Urban Indian children.

“(b) USE OF GRANT FUNDS.—A grant awarded under this section may be used for purposes which may include, but are not limited to, the following:

“(1) Developing health education materials both for regular school programs and after-school programs.

“(2) Training teachers in comprehensive school health education materials.

“(3) Integrating school-based, community-based, and other public and private health promotion efforts.

“(4) Encouraging healthy, tobacco-free school environments.

“(5) Coordinating school-based health programs with existing services and programs available in the community.

“(6) Developing school programs on nutrition education, personal health, oral health, and fitness.

“(7) Developing behavioral health wellness programs.

“(8) Developing chronic disease prevention programs.

“(9) Developing substance abuse prevention programs.

“(10) Developing injury prevention and safety education programs.

“(11) Developing activities for the prevention and control of communicable diseases.

“(12) Developing community and environmental health education programs that include traditional health care practitioners.

“(13) Violence prevention.

“(14) Such other health issues as are appropriate.

“(c) TECHNICAL ASSISTANCE.—Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes and Tribal Organizations in the development of comprehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.

“(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications for grants awarded under this section.

“(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED SCHOOLS.—

“(1) IN GENERAL.—The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, and affected Indian Tribes and Tribal Organizations, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.

“(2) REQUIREMENTS FOR PROGRAMS.—Such programs shall include—

“(A) school programs on nutrition education, personal health, oral health, and fitness;

“(B) behavioral health wellness programs;

“(C) chronic disease prevention programs;

“(D) substance abuse prevention programs;

“(E) injury prevention and safety education programs; and

“(F) activities for the prevention and control of communicable diseases.

“(3) DUTIES OF THE SECRETARY.—The Secretary of the Interior shall—

“(A) provide training to teachers in comprehensive school health education materials;

“(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and

“(C) encourage healthy, tobacco-free school environments.

“SEC. 211. INDIAN YOUTH PROGRAM.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Service, is authorized to establish and administer a program to provide grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian pre-adolescent and adolescent youths.

“(b) USE OF FUNDS.—

“(1) ALLOWABLE USES.—Funds made available under this section may be used to—

“(A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and

“(B) develop and provide community training and education.

“(2) PROHIBITED USE.—Funds made available under this section may not be used to provide services described in section 707(c).

“(c) DUTIES OF THE SECRETARY.—The Secretary shall—

“(1) disseminate to Indian Tribes and Tribal Organizations information regarding models for the delivery of comprehensive health care services to Indian and Urban Indian adolescents;

“(2) encourage the implementation of such models; and

“(3) at the request of an Indian Tribe or Tribal Organization, provide technical assistance in the implementation of such models.

“(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall establish criteria for the review and approval of applications or proposals under this section.

“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES.

“(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants available to Indian Tribes and Tribal Organizations for the following:

“(1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori.

“(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases.

“(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals.

“(4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).

“(b) APPLICATION REQUIRED.—The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the Secretary.

“(c) COORDINATION WITH HEALTH AGENCIES.—Indian Tribes and Tribal Organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and

Prevention and State and local health agencies.

“(d) TECHNICAL ASSISTANCE; REPORT.—In carrying out this section, the Secretary—

“(1) may, at the request of an Indian Tribe or Tribal Organization, provide technical assistance; and

“(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.

“SEC. 213. OTHER AUTHORITY FOR PROVISION OF SERVICES.

“(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care-related services and programs not otherwise described in this Act for the following services:

“(1) Hospice care.

“(2) Assisted living services.

“(3) Long-term care services.

“(4) Home- and community-based services.

“(b) ELIGIBILITY.—The following individuals shall be eligible to receive long-term care under this section:

“(1) Individuals who are unable to perform a certain number of activities of daily living without assistance.

“(2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision.

“(3) Such other individuals as an applicable Indian Health Program determines to be appropriate.

“(c) DEFINITIONS.—For the purposes of this section, the following definitions shall apply:

“(1) The term ‘assisted living services’ means any service provided by an assisted living facility (as defined in section 232(b) of the National Housing Act (12 U.S.C. 1715w(b))), except that such an assisted living facility—

“(A) shall not be required to obtain a license; but

“(B) shall meet all applicable standards for licensure.

“(2) The term ‘home- and community-based services’ means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.

“(3) The term ‘hospice care’ means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.

“(4) The term ‘long-term care services’ has the meaning given the term ‘qualified long-term care services’ in section 7702B(c) of the Internal Revenue Code of 1986.

“(d) AUTHORIZATION OF CONVENIENT CARE SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may also provide funding under this Act to meet the objectives set forth in section 3 of this Act for convenient care services programs pursuant to section 306(c)(2)(A).

“SEC. 214. INDIAN WOMEN'S HEALTH CARE.

“The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

"SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS.

"(a) STUDIES AND MONITORING.—The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water sources and of the food chain. Such studies shall include—

"(1) an evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems;

"(2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health;

"(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that could affect the health of Indians and their water supply and food chain;

"(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

"(5) the efforts that have been made by Federal and State agencies and resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

"(b) HEALTH CARE PLANS.—Upon completion of such studies, the Secretary and the Service shall take into account the results of such studies and develop health care plans to address the health problems studied under subsection (a). The plans shall include—

"(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

"(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation or affected by other activities that have had or could have a serious impact upon the health of such individuals; and

"(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

"(c) SUBMISSION OF REPORT AND PLAN TO CONGRESS.—The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

"(d) INTERGOVERNMENTAL TASK FORCE.—

"(1) ESTABLISHMENT; MEMBERS.—There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees):

"(A) The Secretary of Energy.

"(B) The Secretary of the Environmental Protection Agency.

"(C) The Director of the Bureau of Mines.

"(D) The Assistant Secretary for Occupational Safety and Health.

"(E) The Secretary of the Interior.

"(F) The Secretary of Health and Human Services.

"(G) The Director.

"(2) DUTIES.—The Task Force shall—

"(A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and

"(B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced.

"(3) CHAIRMAN; MEETINGS.—The Secretary of Health and Human Services shall be the Chairman of the Task Force. The Task Force shall meet at least twice each year.

"(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—In the case of any Indian who—

"(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition;

"(2) is eligible to receive diagnosis and treatment services from an Indian Health Program; and

"(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.

"SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2016, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona.

"(b) MAINTENANCE OF SERVICES.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

"SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"(a) IN GENERAL.—Beginning in fiscal year 2003, the States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota and South Dakota.

"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

"SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

"(a) FUNDING AUTHORIZED.—The Secretary is authorized to fund a program using the California Rural Indian Health Board (hereafter in this section referred to as the 'CRIHB') as a contract care intermediary to improve the accessibility of health services to California Indians.

"(b) REIMBURSEMENT CONTRACT.—The Secretary shall enter into an agreement with the CRIHB to reimburse the CRIHB for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 806(a) throughout the California contract health services delivery area described in section 218 with respect to high cost contract care cases.

"(c) ADMINISTRATIVE EXPENSES.—Not more than 5 percent of the amounts provided to the CRIHB under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the CRIHB during such fiscal year.

"(d) LIMITATION ON PAYMENT.—No payment may be made for treatment provided hereunder to the extent payment may be made for such treatment under the Indian Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

"(e) ADVISORY BOARD.—There is established an advisory board which shall advise the CRIHB in carrying out this section. The advisory board shall be composed of representatives, selected by the CRIHB, from not less than 8 Tribal Health Programs serving California Indians covered under this section at least ½ of whom of whom are not affiliated with the CRIHB.

"SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura, shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.

"SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA.

"(a) AUTHORIZATION FOR SERVICES.—The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana.

"(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

"SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS.

"The Service shall provide funds for health care programs and facilities operated by Tribal Health Programs on the same basis as such funds are provided to programs and facilities operated directly by the Service.

"SEC. 221. LICENSING.

"Health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs the services described in its contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES.

"With respect to an elderly Indian or an Indian with a disability receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.

"SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.

"(a) DEADLINE FOR RESPONSE.—The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

"(b) EFFECT OF UNTIMELY RESPONSE.—If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

"(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.

"SEC. 224. LIABILITY FOR PAYMENT.

"(a) NO PATIENT LIABILITY.—A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

"(b) NOTIFICATION.—The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

"(c) NO RECOURSE.—Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 223(b), the provider shall have no further recourse against the patient who received the services.

"SEC. 225. OFFICE OF INDIAN MEN'S HEALTH.

"(a) ESTABLISHMENT.—The Secretary may establish within the Service an office to be known as the 'Office of Indian Men's Health' (referred to in this section as the 'Office').

"(b) DIRECTOR.—

"(1) IN GENERAL.—The Office shall be headed by a director, to be appointed by the Secretary.

"(2) DUTIES.—The director shall coordinate and promote the status of the health of Indian men in the United States.

"(c) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the director of the Office, shall submit to Congress a report describing—

"(1) any activity carried out by the director as of the date on which the report is prepared; and

"(2) any finding of the director with respect to the health of Indian men.

"SEC. 226. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

"TITLE III—FACILITIES**"SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.**

"(a) PREREQUISITES FOR EXPENDITURE OF FUNDS.—Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall—

"(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

"(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the Medicare, Medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.

"(b) CLOSURES AND REDUCTIONS IN HOURS OF SERVICE.—

"(1) EVALUATION REQUIRED.—Notwithstanding any other provision of law, no facility operated by the Service, or any portion of such facility, may be closed or have the hours of service of the facility reduced if the Secretary has not submitted to Congress not less than 1 year, and not more than 2 years, before the date of the proposed closure or reduction in hours of service an evaluation, completed not more than 2 years before the submission, of the impact of the proposed closure or reduction in hours of service that specifies, in addition to other considerations—

"(A) the accessibility of alternative health care resources for the population served by such facility;

"(B) the cost-effectiveness of such closure or reduction in hours of service;

"(C) the quality of health care to be provided to the population served by such facility after such closure or reduction in hours of service;

"(D) the availability of contract health care funds to maintain existing levels of service;

"(E) the views of the Indian Tribes served by such facility concerning such closure or reduction in hours of service;

"(F) the level of use of such facility by all eligible Indians; and

"(G) the distance between such facility and the nearest operating Service hospital.

"(2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES AND REDUCTIONS.—Paragraph (1) shall not apply to any temporary closure or reduction in hours of service of a facility or any portion of a facility if such closure or reduction in hours of service is necessary for medical, environmental, or construction safety reasons.

"(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

"(1) IN GENERAL.—

"(A) PRIORITY SYSTEM.—The Secretary, acting through the Service, shall maintain a health care facility priority system, which—

"(i) shall be developed in consultation with Indian Tribes and Tribal Organizations;

"(ii) shall give Indian Tribes' needs the highest priority;

"(iii)(I) may include the lists required in paragraph (2)(B)(ii); and

"(II) shall include the methodology required in paragraph (2)(B)(v); and

"(III) may include such health care facilities, and such renovation or expansion needs of any health care facility, as the Service may identify; and

"(iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

"(B) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.

"(C) CRITERIA FOR EVALUATING NEEDS.—For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the criteria used by the Secretary in evaluating the needs of facilities operated directly by the Service.

"(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.—The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall not be affected by any change in the construction priority system taking place after that date if the project—

"(i) was identified in the fiscal year 2008 Service budget justification as—

"(I) 1 of the 10 top-priority inpatient projects;

"(II) 1 of the 10 top-priority outpatient projects;

"(III) 1 of the 10 top-priority staff quarters developments; or

"(IV) 1 of the 10 top-priority Youth Regional Treatment Centers;

"(ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or

"(iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary—

"(I) on the initiative of the Secretary; or

"(II) pursuant to a request of an Indian Tribe or Tribal Organization.

"(2) REPORT; CONTENTS.—

"(A) INITIAL COMPREHENSIVE REPORT.—

"(i) DEFINITIONS.—In this subparagraph:

"(I) FACILITIES APPROPRIATION ADVISORY BOARD.—The term 'Facilities Appropriation Advisory Board' means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Director—

"(aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and

"(bb) to address other facilities issues.

"(II) FACILITIES NEEDS ASSESSMENT WORKGROUP.—The term 'Facilities Needs Assessment Workgroup' means the workgroup established at the discretion of the Director—

"(aa) to review the health care facilities construction priority system; and

"(bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.

"(ii) INITIAL REPORT.—

"(I) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian Tribes, and Tribal Organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, and staff quarters, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

"(II) INCLUSIONS.—The initial report shall include—

"(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and

"(bb) such other information as the Secretary determines to be appropriate.

"(iii) UPDATES OF REPORT.—Beginning in calendar year 2011, the Secretary shall—

"(I) update the report under clause (ii) not less frequently than once every 5 years; and

"(II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.

"(B) ANNUAL REPORTS.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth the following:

"(i) A description of the health care facility priority system of the Service established under paragraph (1).

"(ii) Health care facilities lists, which may include—

"(I) the 10 top-priority inpatient health care facilities;

"(II) the 10 top-priority outpatient health care facilities;

“(III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment); and

“(IV) the 10 top-priority staff quarters developments associated with health care facilities.

“(iii) The justification for such order of priority.

“(iv) The projected cost of such projects.

“(v) The methodology adopted by the Service in establishing priorities under its health care facility priority system.

“(3) REQUIREMENTS FOR PREPARATION OF REPORTS.—In preparing the report required under paragraph (2), the Secretary shall—

“(A) consult with and obtain information on all health care facilities needs from Indian Tribes and Tribal Organizations; and

“(B) review the total unmet needs of all Indian Tribes and Tribal Organizations for health care facilities (including staff quarters), including needs for renovation and expansion of existing facilities.

“(d) REVIEW OF METHODOLOGY USED FOR HEALTH FACILITIES CONSTRUCTION PRIORITY SYSTEM.—

“(1) IN GENERAL.—Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of—

“(A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and

“(B) the relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics.

“(2) SUBMISSION TO CONGRESS.—The Comptroller General of the United States shall submit the report under paragraph (1) to—

“(A) the Committees on Indian Affairs and Appropriations of the Senate;

“(B) the Committees on Natural Resources and Appropriations of the House of Representatives; and

“(C) the Secretary.

“(e) FUNDING CONDITION.—All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of section 102 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f) or sections 504 and 505 of that Act (25 U.S.C. 458aaa-3, 458aaa-4).

“(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—The Secretary shall consult and cooperate with Indian Tribes and Tribal Organizations, and confer with Urban Indian Organizations, in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, that may include—

“(1) the establishment of an area distribution fund in which a portion of health facility construction funding could be devoted to all Service Areas;

“(2) approaches provided for in other provisions of this title; and

“(3) other approaches, as the Secretary determines to be appropriate.

“SEC. 302. SANITATION FACILITIES.

“(a) FINDINGS.—Congress finds the following:

“(1) The provision of sanitation facilities is primarily a health consideration and function.

“(2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of sanitation facilities.

“(3) The long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing sanitation facilities and other preventive health measures.

“(4) Many Indian homes and Indian communities still lack sanitation facilities.

“(5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.

“(b) FACILITIES AND SERVICES.—In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following:

“(1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community.

“(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities.

“(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.

“(c) FUNDING.—Notwithstanding any other provision of law—

“(1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.) to the Secretary of Health and Human Services;

“(2) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);

“(3) unless specifically authorized when funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;

“(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

“(5) the Secretary is authorized to establish a program under which the Secretary may, in accordance with this subsection and with paragraphs (2), (3), (4), and (5) of section 330(d) of the Public Health Service Act (42 U.S.C. 254b(d)) related to a loan guarantee program, guarantee the principal and interest on loans made by lenders to Indian Tribes for new projects to construct eligible sanitation facilities to serve Indian homes, but only to the extent that appropriations are provided in advance specifically for such program, and without reducing funds made available for the provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and this Act;

“(6) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to meet matching or cost participation requirements under other Federal and non-Federal programs for new projects to construct eligible sanitation facilities;

“(7) all Federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned, or appropriated whereby the Department's applicable policies, rules, and regulations shall apply in the implementation of such projects;

“(8) the Secretary of Health and Human Services shall enter into interagency agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act;

“(9) the Secretary of Health and Human Services shall, by regulation, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act; and

“(10) the Secretary of Health and Human Services is authorized to accept payments for goods and services furnished by the Service from appropriate public authorities, non-profit organizations or agencies, or Indian Tribes, as contributions by that authority, organization, agency, or tribe to agreements made under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), and such payments shall be credited to the same or subsequent appropriation account as funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

“(d) CERTAIN CAPABILITIES NOT PRE-REQUISITE.—The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.

“(e) FINANCIAL ASSISTANCE.—The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities for operation, management, and maintenance of their sanitation facilities.

“(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF FACILITIES.—The Indian Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving a community that is operated by an Indian Tribe or Tribal Organization is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.

“(g) ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—Tribal Health Programs shall be eligible (on an equal basis with programs that are administered directly by the Service) for—

“(1) any funds appropriated pursuant to this section; and

“(2) any funds appropriated for the purpose of providing sanitation facilities.

“(h) REPORT.—

“(1) REQUIRED CONTENTS.—The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth—

“(A) the current Indian sanitation facility priority system of the Service;

“(B) the methodology for determining sanitation deficiencies and needs;

“(C) the criteria on which the deficiencies and needs will be evaluated;

“(D) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community;

“(E) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds

under the Native American Housing Assistance and Self-Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (3)(A); and

“(F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.

“(2) **UNIFORM METHODOLOGY.**—The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.

“(3) **SANITATION DEFICIENCY LEVELS.**—For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe, or Indian community sanitation facility to serve Indian homes are determined as follows:

“(A) A level I deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community—

“(i) complies with all applicable water supply, pollution control, and solid waste disposal laws; and

“(ii) deficiencies relate to routine replacement, repair, or maintenance needs.

“(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to—

“(i) small or minor capital improvements needed to bring the facility back into compliance;

“(ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or

“(iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.

“(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets 1 or more of the following conditions—

“(i) water or sewer service in the home is provided by a haul system with holding tanks and interior plumbing;

“(ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or

“(iii) there is no access to or no approved or permitted solid waste facility available.

“(D) A level IV deficiency exists—

“(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but—

“(I) lacks—

“(aa) a safe water supply system; or

“(bb) a waste disposal system;

“(II) contains no piped water or sewer facilities; or

“(III) has become inoperable due to a major component failure; or

“(ii) if only a washeteria or central facility exists in the community.

“(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

“(i) **DEFINITIONS.**—For purposes of this section, the following terms apply:

“(1) **INDIAN COMMUNITY.**—The term ‘Indian community’ means a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.

“(2) **SANITATION FACILITIES.**—The terms ‘sanitation facility’ and ‘sanitation facilities’ mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).

“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.

“(a) **DISCRETIONARY AUTHORITY; COVERED ACTIVITIES.**—The Secretary, acting through

the Service, may utilize the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (hereinafter referred to as an ‘Indian firm’) in the construction and renovation of Service facilities pursuant to section 301 and in the construction of safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to rules and regulations promulgated by the Secretary, that the project or function to be contracted for will not be satisfactory or that the project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—

“(1) ownership and control by Indians;

“(2) equipment;

“(3) bookkeeping and accounting procedures;

“(4) substantive knowledge of the project or function to be contracted for;

“(5) adequately trained personnel; or

“(6) other necessary components of contract performance.

“(b) **PAY RATES.**—For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with sections 3141 through 3144, 3146, and 3147 of title 40, United States Code.

“SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION.

“(a) **IN GENERAL.**—Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), including—

“(1) any plans or designs for such expansion, renovation, or modernization; and

“(2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended.

“(b) **PRIORITY LIST.**—

“(1) **IN GENERAL.**—The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through regulations. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations.

“(2) **REPORT.**—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, the priority list maintained pursuant to paragraph (1).

“(c) **REQUIREMENTS.**—The requirements of this subsection are met with respect to any expansion, renovation, or modernization if—

“(1) the Indian Tribe or Tribal Organization—

“(A) provides notice to the Secretary of its intent to expand, renovate, or modernize; and

“(B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and

“(2) the expansion, renovation, or modernization—

“(A) is approved by the appropriate area Director for Federal facilities; and

“(B) is administered by the Indian Tribe or Tribal Organization in accordance with any

applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

“(d) **ADDITIONAL REQUIREMENT FOR EXPANSION.**—In addition to the requirements under subsection (c), for any expansion, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information pursuant to regulations, including additional staffing, equipment, and other costs associated with the expansion.

“(e) **CLOSURE OR CONVERSION OF FACILITIES.**—If any Service facility which has been expanded, renovated, or modernized by an Indian Tribe or Tribal Organization under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation, or modernization is completed, such Indian Tribe or Tribal Organization shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation, or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation, or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation, or modernization.

“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

“(a) **GRANTS.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term ‘construction’ includes the replacement of an existing facility.

“(2) **GRANT AGREEMENT REQUIRED.**—A grant under paragraph (1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

“(b) **USE OF GRANT FUNDS.**—

“(1) **ALLOWABLE USES.**—A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

“(A) located apart from a hospital;

“(B) not funded under section 301 or section 306; and

“(C) which, upon completion of such construction or modernization will—

“(i) have a total capacity appropriate to its projected service population;

“(ii) provide annually no fewer than 150 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2); and

“(iii) provide ambulatory care in a Service Area (specified in the contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2).

“(2) **ADDITIONAL ALLOWABLE USE.**—The Secretary may also reserve a portion of the funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).

“(3) **USE ONLY FOR CERTAIN PORTION OF COSTS.**—A grant provided under this section

may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C) (ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.

“(c) GRANTS.—

“(1) APPLICATION.—No grant may be made under this section unless an application or proposal for the grant has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant received under this section—

“(A) adequate financial support will be available for the provision of services at such facility;

“(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and

“(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve non-eligible persons on a cost basis.

“(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate—

“(A) a need for increased ambulatory care services; and

“(B) insufficient capacity to deliver such services.

“(3) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subsection (a)(1).

“(d) REVERSION OF FACILITIES.—If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.

“(e) FUNDING NONRECURRING.—Funding provided under this section shall be non-recurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or for reallocation or redesign thereafter.

“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.

“(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to carry out, or to enter into construction agreements under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations to carry out, a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities.

“(b) USE OF FUNDS.—The Secretary, in approving projects pursuant to this section, may authorize such construction agreements for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and is authorized to—

“(1) waive any leasing prohibition;

“(2) permit carryover of funds appropriated for the provision of health care services;

“(3) permit the use of other available funds;

“(4) permit the use of funds or property donated from any source for project purposes;

“(5) provide for the reversion of donated real or personal property to the donor; and

“(6) permit the use of Service funds to match other funds, including Federal funds.

“(c) HEALTH CARE DEMONSTRATION PROJECTS.—

“(1) GENERAL PROJECTS.—

“(A) CRITERIA.—The Secretary may approve under this section demonstration projects that meet the following criteria:

“(i) There is a need for a new facility or program, such as a program for convenient care services, or the reorientation of an existing facility or program.

“(ii) A significant number of Indians, including Indians with low health status, will be served by the project.

“(iii) The project has the potential to deliver services in an efficient and effective manner.

“(iv) The project is economically viable.

“(v) For projects carried out by an Indian Tribe or Tribal Organization, the Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

“(vi) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, existing services in order to expand the availability of services.

“(B) PRIORITY.—In approving demonstration projects under this paragraph, the Secretary shall give priority to demonstration projects, to the extent the projects meet the criteria described in subparagraph (A), located in any of the following Service Units:

“(i) Cass Lake, Minnesota.

“(ii) Mescalero, New Mexico.

“(iii) Owyhee, Nevada.

“(iv) Schurz, Nevada.

“(v) Ft. Yuma, California.

“(2) CONVENIENT CARE SERVICE PROJECTS.—

“(A) DEFINITION OF CONVENIENT CARE SERVICE.—In this paragraph, the term ‘convenient care service’ means any primary health care service, such as urgent care services, non-emergent care services, prevention services and screenings, and any service authorized by sections 203 or 213(d), that is—

“(i) provided outside the regular hours of operation of a health care facility; or

“(ii) offered at an alternative setting, including through telehealth.

“(B) APPROVAL.—In addition to projects described in paragraph (1), in any fiscal year, the Secretary is authorized to approve not more than 10 applications for health care delivery demonstration projects that—

“(i) include a convenient care services program as an alternative means of delivering health care services to Indians; and

“(ii) meet the criteria described in subparagraph (C).

“(C) CRITERIA.—The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria:

“(i) The criteria set forth in paragraph (1)(A).

“(ii) There is a lack of access to health care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors.

“(iii) The project—

“(I) expands the availability of services; or

“(II) reduces—

“(aa) the burden on Contract Health Services; or

“(bb) the need for emergency room visits.

“(d) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria described in paragraphs (1)(A) and (2)(C) of subsection (c).

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section.

“(f) SERVICE TO INELIGIBLE PERSONS.—Subject to section 807, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 807, may be

included, subject to the terms of that section, in any demonstration project approved pursuant to this section.

“(g) EQUITABLE TREATMENT.—For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

“(h) EQUITABLE INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities that are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

“SEC. 307. LAND TRANSFER.

“Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.

“The Secretary, acting through the Service, may enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Organization of rental and other costs consistent with section 105(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450j(1)) and regulations thereunder.

“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND LOAN REPAYMENT.

“(a) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including—

“(1) inpatient facilities;

“(2) outpatient facilities;

“(3) staff quarters; and

“(4) specialized care facilities, such as behavioral health and elder care facilities.

“(b) DETERMINATIONS.—In carrying out the study under subsection (a), the Secretary shall determine—

“(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund;

“(2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing));

“(3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time;

“(4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund;

“(5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee;

“(6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for

any direct loan or loan guarantee from the loan fund would be appropriate;

“(7) whether, in the planning and design of health facilities under this section, users eligible under section 807(c) may be included in any projection of patient population;

“(8) whether funds of the Service provided through loans or loan guarantees from the loan fund should be eligible for use in matching other Federal funds under other programs;

“(9) the appropriateness of, and best methods for, coordinating the loan fund with the health care priority system of the Service under section 301; and

“(10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.

“(c) REPORT.—Not later than September 30, 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes—

“(1) the manner of consultation made as required by subsection (a); and

“(2) the results of the study, including any recommendations of the Secretary based on results of the study.

“SEC. 310. TRIBAL LEASING.

“A Tribal Health Program may lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriation Acts.

“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM.

“(a) IN GENERAL.—The Secretary, acting through the Service, shall make arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection. An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, it—

“(1) has begun but not completed the process of acquisition or construction of a health facility to be used in the joint venture project; or

“(2) has not begun the process of acquisition or construction of a health facility for use in the joint venture project.

“(b) REQUIREMENTS.—The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—

“(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and

“(2) the Indian Tribe or Tribal Organization meets the need criteria determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.

“(c) CONTINUED OPERATION.—The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.

“(d) BREACH OF AGREEMENT.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement.

The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.

“(e) RECOVERY FOR NONUSE.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility if, at any time within the 10-year term of the agreement, the Service ceases to use the facility or otherwise breaches the agreement.

“(f) DEFINITION.—For the purposes of this section, the term ‘health facility’ or ‘health facilities’ includes quarters needed to provide housing for staff of the relevant Tribal Health Program.

“SEC. 312. LOCATION OF FACILITIES.

“(a) IN GENERAL.—In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes.

“(b) DEFINITION.—For purposes of this section, the term ‘Indian lands’ means—

“(1) all lands within the exterior boundaries of any reservation; and

“(2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation.

“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES.

“(a) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.

“(b) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.—The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the health care facility priority system under section 301(c).

“(c) REPLACEMENT FACILITIES.—In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.

“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED QUARTERS.

“(a) RENTAL RATES.—

“(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally-owned quarters associated therewith pursuant to a con-

tract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.

“(2) OBJECTIVES.—In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives:

“(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof.

“(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters.

“(3) EQUITABLE FUNDING.—Any quarters whose rental rates are established by a Tribal Health Program pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally-owned quarters used to house personnel in Services-supported programs.

“(4) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

“(b) DIRECT COLLECTION OF RENT.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:

“(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees.

“(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise.

“(C) Such rent payments shall be retained by the Tribal Health Program and shall not be made payable to or otherwise be deposited with the United States.

“(D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine.

“(2) RETROCESSION OF AUTHORITY.—If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally-owned quarters, such retrocession shall become effective on the earlier of—

“(A) the first day of the month that begins no less than 180 days after the Tribal Health Program notifies the Secretary of its desire to retrocede; or

“(B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program.

“(c) RATES IN ALASKA.—To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally-owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.

“(a) APPLICABILITY.—The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to section 317. Indian Tribes and Tribal Organizations shall be exempt from these requirements.

“(b) EFFECT OF VIOLATION.—If it has been finally determined by a court or Federal agency that any person intentionally affixed

a label bearing a 'Made in America' inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

“(c) DEFINITIONS.—For purposes of this section, the term ‘Buy American Act’ means title III of the Act entitled ‘An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes’, approved March 3, 1933 (41 U.S.C. 10a et seq.).

“SEC. 316. OTHER FUNDING FOR FACILITIES.

“(a) AUTHORITY TO ACCEPT FUNDS.—The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to place such funds into a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301.

“(b) INTERAGENCY AGREEMENTS.—The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.

“(c) ESTABLISHMENT OF STANDARDS.—The Secretary, through the Service, shall establish standards by regulation for the planning, design, and construction of health care facilities serving Indians under this Act.

“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

“TITLE IV—ACCESS TO HEALTH SERVICES

“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

“(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—Any payments received by an Indian Health Program or by an Urban Indian Organization under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

“(b) NONPREFERENTIAL TREATMENT.—Nothing in this Act authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI of the Social Security Act in preference to an Indian without such coverage.

“(c) USE OF FUNDS.—

“(1) SPECIAL FUND.—

“(A) 100 PERCENT PASS-THROUGH OF PAYMENTS DUE TO FACILITIES.—Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of the Social Security Act shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of the Social Security Act.

“(B) USE OF FUNDS.—Amounts received by a facility of the Service under subparagraph (A) shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which

may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian Tribes being served by the Service Unit, be used for reducing the health resource deficiencies (as determined under section 201(d)) of such Indian Tribes.

“(2) DIRECT PAYMENT OPTION.—Paragraph (1) shall not apply to a Tribal Health Program upon the election of such Program under subsection (d) to receive payments directly. No payment may be made out of the special fund described in such paragraph with respect to reimbursement made for services provided by such Program during the period of such election.

“(d) DIRECT BILLING.—

“(1) IN GENERAL.—Subject to complying with the requirements of paragraph (2), a Tribal Health Program may elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under title XVIII or XIX of the Social Security Act or from any other third party payor.

“(2) DIRECT REIMBURSEMENT.—

“(A) USE OF FUNDS.—Each Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), but all amounts so reimbursed shall be used by the Tribal Health Program for the purpose of making any improvements in facilities of the Tribal Health Program that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title and to provide additional health care services, improvements in health care facilities and Tribal Health Programs, any health care related purpose, or otherwise to achieve the objectives provided in section 3 of this Act.

“(B) AUDITS.—The amounts paid to a Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Health Program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act.

“(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—Any Tribal Health Program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act, shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.

“(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

“(A) IN GENERAL.—The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.

“(B) COORDINATION OF INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

“(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.

“(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such non-compliance prior to terminating the Program's participation in the direct billing program established under this subsection.

“(e) RELATED PROVISIONS UNDER THE SOCIAL SECURITY ACT.—For provisions related to subsections (c) and (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social Security Act.

“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND COVERAGE OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS AND OTHER HEALTH BENEFITS PROGRAMS.

“(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—From funds appropriated to carry out this title in accordance with section 417, the Secretary, acting through the Service, shall make grants to or enter into contracts with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering programs on or near reservations and trust lands, including programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real-time or time-delayed communication between individual Indians and the benefit program, to assist individual Indians—

“(1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act and other health benefits programs; and

“(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels developed or implemented by such Tribe, Tribes, or Tribal Organizations).

“(b) CONDITIONS.—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake—

“(1) to determine the population of Indians eligible for the benefits described in subsection (a);

“(2) to educate Indians with respect to the benefits available under the respective programs;

“(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

“(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.

“(c) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—

“(1) IN GENERAL.—The provisions of subsection (a) shall apply with respect to grants

and other funding to Urban Indian Organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian Tribes and Tribal Organizations with respect to programs on or near reservations.

“(2) REQUIREMENTS.—The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are—

“(A) consistent with the requirements imposed by the Secretary under subsection (b);

“(B) appropriate to Urban Indian Organizations and Urban Indians; and

“(C) necessary to effect the purposes of this section.

“(d) FACILITATING COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall develop and disseminate best practices that will serve to facilitate cooperation with, and agreements between, States and the Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act.

“(e) AGREEMENTS RELATING TO IMPROVING ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.—For provisions relating to agreements between the Secretary, acting through the Service, and Indian Tribes, Tribal Organizations, and Urban Indian Organizations for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and State children's health insurance programs established under titles XIX and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.

“(f) DEFINITION OF PREMIUMS AND COST SHARING.—In this section:

“(1) PREMIUM.—The term ‘premium’ includes any enrollment fee or similar charge.

“(2) COST SHARING.—The term ‘cost sharing’ includes any deduction, deductible, copayment, coinsurance, or similar charge.

“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

“(a) RIGHT OF RECOVERY.—Except as provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed by the Secretary, an Indian Tribe, or Tribal Organization in providing health services through the Service, an Indian Tribe, or Tribal Organization to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—

“(1) such services had been provided by a nongovernmental provider; and

“(2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.

“(b) LIMITATIONS ON RECOVERIES FROM STATES.—Subsection (a) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under—

“(1) workers' compensation laws; or

“(2) a no-fault automobile accident insurance plan or program.

“(c) NONAPPLICATION OF OTHER LAWS.—No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).

“(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—No action taken by the United States, an Indian Tribe, or Tribal Organization to enforce the right of recovery provided under this section shall operate to deny to the injured person the recovery for that portion of the person's damage not covered hereunder.

“(e) ENFORCEMENT.—

“(1) IN GENERAL.—The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by—

“(A) intervening or joining in any civil action or proceeding brought—

“(i) by the individual for whom health services were provided by the Secretary, an Indian Tribe, or Tribal Organization; or

“(ii) by any representative or heirs of such individual; or

“(B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political subdivision or local governmental entity of a State, such an action against an official thereof.

“(2) NOTICE.—All reasonable efforts shall be made to provide notice of action instituted under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendency of such action.

“(3) RECOVERY FROM TORTFEASORS.—

“(A) IN GENERAL.—In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so furnished, paid for, or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act.

“(B) TREATMENT.—The right of an Indian Tribe or Tribal Organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization.

“(f) LIMITATION.—Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or Urban Indian Organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.

“(g) COSTS AND ATTORNEYS' FEES.—In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.

“(h) NONAPPLICATION OF CLAIMS FILING REQUIREMENTS.—An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.

“(i) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—The previous provisions of this section shall apply to Urban Indian Organi-

zations with respect to populations served by such Organizations in the same manner they apply to Indian Tribes and Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.

“(j) STATUTE OF LIMITATIONS.—The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include Indian Tribes, Tribal Organizations, and Urban Indian Organizations.

“(k) SAVINGS.—Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws.

“SEC. 404. CREDITING OF REIMBURSEMENTS.

“(a) USE OF AMOUNTS.—

“(1) RETENTION BY PROGRAM.—Except as provided in section 202(f) (relating to the Catastrophic Health Emergency Fund) and section 807 (relating to health services for ineligible persons), all reimbursements received or recovered under any of the programs described in paragraph (2), including under section 807, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an Urban Indian Organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such Urban Indian Organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.

“(2) PROGRAMS COVERED.—The programs referred to in paragraph (1) are the following:

“(A) Titles XVIII, XIX, and XXI of the Social Security Act.

“(B) This Act, including section 807.

“(C) Public Law 87-693.

“(D) Any other provision of law.

“(b) NO OFFSET OF AMOUNTS.—The Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements under subsection (a).

“SEC. 405. PURCHASING HEALTH CARE COVERAGE.

“(a) IN GENERAL.—Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and Urban Indian Organizations may use such amounts to purchase health benefits coverage for such beneficiaries in any manner, including through—

“(1) a tribally owned and operated health care plan;

“(2) a State or locally authorized or licensed health care plan;

“(3) a health insurance provider or managed care organization;

“(4) a self-insured plan; or

“(5) a high deductible or health savings account plan.

The purchase of such coverage by an Indian Tribe, Tribal Organization, or Urban Indian Organization may be based on the financial needs of such beneficiaries (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Indian Tribe or Tribes).

“(b) EXPENSES FOR SELF-INSURED PLAN.—In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.

“(c) CONSTRUCTION.—Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).

“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

“(a) AUTHORITY.—

“(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian Tribes, and Tribal Organizations and the Department of Veterans Affairs and the Department of Defense.

“(2) CONSULTATION BY SECRETARY REQUIRED.—The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.

“(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair—

“(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

“(2) the quality of health care services provided to any Indian through the Service;

“(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

“(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

“(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

“(c) REIMBURSEMENT.—The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

“(d) CONSTRUCTION.—Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.

“SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.

“(a) FINDINGS; PURPOSE.—

“(1) FINDINGS.—Congress finds that—

“(A) collaborations between the Secretary and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Service should be encouraged to the maximum extent practicable; and

“(B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of Indian tribes should be encouraged to the maximum extent practicable.

“(2) PURPOSE.—The purpose of this section is to reaffirm the goals stated in the document entitled ‘Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service’ and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Service).

“(b) DEFINITIONS.—In this section:

“(1) ELIGIBLE INDIAN VETERAN.—The term ‘eligible Indian veteran’ means an Indian or Alaska Native veteran who receives any medical service that is—

“(A) authorized under the laws administered by the Secretary of Veterans Affairs; and

“(B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding.

“(2) LOCAL MEMORANDUM OF UNDERSTANDING.—The term ‘local memorandum of understanding’ means a memorandum of understanding between the Secretary (or a designee, including the director of any Area Office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled ‘Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service’ and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service).

“(c) ELIGIBLE INDIAN VETERANS’ EXPENSES.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (b)(1)(B).

“(2) METHOD OF PAYMENT.—The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1).

“(d) TRIBAL APPROVAL OF MEMORANDA.—In negotiating a local memorandum of understanding with the Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding.

“(e) FUNDING.—

“(1) TREATMENT.—Expenses incurred by the Secretary in carrying out subsection (c)(1) shall not be considered to be Contract Health Service expenses.

“(2) USE OF FUNDS.—Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, Contract Health Services, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.

“SEC. 408. PAYOR OF LAST RESORT.

“Indian Health Programs and health care programs operated by Urban Indian Organizations shall be the payor of last resort for services provided to persons eligible for services from Indian Health Programs and Urban Indian Organizations, notwithstanding any Federal, State, or local law to the contrary.

“SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.

“(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

“(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

“(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

“(b) APPLICATION OF EXCLUSION FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS.—

“(1) EXCLUDED ENTITIES.—No entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian.

“(2) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in

any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

“(3) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, ‘Federal health care program’ has the meaning given that term in section 1128(b) of the Social Security Act (42 U.S.C. 1320a-7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.

“(c) RELATED PROVISIONS.—For provisions related to nondiscrimination against providers operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b-9(c)).

“SEC. 410. CONSULTATION.

“For provisions relating to consultation with representatives of Indian Health Programs and Urban Indian Organizations with respect to the health care programs established under titles XVIII, XIX, and XXI of the Social Security Act, see section 1139(d) of the Social Security Act (42 U.S.C. 1320b-9(d)).

“SEC. 411. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).

“For provisions relating to—

“(1) outreach to families of Indian children likely to be eligible for child health assistance under the State children's health insurance program established under title XXI of the Social Security Act, see sections 2105(c)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(c)(2), 1320b-9); and

“(2) ensuring that child health assistance is provided under such program to targeted low-income children who are Indians and that payments are made under such program to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

“SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

“For provisions relating to—

“(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a-7(k)); and

“(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128(b)(4) of the Social Security Act (42 U.S.C. 1320a-7b(b)(4)).

“SEC. 413. PREMIUM AND COST SHARING PROTECTIONS AND ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

“For provisions relating to—

“(1) premiums or cost sharing protections for Indians furnished items or services directly by Indian Health Programs or through referral under the contract health service under the Medicaid program established under title XIX of the Social Security Act, see sections 1916(j) and 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o(j), 1396o-1(a)(1));

“(2) rules regarding the treatment of certain property for purposes of determining eligibility under such programs, see sections 1902(e)(13) and 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13), 1397gg(e)(1)(B)); and

“(3) the protection of certain property from estate recovery provisions under the Medicaid program, see section 1917(b)(3)(B) of such Act (42 U.S.C. 1396p(b)(3)(B)).

“SEC. 414. TREATMENT UNDER MEDICAID AND SCHIP MANAGED CARE.

“For provisions relating to the treatment of Indians enrolled in a managed care entity under the Medicaid program under title XIX of the Social Security Act and Indian Health Programs and Urban Indian Organizations that are providers of items or services to such Indian enrollees, see sections 1932(h)

and 2107(e)(1)(H) of the Social Security Act (42 U.S.C. 1396u-2(h), 1397gg(e)(1)(H)).

“SEC. 415. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY.

“(a) **STUDY.**—The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.

“(b) **CONSIDERATIONS.**—In conducting the study, the Secretary shall consider the feasibility of—

“(1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;

“(2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;

“(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and

“(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4).

“(c) **REPORT.**—Not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes—

“(1) the results of the study under this section;

“(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;

“(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and

“(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

“SEC. 416. GENERAL EXCEPTIONS.

“The requirements of this title shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg-91).

“SEC. 417. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

“SEC. 501. PURPOSE.

“The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.

“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.

“Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations to assist such organizations in the establishment and administration, within

Urban Centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any Urban Indian Organization pursuant to this title.

“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.

“(a) **REQUIREMENTS FOR GRANTS AND CONTRACTS.**—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, Urban Indian Organizations for the provision of health care and referral services for Urban Indians. Any such contract or grant shall include requirements that the Urban Indian Organization successfully undertake to—

“(1) estimate the population of Urban Indians residing in the Urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services;

“(2) estimate the current health status of Urban Indians residing in such Urban Center or centers;

“(3) estimate the current health care needs of Urban Indians residing in such Urban Center or centers;

“(4) provide basic health education, including health promotion and disease prevention education, to Urban Indians;

“(5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians; and

“(6) where necessary, provide, or enter into contracts for the provision of, health care services for Urban Indians.

“(b) **CRITERIA.**—The Secretary, acting through the Service, shall, by regulation, prescribe the criteria for selecting Urban Indian Organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

“(1) the extent of unmet health care needs of Urban Indians in the Urban Center or centers involved;

“(2) the size of the Urban Indian population in the Urban Center or centers involved;

“(3) the extent, if any, to which the activities set forth in subsection (a) would duplicate any project funded under this title, or under any current public health service project funded in a manner other than pursuant to this title;

“(4) the capability of an Urban Indian Organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

“(5) the satisfactory performance and successful completion by an Urban Indian Organization of other contracts with the Secretary under this title;

“(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers; and

“(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

“(c) **ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.**—The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

“(d) **IMMUNIZATION SERVICES.**—

“(1) **ACCESS OR SERVICES PROVIDED.**—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to Urban Indian Organizations

administering contracts entered into or receiving grants under this section.

“(2) **DEFINITION.**—For purposes of this subsection, the term ‘immunization services’ means services to provide without charge immunizations against vaccine-preventable diseases.

“(e) **BEHAVIORAL HEALTH SERVICES.**—

“(1) **ACCESS OR SERVICES PROVIDED.**—The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

“(2) **ASSESSMENT REQUIRED.**—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment of the following:

“(A) The behavioral health needs of the Urban Indian population concerned.

“(B) The behavioral health services and other related resources available to that population.

“(C) The barriers to obtaining those services and resources.

“(D) The needs that are unmet by such services and resources.

“(3) **PURPOSES OF GRANTS.**—Grants may be made under this subsection for the following:

“(A) To prepare assessments required under paragraph (2).

“(B) To provide outreach, educational, and referral services to Urban Indians regarding the availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to Urban Indians.

“(C) To provide outpatient behavioral health services to Urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment.

“(D) To develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.

“(f) **PREVENTION OF CHILD ABUSE.**—

“(1) **ACCESS OR SERVICES PROVIDED.**—The Secretary, acting through the Service, shall facilitate access to or provide services for Urban Indians through grants to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among Urban Indians.

“(2) **EVALUATION REQUIRED.**—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the Urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.

“(3) **PURPOSES OF GRANTS.**—Grants may be made under this subsection for the following:

“(A) To prepare assessments required under paragraph (2).

“(B) For the development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection.

“(C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to Urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to Urban Indian perpetrators of child abuse (including sexual abuse).

“(4) **CONSIDERATIONS WHEN MAKING GRANTS.**—In making grants to carry out this

subsection, the Secretary shall take into consideration—

“(A) the support for the Urban Indian Organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any;

“(B) the capability and expertise demonstrated by the Urban Indian Organization to address the complex problem of child sexual abuse in the community; and

“(C) the assessment required under paragraph (2).

“(g) OTHER GRANTS.—The Secretary, acting through the Service, may enter into a contract with or make grants to an Urban Indian Organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.

“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.

“(a) GRANTS AND CONTRACTS AUTHORIZED.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

“(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the Urban Indian Organization which the Secretary has entered into a contract with, or made a grant to, under this section.

“(c) GRANT AND CONTRACT REQUIREMENTS.—Any contract entered into, or grant made, by the Secretary under this section shall include requirements that—

“(1) the Urban Indian Organization successfully undertakes to—

“(A) document the health care status and unmet health care needs of Urban Indians in the Urban Center involved; and

“(B) with respect to Urban Indians in the Urban Center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and

“(2) the Urban Indian Organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable.

“(d) NO RENEWALS.—The Secretary may not renew any contract entered into or grant made under this section.

“SEC. 505. EVALUATIONS; RENEWALS.

“(a) PROCEDURES FOR EVALUATIONS.—The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by Urban Indian Organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.

“(b) EVALUATIONS.—The Secretary, acting through the Service, shall evaluate the compliance of each Urban Indian Organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary shall—

“(1) acting through the Service, conduct an annual onsite evaluation of the organization; or

“(2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare pro-

gram under title XVIII of the Social Security Act.

“(c) NONCOMPLIANCE; UNSATISFACTORY PERFORMANCE.—If, as a result of the evaluations conducted under this section, the Secretary determines that an Urban Indian Organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another Urban Indian Organization which is situated in the same Urban Center as the Urban Indian Organization whose contract or grant is not renewed under this section.

“(d) CONSIDERATIONS FOR RENEWALS.—In determining whether to renew a contract or grant with an Urban Indian Organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the Urban Indian Organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).

“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

“(a) PROCUREMENT.—Contracts with Urban Indian Organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code.

“(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

“(1) IN GENERAL.—Payments under any contracts or grants pursuant to this title, notwithstanding any term or condition of such contract or grant—

“(A) may be made in a single advance payment by the Secretary to the Urban Indian Organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of administering such a single advance payment; and

“(B) if any portion thereof is unexpended by the Urban Indian Organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds.

“(2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.—If the Secretary determines under paragraph (1)(A) that an Urban Indian Organization is not capable of administering an entire single advance payment, on request of the Urban Indian Organization, the payments may be made—

“(A) in semiannual or quarterly payments by not later than 30 days after the date on which the funding period with respect to which the payments apply begins; or

“(B) by way of reimbursement.

“(c) REVISION OR AMENDMENT OF CONTRACTS.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request and consent of an Urban Indian Organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.

“(d) FAIR AND UNIFORM SERVICES AND ASSISTANCE.—Contracts with or grants to

Urban Indian Organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to Urban Indians of services and assistance under such contracts or grants by such organizations.

“SEC. 507. REPORTS AND RECORDS.

“(a) REPORTS.—

“(1) IN GENERAL.—For each fiscal year during which an Urban Indian Organization receives or expends funds pursuant to a contract entered into or a grant received pursuant to this title, such Urban Indian Organization shall submit to the Secretary not more frequently than every 6 months, a report that includes the following:

“(A) In the case of a contract or grant under section 503, recommendations pursuant to section 503(a)(5).

“(B) Information on activities conducted by the organization pursuant to the contract or grant.

“(C) An accounting of the amounts and purpose for which Federal funds were expended.

“(D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with Urban Indian Organizations.

“(2) HEALTH STATUS AND SERVICES.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service and working with a national membership-based consortium of Urban Indian Organizations, shall submit to Congress a report evaluating—

“(i) the health status of Urban Indians;

“(ii) the services provided to Indians pursuant to this title; and

“(iii) areas of unmet needs in the delivery of health services to Urban Indians, including unmet health care facilities needs.

“(B) CONSULTATION AND CONTRACTS.—In preparing the report under paragraph (1), the Secretary—

“(i) shall confer with Urban Indian Organizations; and

“(ii) may enter into a contract with a national organization representing Urban Indian Organizations to conduct any aspect of the report.

“(b) AUDIT.—The reports and records of the Urban Indian Organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States.

“(c) COSTS OF AUDITS.—The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by—

“(1) a certified public accountant; or

“(2) a certified public accounting firm qualified to conduct Federal compliance audits.

“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

“The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

“SEC. 509. FACILITIES.

“(a) GRANTS.—The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

“(b) LOAN FUND STUDY.—The Secretary, acting through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to Urban Indian Organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section.

“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.

“There is established within the Service a Division of Urban Indian Health, which shall be responsible for—

“(1) carrying out the provisions of this title;

“(2) providing central oversight of the programs and services authorized under this title; and

“(3) providing technical assistance to Urban Indian Organizations working with a national membership-based consortium of Urban Indian Organizations.

“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-RELATED SERVICES.

“(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse, including fetal alcohol spectrum disorders, in Urban Centers to those Urban Indian Organizations with which the Secretary has entered into a contract under this title or under section 201.

“(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

“(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following:

“(1) The size of the Urban Indian population.

“(2) Capability of the organization to adequately perform the activities required under the grant.

“(3) Satisfactory performance standards for the organization in meeting the goals set forth in such grant. The standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis.

“(4) Identification of the need for services.

“(d) ALLOCATION OF GRANTS.—The Secretary shall develop a methodology for allocating grants made pursuant to this section based on the criteria established pursuant to subsection (c).

“(e) GRANTS SUBJECT TO CRITERIA.—Any grant received by an Urban Indian Organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

“Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

“(1) be permanent programs within the Service's direct care program;

“(2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and

“(3) continue to meet the requirements and definitions of an Urban Indian Organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

“(a) GRANTS AND CONTRACTS.—The Secretary, through the Division of Urban Indian Health, shall make grants to, or enter into contracts with, Urban Indian Organizations, to take effect not later than September 30, 2010, for the administration of Urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as ‘NIAAA’) and transferred to the Service.

“(b) USE OF FUNDS.—Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for Urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

“(c) ELIGIBILITY.—Urban Indian Organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

“(d) REPORT.—The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.

“SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZATIONS.

“(a) IN GENERAL.—The Secretary shall ensure that the Service confers or conferences, to the greatest extent practicable, with Urban Indian Organizations.

“(b) DEFINITION OF CONFER; CONFERENCE.—In this section, the terms ‘confer’ and ‘conference’ mean an open and free exchange of information and opinions that—

“(1) leads to mutual understanding and comprehension; and

“(2) emphasizes trust, respect, and shared responsibility.

“SEC. 515. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

“(a) CONSTRUCTION AND OPERATION.—

“(1) IN GENERAL.—The Secretary, acting through the Service, through grant or contract, shall fund the construction and operation of at least 1 residential treatment center in each Service Area that meets the eligibility requirements set forth in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

“(2) TREATMENT.—Each residential treatment center described in paragraph (1) shall be in addition to any facilities constructed under section 707(b).

“(b) ELIGIBILITY REQUIREMENTS.—To be eligible to obtain a facility under subsection (a)(1), a Service Area shall meet the following requirements:

“(1) There is an Urban Indian Organization in the Service Area.

“(2) There reside in the Service Area Urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting.

“(3) There is a significant shortage of culturally competent residential treatment services for Urban Indian youth in the Service Area.

“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) GRANTS AUTHORIZED.—The Secretary may make grants to those Urban Indian Organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

“(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

“(c) ESTABLISHMENT OF CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a) relating to—

“(1) the size and location of the Urban Indian population to be served;

“(2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the Urban Indian population to be served;

“(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;

“(4) the capability of the organization to adequately perform the activities required under the grant; and

“(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located.

“(d) FUNDS SUBJECT TO CRITERIA.—Any funds received by an Urban Indian Organization under this Act for the prevention, treatment, and control of diabetes among Urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).

“SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.

“The Secretary, acting through the Service, may enter into contracts with, and make grants to, Urban Indian Organizations for

the employment of Indians trained as health service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to Urban Indians.

“SEC. 518. EFFECTIVE DATE.

“The amendments made by the Indian Health Care Improvement Act Amendments of 2008 to this title shall take effect beginning on the date of enactment of that Act, regardless of whether the Secretary has promulgated regulations implementing such amendments.

“SEC. 519. ELIGIBILITY FOR SERVICES.

“Urban Indians shall be eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.

“SEC. 520. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.

“(2) DIRECTOR.—The Service shall be administered by a Director, who shall be appointed by the President, by and with the advice and consent of the Senate. The Director shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2008, the term of service of the Director shall be 4 years. A Director may serve more than 1 term.

“(3) INCUMBENT.—The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall serve as Director.

“(4) ADVOCACY AND CONSULTATION.—The position of Director is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes—

“(A) facilitate advocacy for the development of appropriate Indian health policy; and

“(B) promote consultation on matters relating to Indian health.

“(b) AGENCY.—The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department.

“(c) DUTIES.—The Director shall—

“(1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, carried out by or under the direction of the individual serving as Director of the Service on that day;

“(2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians;

“(3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under—

“(A) this Act;

“(B) the Act of November 2, 1921 (25 U.S.C. 13);

“(C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.);

“(D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and

“(E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

“(4) administer all scholarship and loan functions carried out under title I;

“(5) directly advise the Secretary concerning the development of all policy- and budget-related matters affecting Indian health;

“(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service;

“(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility;

“(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility;

“(9) coordinate the activities of the Department concerning matters of Indian health; and

“(10) perform such other functions as the Secretary may designate.

“(d) AUTHORITY.—

“(1) IN GENERAL.—The Secretary, acting through the Director, shall have the authority—

“(A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code;

“(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and

“(C) to manage, expend, and obligate all funds appropriated for the Service.

“(2) PERSONNEL ACTIONS.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

“(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

“(A) a financial management system;

“(B) a patient care information system for each area served by the Service;

“(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;

“(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service;

“(E) an interface mechanism for patient billing and accounts receivable system; and

“(F) a training component.

“(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide each Tribal Health Program automated management information systems which—

“(1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and

“(2) meet the management information needs of the Service.

“(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

“(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Director, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.

“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

“(a) PURPOSES.—The purposes of this section are as follows:

“(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes and Tribal Organizations to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

“(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

“(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

“(4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams.

“(5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to behavioral health services to which all citizens have access.

“(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).

“(b) PLANS.—

“(1) DEVELOPMENT.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans and to participate in developing area-wide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:

“(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including—

“(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or

“(ii) an estimate of the financial and human cost attributable to such illness or behavior.

“(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

“(C) An estimate of the additional funding needed by the Service, Indian Tribes, and Tribal Organizations to meet their responsibilities under the plans.

“(2) COORDINATION WITH NATIONAL CLEARINGHOUSES AND INFORMATION CENTERS.—The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, or the Service.

“(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian Tribes and Tribal Organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

“(c) PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, to the extent feasible and if funding is available, programs including the following:

“(1) COMPREHENSIVE CARE.—A comprehensive continuum of behavioral health care which provides—

“(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

“(B) detoxification (social and medical);

“(C) acute hospitalization;

“(D) intensive outpatient/day treatment;

“(E) residential treatment;

“(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals;

“(G) emergency shelter;

“(H) intensive case management;

“(I) diagnostic services; and

“(J) promotion of healthy approaches to risk and safety issues, including injury prevention.

“(2) CHILD CARE.—Behavioral health services for Indians from birth through age 17, including—

“(A) preschool and school age fetal alcohol spectrum disorder services, including assessment and behavioral intervention;

“(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco);

“(C) identification and treatment of co-occurring disorders and comorbidity;

“(D) prevention of alcohol, drug, inhalant, and tobacco use;

“(E) early intervention, treatment, and aftercare; and

“(F) identification and treatment of neglect and physical, mental, and sexual abuse.

“(3) ADULT CARE.—Behavioral health services for Indians from age 18 through 55, including—

“(A) early intervention, treatment, and aftercare;

“(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

“(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

“(D) promotion of healthy approaches for risk-related behavior;

“(E) treatment services for women at risk of a fetal alcohol-exposed pregnancy; and

“(F) sex specific treatment for sexual assault and domestic violence.

“(4) FAMILY CARE.—Behavioral health services for families, including—

“(A) early intervention, treatment, and aftercare for affected families;

“(B) treatment for sexual assault and domestic violence; and

“(C) promotion of healthy approaches relating to parenting, domestic violence, and other abuse issues.

“(5) ELDER CARE.—Behavioral health services for Indians 56 years of age and older, including—

“(A) early intervention, treatment, and aftercare;

“(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

“(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

“(D) promotion of healthy approaches to managing conditions related to aging;

“(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and

“(F) identification and treatment of dementias regardless of cause.

“(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

“(1) ESTABLISHMENT.—The governing body of any Indian Tribe or Tribal Organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services,

intensive outpatient services, and continuing aftercare.

“(2) **TECHNICAL ASSISTANCE.**—At the request of an Indian Tribe or Tribal Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe or Tribal Organization in the development and implementation of such plan.

“(3) **FUNDING.**—The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

“(e) **COORDINATION FOR AVAILABILITY OF SERVICES.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.

“(f) **MENTAL HEALTH CARE NEED ASSESSMENT.**—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR.

“(a) **CONTENTS.**—Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memorandum of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following:

“(1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.

“(2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians.

“(3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1).

“(4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access.

“(B) The right of Indians to participate in, and receive the benefit of, such services.

“(C) The actions necessary to protect the exercise of such right.

“(5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1).

“(6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including—

“(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.)) with behavioral health initiatives pursuant to this Act, particularly with

respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and

“(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.

“(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).

“(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.

“(b) **SPECIFIC PROVISIONS REQUIRED.**—The memoranda of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for—

“(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

“(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

“(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

“(c) **PUBLICATION.**—Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and Urban Indian Organization.

“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

“(a) **ESTABLISHMENT.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, which shall include—

“(A) prevention, through educational intervention, in Indian communities;

“(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment;

“(C) community-based rehabilitation and aftercare;

“(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

“(E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and

“(F) diagnostic services.

“(2) **TARGET POPULATIONS.**—The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.

“(b) **CONTRACT HEALTH SERVICES.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).

“(2) **PROVISION OF ASSISTANCE.**—In carrying out this subsection, the Secretary shall pro-

vide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.

“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

“(a) **IN GENERAL.**—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary shall establish and maintain a mental health technician program within the Service which—

“(1) provides for the training of Indians as mental health technicians; and

“(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

“(b) **PARAPROFESSIONAL TRAINING.**—In carrying out subsection (a), the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

“(c) **SUPERVISION AND EVALUATION OF TECHNICIANS.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall supervise and evaluate the mental health technicians in the training program.

“(d) **TRADITIONAL HEALTH CARE PRACTICES.**—The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the use and promotion of the traditional health care practices of the Indian Tribes to be served.

“SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.

“(a) **IN GENERAL.**—Subject to the provisions of section 221, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this Act is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively.

“(b) **TRAINEES.**—An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual—

“(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively;

“(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and

“(3) meets such other training, supervision, and quality review requirements as the Secretary may establish.

“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.

“(a) **GRANTS.**—The Secretary, consistent with section 701, may make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age.

“(b) **USE OF GRANT FUNDS.**—A grant made pursuant to this section may be used to—

“(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol spectrum disorders;

“(2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and

“(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement.

“(c) **CRITERIA.**—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

“(d) **ALLOCATION OF CERTAIN FUNDS.**—Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

“SEC. 707. INDIAN YOUTH PROGRAM.

“(a) **DETOXIFICATION AND REHABILITATION.**—The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

“(b) **ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.**—

“(1) **ESTABLISHMENT.**—

“(A) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office.

“(B) **AREA OFFICE IN CALIFORNIA.**—For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.

“(2) **FUNDING.**—For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13).

“(3) **LOCATION.**—A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center.

“(4) **SPECIFIC PROVISION OF FUNDS.**—

“(A) **IN GENERAL.**—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

“(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and

“(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(1)).

“(B) **PROVISION OF SERVICES TO ELIGIBLE YOUTHS.**—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.

“(c) **INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide intermediate behavioral health services to Indian children and adolescents, including—

“(A) pretreatment assistance;

“(B) inpatient, outpatient, and aftercare services;

“(C) emergency care;

“(D) suicide prevention and crisis intervention; and

“(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.

“(2) **USE OF FUNDS.**—Funds provided under this subsection may be used—

“(A) to construct or renovate an existing health facility to provide intermediate behavioral health services;

“(B) to hire behavioral health professionals;

“(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;

“(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

“(E) for intensive home- and community-based services.

“(3) **CRITERIA.**—The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection.

“(d) **FEDERALLY-OWNED STRUCTURES.**—

“(1) **IN GENERAL.**—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall—

“(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youths; and

“(B) establish guidelines for determining the suitability of any such federally-owned structure to be used for local residential or regional behavioral health treatment for Indian youths.

“(2) **TERMS AND CONDITIONS FOR USE OF STRUCTURE.**—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.

“(e) **REHABILITATION AND AFTERCARE SERVICES.**—

“(1) **IN GENERAL.**—The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community.

“(2) **ADMINISTRATION.**—Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

“(f) **INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.**—In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

“(g) **MULTIDRUG ABUSE PROGRAM.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, consistent with section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and to-

bacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.

“(h) **INDIAN YOUTH MENTAL HEALTH.**—The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to—

“(1) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs;

“(2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs;

“(3) the number of youth referred to the Service or Tribal Health Programs for mental health services;

“(4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and

“(5) the costs of the services described in paragraph (4).

“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT.

“(a) **PURPOSE.**—The purpose of this section is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention and treatment of Indian youth, including through—

“(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;

“(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

“(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

“(4) the development of culturally-relevant educational materials on suicide; and

“(5) data collection and reporting.

“(b) **DEFINITIONS.**—For the purpose of this section, the following definitions shall apply:

“(1) **DEMONSTRATION PROJECT.**—The term ‘demonstration project’ means the Indian youth telemental health demonstration project authorized under subsection (c).

“(2) **TELEMENTAL HEALTH.**—The term ‘telemental health’ means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration.

“(c) **AUTHORIZATION.**—

“(1) **IN GENERAL.**—The Secretary is authorized to award grants under the demonstration project for the provision of telemental health services to Indian youth who—

“(A) have expressed suicidal ideas;

“(B) have attempted suicide; or

“(C) have mental health conditions that increase or could increase the risk of suicide.

“(2) **ELIGIBILITY FOR GRANTS.**—Such grants shall be awarded to Indian Tribes and Tribal Organizations that operate 1 or more facilities—

“(A) located in Alaska and part of the Alaska Federal Health Care Access Network;

“(B) reporting active clinical telehealth capabilities; or

“(C) offering school-based telemental health services relating to psychiatry to Indian youth.

“(3) **GRANT PERIOD.**—The Secretary shall award grants under this section for a period of up to 4 years.

“(4) **AWARDING OF GRANTS.**—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that—

“(A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide;

“(B) enter in to collaborative partnerships with Indian Health Service or Tribal Health

Programs or facilities to provide services under this demonstration project;

“(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or

“(D) operate a detention facility at which Indian youth are detained.

“(d) USE OF FUNDS.—

“(1) IN GENERAL.—An Indian Tribe or Tribal Organization shall use a grant received under subsection (c) for the following purposes:

“(A) To provide telemental health services to Indian youth, including the provision of—

“(i) psychotherapy;

“(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and

“(iii) alcohol and substance abuse treatment.

“(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service, tribal, or urban clinicians and health services providers working with youth being served under this demonstration project.

“(C) To assist, educate and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under this demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among these individuals and with State and local health services providers.

“(D) To develop and distribute culturally appropriate community educational materials on—

“(i) suicide prevention;

“(ii) suicide education;

“(iii) suicide screening;

“(iv) suicide intervention; and

“(v) ways to mobilize communities with respect to the identification of risk factors for suicide.

“(E) For data collection and reporting related to Indian youth suicide prevention efforts.

“(2) TRADITIONAL HEALTH CARE PRACTICES.—In carrying out the purposes described in paragraph (1), an Indian Tribe or Tribal Organization may use and promote the traditional health care practices of the Indian Tribes of the youth to be served.

“(e) APPLICATIONS.—To be eligible to receive a grant under subsection (c), an Indian Tribe or Tribal Organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

“(1) a description of the project that the Indian Tribe or Tribal Organization will carry out using the funds provided under the grant;

“(2) a description of the manner in which the project funded under the grant would—

“(A) meet the telemental health care needs of the Indian youth population to be served by the project; or

“(B) improve the access of the Indian youth population to be served to suicide prevention and treatment services;

“(3) evidence of support for the project from the local community to be served by the project;

“(4) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project;

“(5) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and

“(6) a plan for sustaining the project after Federal assistance for the demonstration project has terminated.

“(f) COLLABORATION; REPORTING TO NATIONAL CLEARINGHOUSE.—

“(1) COLLABORATION.—The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects.

“(2) REPORTING TO NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701(b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services.

“(g) ANNUAL REPORT.—Each grant recipient shall submit to the Secretary an annual report that—

“(1) describes the number of telemental health services provided; and

“(2) includes any other information that the Secretary may require.

“(h) REPORT TO CONGRESS.—Not later than 270 days after the termination of the demonstration project, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a final report, based on the annual reports provided by grant recipients under subsection (b), that—

“(1) describes the results of the projects funded by grants awarded under this section, including any data available which indicates the number of attempted suicides;

“(2) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth;

“(3) evaluates whether the demonstration project should be—

“(A) expanded to provide more than 5 grants; and

“(B) designated a permanent program; and

“(4) evaluates the benefits of expanding the demonstration project to include Urban Indian Organizations.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$1,500,000 for each of fiscal years 2008 through 2011.

“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING.”

“Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

“SEC. 710. TRAINING AND COMMUNITY EDUCATION.”

“(a) PROGRAM.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or assist Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care

providers including traditional practitioners, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare.

“(b) INSTRUCTION.—The Secretary, acting through the Service, shall, either directly or through Indian Tribes and Tribal Organizations, provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol spectrum disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433).

“(c) TRAINING MODELS.—In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

“(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics;

“(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and

“(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.

“SEC. 711. BEHAVIORAL HEALTH PROGRAM.”

“(a) INNOVATIVE PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, consistent with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians.

“(b) AWARDS; CRITERIA.—The Secretary may award a grant for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria:

“(1) The project will address significant unmet behavioral health needs among Indians.

“(2) The project will serve a significant number of Indians.

“(3) The project has the potential to deliver services in an efficient and effective manner.

“(4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

“(5) The project may deliver services in a manner consistent with traditional health care practices.

“(6) The project is coordinated with, and avoids duplication of, existing services.

“(c) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.

“SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS PROGRAMS.”

“(a) PROGRAMS.—

“(1) ESTABLISHMENT.—The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized to establish and operate fetal alcohol spectrum disorders programs as provided in this section for the purposes of meeting the health status objectives specified in section 3.

“(2) USE OF FUNDS.—

“(A) IN GENERAL.—Funding provided pursuant to this section shall be used for the following:

“(i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol spectrum disorders.

“(ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian’s child.

“(iii) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol spectrum disorders-affected Indians and their families or caretakers.

“(iv) To develop and implement counseling and support programs in schools for fetal alcohol spectrum disorders-affected Indian children.

“(v) To develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement.

“(vi) To develop, print, and disseminate education and prevention materials on fetal alcohol spectrum disorders.

“(vii) To develop and implement, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol spectrum disorders clinics for use in Indian communities and Urban Centers.

“(B) ADDITIONAL USES.—In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following:

“(i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol spectrum disorders among Indians.

“(ii) Community-based support services for Indians and women pregnant with Indian children.

“(iii) Community-based housing for adult Indians with fetal alcohol spectrum disorders.

“(3) CRITERIA FOR APPLICATIONS.—The Secretary shall establish criteria for the review and approval of applications for funding under this section.

“(b) SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall—

“(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol spectrum disorders in Indian communities; and

“(2) provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol spectrum disorders.

“(c) TASK FORCE.—The Secretary shall establish a task force to be known as the Fetal Alcohol Spectrum Disorders Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following:

“(1) The National Institute on Drug Abuse.

“(2) The National Institute on Alcohol and Alcoholism.

“(3) The Office of Substance Abuse Prevention.

“(4) The National Institute of Mental Health.

“(5) The Service.

“(6) The Office of Minority Health of the Department of Health and Human Services.

“(7) The Administration for Native Americans.

“(8) The National Institute of Child Health and Human Development (NICHD).

“(9) The Centers for Disease Control and Prevention.

“(10) The Bureau of Indian Affairs.

“(11) Indian Tribes.

“(12) Tribal Organizations.

“(13) Urban Indian communities.

“(14) Indian fetal alcohol spectrum disorders experts.

“(d) APPLIED RESEARCH PROJECTS.—The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for applied research projects which propose to elevate the understanding

of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and Urban Indians affected by fetal alcohol spectrum disorders.

“(e) FUNDING FOR URBAN INDIAN ORGANIZATIONS.—Ten percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations funded under title V.

“SEC. 713. CHILD SEXUAL ABUSE PREVENTION AND TREATMENT PROGRAMS.

“(a) ESTABLISHMENT.—The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations, shall establish, consistent with section 701, in every Service Area, programs involving treatment for victims of sexual abuse who are Indian children or children in an Indian household.

“(b) USE OF FUNDS.—Funding provided pursuant to this section shall be used for the following:

“(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

“(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse.

“(3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement.

“(4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers.

“(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household—

“(A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and

“(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.

“(c) COORDINATION.—The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).

“SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT.

“(a) IN GENERAL.—The Secretary, in accordance with section 701, is authorized to establish in each Service Area programs involving the prevention and treatment of—

“(1) Indian victims of domestic violence or sexual abuse; and

“(2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household.

“(b) USE OF FUNDS.—Funds made available to carry out this section shall be used—

“(1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse;

“(2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual assault nurse examiners) to Indian victims of domestic violence or sexual abuse;

“(3) to purchase rape kits,

“(4) to develop prevention and intervention models, which may incorporate traditional health care practices; and

“(5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household.

“(c) TRAINING AND CERTIFICATION.—

“(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for

victims of domestic violence and sexual abuse.

“(2) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1).

“(d) COORDINATION.—

“(1) IN GENERAL.—The Secretary, in coordination with the Attorney General, Federal and tribal law enforcement agencies, Indian Health Programs, and domestic violence or sexual assault victim organizations, shall develop appropriate victim services and victim advocate training programs—

“(A) to improve domestic violence or sexual abuse responses;

“(B) to improve forensic examinations and collection;

“(C) to identify problems or obstacles in the prosecution of domestic violence or sexual abuse; and

“(D) to meet other needs or carry out other activities required to prevent, treat, and improve prosecutions of domestic violence and sexual abuse.

“(2) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes, with respect to the matters described in paragraph (1), the improvements made and needed, problems or obstacles identified, and costs necessary to address the problems or obstacles, and any other recommendations that the Secretary determines to be appropriate.

“SEC. 715. TESTIMONY BY SERVICE EMPLOYEES IN CASES OF RAPE AND SEXUAL ASSAULT.

“(a) APPROVAL BY DIRECTOR.—

“(1) IN GENERAL.—The Director shall approve or disapprove, in writing, any request or subpoena for a sexual assault nurse examiner employed by the Service to provide testimony in a deposition, trial, or other similar proceeding regarding information obtained in carrying out the official duties of the nurse examiner.

“(2) REQUIREMENT.—The Director shall approve a request or subpoena under paragraph (1) if the request or subpoena does not violate the policy of the Department to maintain strict impartiality with respect to private causes of action.

“(3) TREATMENT.—If the Director fails to approve or disapprove a request or subpoena by the date that is 30 days after the date of receipt of the request or subpoena, the request or subpoena shall be considered to be approved for purposes of this subsection.

“(b) POLICIES AND PROTOCOL.—The Director, in coordination with the Director of the Office on Violence Against Women of the Department of Justice, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall develop standardized sexual assault policies and protocol for the facilities of the Service.

“SEC. 716. BEHAVIORAL HEALTH RESEARCH.

“The Secretary, in consultation with appropriate Federal agencies, shall make grants to, or enter into contracts with, Indian Tribes, Tribal Organizations, and Urban Indian Organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include—

“(1) the multifactorial causes of Indian youth suicide, including—

“(A) protective and risk factors and scientific data that identifies those factors; and

“(B) the effects of loss of cultural identity and the development of scientific data on those effects;

“(2) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and

“(3) the development of models of prevention techniques.

The effect of the interrelationships and interdependencies referred to in paragraph (2) on children, and the development of prevention techniques under paragraph (3) applicable to children, shall be emphasized.

“SEC. 717. DEFINITIONS.

“For the purpose of this title, the following definitions shall apply:

“(1) **ASSESSMENT.**—The term ‘assessment’ means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

“(2) **ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.**—The term ‘alcohol-related neurodevelopmental disorders’ or ‘ARND’ means any 1 of a spectrum of effects that—

“(A) may occur when a woman drinks alcohol during pregnancy; and

“(B) involves a central nervous system abnormality that may be structural, neurological, or functional.

“(3) **BEHAVIORAL HEALTH AFTERCARE.**—The term ‘behavioral health aftercare’ includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

“(4) **DUAL DIAGNOSIS.**—The term ‘dual diagnosis’ means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

“(5) **FETAL ALCOHOL SPECTRUM DISORDERS.**—

“(A) **IN GENERAL.**—The term ‘fetal alcohol spectrum disorders’ includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

“(B) **INCLUSIONS.**—The term ‘fetal alcohol spectrum disorders’ may include—

“(i) fetal alcohol syndrome (FAS);

“(ii) fetal alcohol effect (FAE);

“(iii) alcohol-related birth defects; and

“(iv) alcohol-related neurodevelopmental disorders (ARND).

“(6) **FETAL ALCOHOL SYNDROME OR FAS.**—The term ‘fetal alcohol syndrome’ or ‘FAS’ means any 1 of a spectrum of effects that may occur when a woman drinks alcohol during pregnancy, the diagnosis of which involves the confirmed presence of the following 3 criteria:

“(A) Craniofacial abnormalities.

“(B) Growth deficits.

“(C) Central nervous system abnormalities.

“(7) **REHABILITATION.**—The term ‘rehabilitation’ means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

“(8) **SUBSTANCE ABUSE.**—The term ‘substance abuse’ includes inhalant abuse.

“SEC. 718. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out the provisions of this title.

“TITLE VIII—MISCELLANEOUS

“SEC. 801. REPORTS.

“For each fiscal year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall transmit to Congress a report containing the following:

“(1) A report on the progress made in meeting the objectives of this Act, including

a review of programs established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population.

“(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808.

“(3) A report on the use of health services by Indians—

“(A) on a national and area or other relevant geographical basis;

“(B) by gender and age;

“(C) by source of payment and type of service;

“(D) comparing such rates of use with rates of use among comparable non-Indian populations; and

“(E) provided under contracts.

“(4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110.

“(5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n).

“(6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 125(f).

“(7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201.

“(8) A report of the evaluations of health promotion and disease prevention as required in section 203(c).

“(9) A biennial report to Congress on infectious diseases as required by section 212.

“(10) A report on environmental and nuclear health hazards as required by section 215.

“(11) An annual report on the status of all health care facilities needs as required by section 301(c)(2)(B) and 301(d).

“(12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h).

“(13) An annual report on the expenditure of non-Service funds for renovation as required by sections 304(b)(2).

“(14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).

“(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.

“(16) A report on any arrangements for the sharing of medical facilities or services, as authorized by section 406.

“(17) A report on evaluation and renewal of Urban Indian programs under section 505.

“(18) A report on the evaluation of programs as required by section 513(d).

“(19) A report on alcohol and substance abuse as required by section 701(f).

“(20) A report on Indian youth mental health services as required by section 707(h).

“(21) A report on the reallocation of base resources if required by section 808.

“SEC. 802. REGULATIONS.

“(a) **DEADLINES.**—

“(1) **PROCEDURES.**—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out titles II (except section 202) and VII, the sections of title III for which negotiated rulemaking is specifically required, and section 807. Un-

less otherwise required, the Secretary may promulgate regulations to carry out titles I, III, IV, and V, and section 202, using the procedures required by chapter V of title 5, United States Code (commonly known as the ‘Administrative Procedure Act’).

“(2) **PROPOSED REGULATIONS.**—Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and shall have no less than a 120-day comment period.

“(3) **FINAL REGULATIONS.**—The Secretary shall publish in the Federal Register final regulations to implement this Act by not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008.

“(b) **COMMITTEE.**—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes, and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes and Tribal Organizations from each Service Area.

“(c) **ADAPTATION OF PROCEDURES.**—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian Tribes.

“(d) **LACK OF REGULATIONS.**—The lack of promulgated regulations shall not limit the effect of this Act.

“(e) **INCONSISTENT REGULATIONS.**—The provisions of this Act shall supersede any conflicting provisions of law in effect on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.

“SEC. 803. PLAN OF IMPLEMENTATION.

“Not later than 9 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall submit to Congress a plan explaining the manner and schedule, by title and section, by which the Secretary will implement the provisions of this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq).

“SEC. 804. AVAILABILITY OF FUNDS.

“The funds appropriated pursuant to this Act shall remain available until expended.

“SEC. 805. LIMITATION RELATING TO ABORTION.

“(a) **DEFINITION OF HEALTH BENEFITS COVERAGE.**—In this section, the term ‘health benefits coverage’ means a health-related service or group of services provided pursuant to a contract, compact, grant, or other agreement.

“(b) **LIMITATION.**—

“(1) **IN GENERAL.**—Except as provided in paragraph (2), no funds or facilities of the Service may be used—

“(A) to provide any abortion; or

“(B) to provide, or pay any administrative cost of, any health benefits coverage that includes coverage of an abortion.

“(2) **EXCEPTIONS.**—The limitation described in paragraph (1) shall not apply in any case in which—

“(A) a pregnancy is the result of an act of rape, or an act of incest against a minor; or

“(B) the woman suffers from a physical disorder, physical injury, or physical illness that, as certified by a physician, would place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

“(c) **TRADITIONAL HEALTH CARE PRACTICES.**—Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion, and disease prevention under this Act, the

United States is not liable for any provision of traditional health care practices pursuant to this Act that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or this Act.

“(d) FIREARM PROGRAMS.—None of the funds made available to carry out this Act may be used to carry out any antirearm program, gun buy-back program, or program to discourage or stigmatize the private ownership of firearms for collecting, hunting, or self-defense purposes.

“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

“(a) IN GENERAL.—The following California Indians shall be eligible for health services provided by the Service:

“(1) Any member of a federally recognized Indian Tribe.

“(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

“(A) is a member of the Indian community served by a local program of the Service; and

“(B) is regarded as an Indian by the community in which such descendant lives.

“(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

“(4) Any Indian in California who is listed on the plans for distribution of the assets of rancherías and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

“(b) CLARIFICATION.—Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.

“(a) CHILDREN.—Any individual who—

“(1) has not attained 19 years of age;

“(2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and

“(3) is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.

“(b) SPOUSES.—Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian Tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

“(c) PROVISION OF SERVICES TO OTHER INDIVIDUALS.—

“(1) IN GENERAL.—The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the Service Unit and who are not otherwise eligible for such health services if—

“(A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and

“(B) the Secretary and the served Indian Tribes have jointly determined that—

“(i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and

“(ii) there is no reasonable alternative health facilities or services, within or without the Service Unit, available to meet the health needs of such individuals.

“(2) ISDEEA PROGRAMS.—In the case of health programs and facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the governing body of the Indian Tribe or Tribal Organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or Tribal Organization shall take into account the considerations described in paragraph (1)(B).

“(3) PAYMENT FOR SERVICES.—

“(A) IN GENERAL.—Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including Medicare, Medicaid, or SCHIP reimbursements under titles XVIII, XIX, and XXI of the Social Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this subsection shall be available for expenditure within such program.

“(B) INDIGENT PEOPLE.—Health services may be provided by the Secretary through the Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.

“(4) REVOCATION OF CONSENT FOR SERVICES.—

“(A) SINGLE TRIBE SERVICE AREA.—In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.

“(B) MULTITRIBAL SERVICE AREA.—In the case of a multitribal Service Area, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.

“(d) OTHER SERVICES.—The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to—

“(1) achieve stability in a medical emergency;

“(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;

“(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or

“(4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.

“(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or com-

pact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.

“(f) ELIGIBLE INDIAN.—For purposes of this section, the term ‘eligible Indian’ means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.

“SEC. 808. REALLOCATION OF BASE RESOURCES.

“(a) REPORT REQUIRED.—Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a Service Unit may be implemented only after the Secretary has submitted to Congress, under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

“(b) EXCEPTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.

“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

“The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and Urban Indian Organizations of the findings and results of demonstration projects conducted under this Act.

“SEC. 810. PROVISION OF SERVICES IN MONTANA.

“(a) CONSISTENT WITH COURT DECISION.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in *McNabb v. McNabb*, 829 F.2d 787 (9th Cir. 1987).

“(b) CLARIFICATION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.

“SEC. 811. TRIBAL EMPLOYMENT.

“For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, chapter 372), an Indian Tribe or Tribal Organization carrying out a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall not be considered an ‘employer’.

“SEC. 812. SEVERABILITY PROVISIONS.

“If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

“SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE.

“(a) ESTABLISHMENT.—There is established the National Bipartisan Indian Health Care Commission (the ‘Commission’).

“(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

“(1) To establish a study committee composed of those members of the Commission appointed by the Director and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following:

“(A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian needs with regard to the provision of health

services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, which may include authorizing and making funds available for feasibility studies of various models for providing and funding health services for all Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently.

“(B) To make legislative recommendations to the Commission regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(C) To determine the effect of the enactment of such recommendations on (i) the existing system of delivery of health services for Indians, and (ii) the sovereign status of Indian Tribes.

“(D) Not later than 12 months after the appointment of all members of the Commission, to submit a written report of its findings and recommendations to the full Commission. The report shall include a statement of the minority and majority position of the Committee and shall be disseminated, at a minimum, to every Indian Tribe, Tribal Organization, and Urban Indian Organization for comment to the Commission.

“(E) To report regularly to the full Commission regarding the findings and recommendations developed by the study committee in the course of carrying out its duties under this section.

“(2) To review and analyze the recommendations of the report of the study committee.

“(3) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(c) MEMBERS.—

“(1) APPOINTMENT.—The Commission shall be composed of 25 members, appointed as follows:

“(A) Ten members of Congress, including 3 from the House of Representatives and 2 from the Senate, appointed by their respective majority leaders, and 3 from the House of Representatives and 2 from the Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians.

“(B) Twelve persons chosen by the congressional members of the Commission, 1 from each Service Area as currently designated by the Director to be chosen from among 3 nominees from each Service Area put forward by the Indian Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and to a reasonable representation on the commission of members who are familiar with various health care delivery modes and who represent Indian Tribes of various size populations.

“(C) Three persons appointed by the Director who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees put forward by those programs whose funds are provided in whole or in part by the Service primarily or exclusively for the benefit of Urban Indians.

“(D) All those persons chosen by the congressional members of the Commission and by the Director shall be members of federally recognized Indian Tribes.

“(2) CHAIR; VICE CHAIR.—The Chair and Vice Chair of the Commission shall be selected by the congressional members of the Commission.

“(3) TERMS.—The terms of members of the Commission shall be for the life of the Commission.

“(4) DEADLINE FOR APPOINTMENTS.—Congressional members of the Commission shall be appointed not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members.

“(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

“(d) COMPENSATION.—

“(1) CONGRESSIONAL MEMBERS.—Each congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

“(2) OTHER MEMBERS.—Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

“(e) MEETINGS.—The Commission shall meet at the call of the Chair.

“(f) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.

“(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

“(1) APPOINTMENT; PAY.—The Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

“(2) STAFF APPOINTMENT.—With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

“(3) STAFF PAY.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

“(4) TEMPORARY SERVICES.—With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

“(5) FACILITIES.—The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

“(h) HEARINGS.—(1) For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of

the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established in this section may count toward the number of regional hearings required by this subsection.

“(2)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Centers for Medicare & Medicaid Services, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

“(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of that Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

“(3) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

“(4) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

“(5) The Commission may use the United States mails in the same manner and under the same conditions as Federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.

“(6) The Commission may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.

“(7) Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

“(8) For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of Congress.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$4,000,000 to carry out the provisions of this section, which sum shall not be deducted from or affect any other appropriation for health care for Indian persons.

“(j) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

“SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.

“(a) CONFIDENTIALITY OF RECORDS.—Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).

“(b) PROHIBITION ON DISCLOSURE AND TESTIMONY.—

“(1) IN GENERAL.—No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).

“(2) TESTIMONY.—A person who reviews or creates medical quality assurance records for any Indian Health Program or Urban Indian Organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.

“(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

“(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:

“(A) To a Federal executive agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an Urban Indian Organization to perform monitoring, required by law, of such program or organization.

“(B) To an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.

“(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization.

“(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.

“(E) To an officer, employee, or contractor of the Indian Health Program or Urban Indian Organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.

“(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.

“(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.

“(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization.

“(d) DISCLOSURE FOR CERTAIN PURPOSES.—

“(1) IN GENERAL.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program's or Urban Indian Organization's medical quality assurance programs.

“(2) WITHHOLDING FROM CONGRESS.—Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.

“(e) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.—A person or entity having possession of or access to a record or testi-

mony described by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.

“(f) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.

“(g) LIMITATION ON CIVIL LIABILITY.—A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

“(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

“(i) REGULATIONS.—The Secretary, acting through the Service, is authorized to promulgate regulations pursuant to section 802.

“(j) DEFINITIONS.—In this section:

“(1) The term ‘health care provider’ means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to provide health care services in an Indian Health Program or health program of an Urban Indian Organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.

“(2) The term ‘medical quality assurance program’ means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for review of adverse incidents, claims, quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.

“(3) The term ‘medical quality assurance record’ means the proceedings, records, minutes, and reports that emanate from quality assurance program activities described in paragraph (2) and are produced or compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.

“(k) RELATIONSHIP TO OTHER LAW.—This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008.

“SEC. 815. SENSE OF CONGRESS REGARDING LAW ENFORCEMENT AND METHAMPHETAMINE ISSUES IN INDIAN COUNTRY.

“It is the sense of Congress that Congress encourages State, local, and Indian tribal law enforcement agencies to enter into memoranda of agreement between and among those agencies for purposes of streamlining law enforcement activities and maximizing the use of limited resources—

“(1) to improve law enforcement services provided to Indian tribal communities; and

“(2) to increase the effectiveness of measures to address problems relating to methamphetamine use in Indian Country (as defined in section 1151 of title 18, United States Code).

“SEC. 816. TRIBAL HEALTH PROGRAM OPTION FOR COST SHARING.

“(a) IN GENERAL.—Nothing in this Act limits the ability of a Tribal Health Program

operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq.) to charge an Indian for services provided by the Tribal Health Program.

“(b) SERVICE.—Nothing in this Act authorizes the Service—

“(1) to charge an Indian for services; or

“(2) to require any Tribal Health Program to charge an Indian for services.

“SEC. 817. TESTING FOR SEXUALLY TRANSMITTED DISEASES IN CASES OF SEXUAL VIOLENCE.

“The Attorney General shall ensure that, with respect to any Federal criminal action involving a sexual assault, rape, or other incident of sexual violence against an Indian—

“(1)(A) at the request of the victim, a defendant is tested for the human immunodeficiency virus (HIV) and such other sexually transmitted diseases as are requested by the victim not later than 48 hours after the date on which the applicable information or indictment is presented;

“(B) a notification of the test results is provided to the victim or the parent or guardian of the victim and the defendant as soon as practicable after the results are generated; and

“(C) such follow-up tests for HIV and other sexually transmitted diseases are provided as are medically appropriate, with the test results made available in accordance with subparagraph (B); and

“(2) pursuant to section 714(a), HIV and other sexually transmitted disease testing, treatment, and counseling is provided for victims of sexual abuse.

“SEC. 818. STUDY ON TOBACCO-RELATED DISEASE AND DISPROPORTIONATE HEALTH EFFECTS ON TRIBAL POPULATIONS.

“Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with appropriate Federal departments and agencies and acting through the epidemiology centers established under section 209, shall solicit from independent organizations bids to conduct, and shall submit to Congress no later than 5 years after enactment a report describing the results of, a study to determine possible causes for the high prevalence of tobacco use among Indians.

“SEC. 819. APPROPRIATIONS; AVAILABILITY.

“Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93-344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

“SEC. 820. GAO REPORT ON COORDINATION OF SERVICES.

“(a) STUDY AND EVALUATION.—The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

“(1) through Medicare, Medicaid, or SCHIP;

“(2) by the Service; or

“(3) using funds provided by—

“(A) State or local governments; or

“(B) Indian Tribes.

“(b) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Comptroller General shall submit to Congress a report—

“(1) describing the results of the evaluation under subsection (a); and

“(2) containing recommendations of the Comptroller General regarding measures to

support and increase coordination of the provision of health care services to Indians as described in subsection (a).

“SEC. 821. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.”.

SEC. 102. SOBOBA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following:

“SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).”.

SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) IN GENERAL.—The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following:

“TITLE VIII—NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION

“SEC. 801. DEFINITIONS.

“In this title:

“(1) BOARD.—The term ‘Board’ means the Board of Directors of the Foundation.

“(2) COMMITTEE.—The term ‘Committee’ means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 802(f).

“(3) FOUNDATION.—The term ‘Foundation’ means the Native American Health and Wellness Foundation established under section 802.

“(4) SECRETARY.—The term ‘Secretary’ means the Secretary of Health and Human Services.

“(5) SERVICE.—The term ‘Service’ means the Indian Health Service of the Department of Health and Human Services.

“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—As soon as practicable after the date of enactment of this title, the Secretary shall establish, under the laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness Foundation.

“(2) FUNDING DETERMINATIONS.—No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall—

“(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians; or

“(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians.

“(b) PERPETUAL EXISTENCE.—The Foundation shall have perpetual existence.

“(c) NATURE OF CORPORATION.—The Foundation—

“(1) shall be a charitable and nonprofit federally chartered corporation; and

“(2) shall not be an agency or instrumentality of the United States.

“(d) PLACE OF INCORPORATION AND DOMICILE.—The Foundation shall be incorporated and domiciled in the District of Columbia.

“(e) DUTIES.—The Foundation shall—

“(1) encourage, accept, and administer private gifts of real and personal property, and any income from or interest in such gifts, for the benefit of, or in support of, the mission of the Service;

“(2) undertake and conduct such other activities as will further the health and wellness activities and opportunities of Native Americans; and

“(3) participate with and assist Federal, State, and tribal governments, agencies, entities, and individuals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans.

“(f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.—

“(1) IN GENERAL.—The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation.

“(2) DUTIES.—Not later than 180 days after the date of enactment of this section, the Committee shall—

“(A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation;

“(B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established;

“(C) establish the constitution and initial bylaws of the Foundation;

“(D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment, and staff; and

“(E) appoint the initial members of the Board in accordance with the constitution and initial bylaws of the Foundation.

“(g) BOARD OF DIRECTORS.—

“(1) IN GENERAL.—The Board of Directors shall be the governing body of the Foundation.

“(2) POWERS.—The Board may exercise, or provide for the exercise of, the powers of the Foundation.

“(3) SELECTION.—

“(A) IN GENERAL.—Subject to subparagraph (B), the number of members of the Board, the manner of selection of the members (including the filling of vacancies), and the terms of office of the members shall be as provided in the constitution and bylaws of the Foundation.

“(B) REQUIREMENTS.—

“(1) NUMBER OF MEMBERS.—The Board shall have at least 11 members, who shall have staggered terms.

“(ii) INITIAL VOTING MEMBERS.—The initial voting members of the Board—

“(I) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and

“(II) shall have staggered terms.

“(iii) QUALIFICATION.—The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters.

“(C) COMPENSATION.—A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation.

“(h) OFFICERS.—

“(1) IN GENERAL.—The officers of the Foundation shall be—

“(A) a secretary, elected from among the members of the Board; and

“(B) any other officers provided for in the constitution and bylaws of the Foundation.

“(2) CHIEF OPERATING OFFICER.—The secretary of the Foundation may serve, at the direction of the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board.

“(3) ELECTION.—The manner of election, term of office, and duties of the officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation.

“(i) POWERS.—The Foundation—

“(1) shall adopt a constitution and bylaws for the management of the property of the Foundation and the regulation of the affairs of the Foundation;

“(2) may adopt and alter a corporate seal;

“(3) may enter into contracts;

“(4) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation;

“(5) may sue and be sued; and

“(6) may perform any other act necessary and proper to carry out the purposes of the Foundation.

“(j) PRINCIPAL OFFICE.—

“(1) IN GENERAL.—The principal office of the Foundation shall be in the District of Columbia.

“(2) ACTIVITIES; OFFICES.—The activities of the Foundation may be conducted, and offices may be maintained, throughout the United States in accordance with the constitution and bylaws of the Foundation.

“(k) SERVICE OF PROCESS.—The Foundation shall comply with the law on service of process of each State in which the Foundation is incorporated and of each State in which the Foundation carries on activities.

“(l) LIABILITY OF OFFICERS, EMPLOYEES, AND AGENTS.—

“(1) IN GENERAL.—The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority.

“(2) PERSONAL LIABILITY.—A member of the Board shall be personally liable only for gross negligence in the performance of the duties of the member.

“(m) RESTRICTIONS.—

“(1) LIMITATION ON SPENDING.—Beginning with the fiscal year following the first full fiscal year during which the Foundation is in operation, the administrative costs of the Foundation shall not exceed the percentage described in paragraph (2) of the sum of—

“(A) the amounts transferred to the Foundation under subsection (o) during the preceding fiscal year; and

“(B) donations received from private sources during the preceding fiscal year.

“(2) PERCENTAGES.—The percentages referred to in paragraph (1) are—

“(A) for the first fiscal year described in that paragraph, 20 percent;

“(B) for the following fiscal year, 15 percent; and

“(C) for each fiscal year thereafter, 10 percent.

“(3) APPOINTMENT AND HIRING.—The appointment of officers and employees of the Foundation shall be subject to the availability of funds.

“(4) STATUS.—A member of the Board or officer, employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States.

“(n) AUDITS.—The Foundation shall comply with section 10101 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title.

“(o) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out subsection (e)(1) \$500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor.

“(2) TRANSFER OF DONATED FUNDS.—The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated.

“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.

“(a) PROVISION OF SUPPORT BY SECRETARY.—Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary—

“(1) may provide personnel, facilities, and other administrative support services to the Foundation;

“(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and

“(3) shall require and accept reimbursements from the Foundation for—

“(A) services provided under paragraph (1); and

“(B) funds provided under paragraph (2).

“(b) REIMBURSEMENT.—Reimbursements accepted under subsection (a)(3)—

“(1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriations account; and

“(2) shall be chargeable for the cost of providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2).

“(c) CONTINUATION OF CERTAIN SERVICES.—The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services—

“(1) are available; and

“(2) are provided on reimbursable cost basis.”

(b) TECHNICAL AMENDMENTS.—The Indian Self-Determination and Education Assistance Act is amended—

(1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII;

(2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb-1, 458bbb-2) as sections 701, 702, and 703, respectively; and

(3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking “section 501” and inserting “section 701”.

SEC. 104. MODIFICATION OF TERM.

(a) IN GENERAL.—Except as provided in subsection (b), the Indian Health Care Improvement Act (as amended by section 101) and each provision of the Social Security Act amended by title II are amended (as applicable)—

(1) by striking “Urban Indian Organizations” each place it appears and inserting “urban Indian organizations”;

(2) by striking “Urban Indian Organization” each place it appears and inserting “urban Indian organization”;

(3) by striking “Urban Indians” each place it appears and inserting “urban Indians”;

(4) by striking “Urban Indian” each place it appears and inserting “urban Indian”;

(5) by striking “Urban Centers” each place it appears and inserting “urban centers”;

and

(6) by striking “Urban Center” each place it appears and inserting “urban center”.

(b) EXCEPTION.—The amendments made by subsection (a) shall not apply with respect to—

(1) the matter preceding paragraph (1) of section 510 of the Indian Health Care Improvement Act (as amended by section 101); and

(2) “Urban Indian” the first place it appears in section 513(a) of the Indian Health Care Improvement Act (as amended by section 101).

(c) MODIFICATION OF DEFINITION.—Section 4 of the Indian Health Care Improvement Act (as amended by section 101) is amended by striking paragraph (27) and inserting the following:

“(27) The term ‘urban Indian’ means any individual who resides in an urban center

and who meets 1 or more of the 4 criteria in subparagraphs (A) through (D) of paragraph (12).”

SEC. 105. GAO STUDY AND REPORT ON PAYMENTS FOR CONTRACT HEALTH SERVICES.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study on the utilization of health care furnished by health care providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or a Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act).

(2) ANALYSIS.—The study conducted under paragraph (1) shall include an analysis of—

(A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for such health care through other public programs and in the private sector;

(B) barriers to accessing care under such contract health services program, including, but not limited to, barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under such program;

(C) the adequacy of existing Federal funding for health care under such contract health services program; and

(D) any other items determined appropriate by the Comptroller General.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under subsection (a), together with recommendations regarding—

(1) the appropriate level of Federal funding that should be established for health care under the contract health services program described in subsection (a)(1); and

(2) how to most efficiently utilize such funding.

(c) CONSULTATION.—In conducting the study under subsection (a) and preparing the report under subsection (b), the Comptroller General shall consult with the Indian Health Service, Indian Tribes, and Tribal Organizations.

SEC. 106. GAO STUDY OF MEMBERSHIP CRITERIA FOR FEDERALLY RECOGNIZED INDIAN TRIBES.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study of membership criteria for federally recognized Indian tribes, including—

(1) the number of federally recognized Indian tribes in existence on the date on which the study is conducted;

(2) the number of those Indian tribes that use blood quantum as a criterion for membership in the Indian tribe and the importance assigned to that criterion;

(3) the percentage of members of federally recognized Indian tribes that possesses degrees of Indian blood of—

(A) $\frac{1}{4}$;

(B) $\frac{1}{8}$; and

(C) $\frac{1}{16}$; and

(4) the variance in wait times and rationing of health care services within the Service between federally recognized Indian Tribes that use blood quantum as a criterion for membership and those Indian Tribes that do not use blood quantum as such a criterion.

SEC. 107. GAO STUDY OF TRIBAL JUSTICE SYSTEMS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States

shall conduct, and submit to Congress a report describing the results of, a study of the tribal justice systems of Indian tribes located in the States of North Dakota and South Dakota.

(b) INCLUSIONS.—The study under subsection (a) shall include, with respect to the tribal system of each Indian tribe described in subsection (a) and the tribal justice system as a whole—

(1)(A) a description of how the tribal justice systems function, or are supposed to function; and

(B) a description of the components of the tribal justice systems, such as tribal trial courts, courts of appeal, applicable tribal law, judges, qualifications of judges, the selection and removal of judges, turnover of judges, the creation of precedent, the recording of precedent, the jurisdictional authority of the tribal court system, and the separation of powers between the tribal court system, the tribal council, and the head of the tribal government;

(2) a review of the origins of the tribal justice systems, such as the development of the systems pursuant to the Act of June 18, 1934 (25 U.S.C. 461 et seq.) (commonly known as the “Indian Reorganization Act”), which promoted tribal constitutions and addressed the tribal court system;

(3) an analysis of the weaknesses of the tribal justice systems, including the adequacy of law enforcement personnel and detention facilities, in particular in relation to crime rates; and

(4) an analysis of the measures that tribal officials suggest could be carried out to improve the tribal justice systems, including an analysis of how Federal law could improve and stabilize the tribal court system.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT**SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS.**

(a) MEDICAID.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended—

(A) by amending the heading to read as follows:

“SEC. 1911. INDIAN HEALTH PROGRAMS.”;

and

(B) by amending subsection (a) to read as follows:

“(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.”

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

“(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are

necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.”.

(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.—Subsection (c) of such section is amended to read as follows:

“(c) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization (as so defined), directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization and another health care provider to Indians who are eligible for medical assistance under the State plan or under waiver authority.”.

(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—Such section is further amended by striking subsection (d) and adding at the end the following new subsections:

“(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

“(e) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.

“(f) DEFINITIONS.—In this section, the terms ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

(b) MEDICARE.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1880 of such Act (42 U.S.C. 1395qq) is amended—

(A) by amending the heading to read as follows:

“SEC. 1880. INDIAN HEALTH PROGRAMS.”;
and

(B) by amending subsection (a) to read as follows:

“(a) ELIGIBILITY FOR PAYMENTS.—Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.”.

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

“(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.”.

(3) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—

(A) IN GENERAL.—Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:

“(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

“(d) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.”.

(B) CONFORMING AMENDMENT.—Paragraph (3) of section 1880(e) of such Act (42 U.S.C. 1395qq(e)) is amended by inserting “and section 401(c)(1) of the Indian Health Care Improvement Act” after “Subsection (c)”.

(4) DEFINITIONS.—Such section is further amended by amending subsection (f) to read as follows:

“(f) DEFINITIONS.—In this section, the terms ‘Indian Health Program’, ‘Indian Tribe’, ‘Service Unit’, ‘Tribal Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

(c) APPLICATION TO SCHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E); and

(2) by inserting after subparagraph (C), the following new subparagraph:

“(D) Section 1911 (relating to Indian Health Programs, other than subsection (d) of such section).”.

SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MEDICAID AND SCHIP AND IMPROVED COOPERATION IN THE PROVISION OF ITEMS AND SERVICES TO INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9) is amended to read as follows:

“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XVIII, XIX, AND XXI.

“(a) AGREEMENTS WITH STATES FOR MEDICAID AND SCHIP OUTREACH ON OR NEAR RES-

ERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—

“(1) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children’s health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

“(2) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

“(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI.

“(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms ‘Indian’, ‘Indian Tribe’, ‘Indian Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF, INDIANS IN SCHIP AND MEDICAID.

(a) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

“(C) NONAPPLICATION TO EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.—The limitation under subparagraph (A) on expenditures for items described in subsection (a)(1)(D) shall not apply in the case of expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).”.

(b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—Section 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D)) is amended by striking “(as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))” and inserting “, including how the State will ensure that payments are made to Indian Health Programs and Urban Indian Organizations operating in the State for the provision of such assistance”.

(c) INCLUSION OF OTHER INDIAN FINANCED HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B) of such Act (42 U.S.C.

1397ee(c)(6)(B)) is amended by striking “insurance program, other than an insurance program operated or financed by the Indian Health Service” and inserting “program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization”.

(d) SATISFACTION OF MEDICAID DOCUMENTATION REQUIREMENTS.—Section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

(1) by redesignating clause (v) as clause (vii); and

(2) by inserting after clause (iv), the following new clauses:

“(v) Except as provided in clause (vi), a document issued by a federally recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

“(vi)(I) With respect to those federally recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of United States citizenship or nationality under the regulations adopted pursuant to subclause (II).

“(II) Not later than 90 days after the date of enactment of this subclause, the Secretary, in consultation with the tribes referred to in subclause (I), shall promulgate interim final regulations specifying the forms of documentation (including tribal documentation, if appropriate) deemed to be satisfactory evidence of the United States citizenship or nationality of a member of any such Indian tribe for purposes of satisfying the requirements of this subsection.

“(III) During the period that begins on the date of enactment of this clause and ends on the effective date of the interim final regulations promulgated under subclause (II), a document issued by a federally recognized Indian tribe referred to in subclause (I) evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood) accompanied by a signed attestation that the individual is a citizen of the United States and a certification by the appropriate officer or agent of the Indian tribe that the membership or other records maintained by the Indian tribe indicate that the individual was born in the United States is deemed to be a document described in this subparagraph for purposes of satisfying the requirements of this subsection.”

(e) DEFINITIONS.—Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph:

“(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”

SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS UNDER MEDICAID, ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP, AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

(a) PREMIUMS AND COST SHARING PROTECTIONS UNDER MEDICAID.—

(1) IN GENERAL.—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(A) in subsection (a), in the matter preceding paragraph (1), by striking “and (i)” and inserting “, (i), and (j)”; and

(B) by adding at the end the following new subsection:

“(j) NO PREMIUMS OR COST SHARING FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE CONTRACT HEALTH SERVICE.—

“(1) NO COST SHARING FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY OR THROUGH INDIAN HEALTH PROGRAMS.—

“(A) NO ENROLLMENT FEES, PREMIUMS, OR COPAYMENTS.—

“(i) IN GENERAL.—No enrollment fee, premium, or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, a Tribal Organization, or an urban Indian organization, or by a health care provider through referral under the contract health service for which payment may be made under this title.

“(ii) EXCEPTION.—Clause (i) shall not apply to an individual only eligible for the programs or services under sections 102 and 103 or title V of the Indian Health Care Improvement Act.

“(B) NO REDUCTION IN AMOUNT OF PAYMENT TO INDIAN HEALTH PROVIDERS.—Payment due under this title to the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or a health care provider through referral under the contract health service for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may not be reduced by the amount of any enrollment fee, premium, or similar charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian but for the operation of subparagraph (A).

“(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.

“(3) DEFINITIONS.—In this subsection, the terms ‘contract health service’, ‘Indian’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”

(2) CONFORMING AMENDMENT.—Section 1916A(a)(1) of such Act (42 U.S.C. 1396o-1(a)(1)) is amended by striking “section 1916(g)” and inserting “subsections (g), (i), or (j) of section 1916”.

(3) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2009.

(b) TREATMENT OF CERTAIN PROPERTY FOR MEDICAID AND SCHIP ELIGIBILITY.—

(1) MEDICAID.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new paragraph:

“(13) Notwithstanding any other requirement of this title or any other provision of Federal or State law, a State shall disregard the following property for purposes of determining the eligibility of an individual who is an Indian (as defined in section 4 of the Indian Health Care Improvement Act) for medical assistance under this title:

“(A) Property, including real property and improvements, that is held in trust, subject to Federal restrictions, or otherwise under the supervision of the Secretary of the Interior, located on a reservation, including any federally recognized Indian Tribe’s reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments on or near a reservation as designated and approved by the Bureau of Indian Affairs of the Department of the Interior.

“(B) For any federally recognized Tribe not described in subparagraph (A), property located within the most recent boundaries of a prior Federal reservation.

“(C) Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights.

“(D) Ownership interests in or usage rights to items not covered by subparagraphs (A) through (C) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom.”

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B) through (E), as subparagraphs (C) through (F), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

“(B) Section 1902(e)(13) (relating to disregard of certain property for purposes of making eligibility determinations).”

(c) CONTINUATION OF CURRENT LAW PROTECTIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.—Section 1917(b)(3) of the Social Security Act (42 U.S.C. 1396p(b)(3)) is amended—

(1) by inserting “(A)” after “(3)”; and

(2) by adding at the end the following new subparagraph:

“(B) The standards specified by the Secretary under subparagraph (A) shall require that the procedures established by the State agency under subparagraph (A) exempt income, resources, and property that are exempt from the application of this subsection as of April 1, 2003, under manual instructions issued to carry out this subsection (as in effect on such date) because of the Federal responsibility for Indian Tribes and Alaska Native Villages. Nothing in this subparagraph shall be construed as preventing the Secretary from providing additional estate recovery exemptions under this title for Indians.”

SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b-9), as amended by section 202, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection:

“(c) NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.—

“(1) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

“(A) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

“(B) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by

the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221 of the Indian Health Care Improvement Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

“(2) PROHIBITION ON FEDERAL PAYMENTS TO ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS OR WHOSE STATE LICENSES ARE UNDER SUSPENSION OR HAVE BEEN REVOKED.—

“(A) EXCLUDED ENTITIES.—No entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian.

“(B) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

“(C) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, ‘Federal health care program’ has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.”.

SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND OTHER HEALTH CARE PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT INVOLVING INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—Section 1139 of the Social Security Act (42 U.S.C. 1320b-9), as amended by sections 202 and 205, is amended by redesignating subsection (d) as subsection (e), and inserting after subsection (c) the following new subsection:

“(d) CONSULTATION WITH TRIBAL TECHNICAL ADVISORY GROUP (TTAG).—The Secretary shall maintain within the Centers for Medicaid & Medicare Services (CMS) a Tribal Technical Advisory Group, established in accordance with requirements of the charter dated September 30, 2003, and in such group shall include a representative of the Urban Indian Organizations and the Service. The representative of the Urban Indian Organization shall be deemed to be an elected officer of a tribal government for purposes of applying section 204(b) of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1534(b)).”.

(b) SOLICITATION OF ADVICE UNDER MEDICAID AND SCHIP.—

(1) MEDICAID STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (69), by striking “and” at the end;

(B) in paragraph (70)(B)(iv), by striking the period at the end and inserting “; and”; and

(C) by inserting after paragraph (70)(B)(iv), the following new paragraph:

“(71) in the case of any State in which the Indian Health Service operates or funds health care programs, or in which 1 or more

Indian Health Programs or Urban Indian Organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act) provide health care in the State for which medical assistance is available under such title, provide for a process under which the State seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application of this title that are likely to have a direct effect on such Indian Health Programs and Urban Indian Organizations and that—

“(A) shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations; and

“(B) may include appointment of an advisory committee and of a designee of such Indian Health Programs and Urban Indian Organizations to the medical care advisory committee advising the State on its State plan under this title.”.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b)(2), is amended—

(A) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

“(B) Section 1902(a)(71) (relating to the option of certain States to seek advice from designees of Indian Health Programs and Urban Indian Organizations).”.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.

(d) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2009.

SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

(a) EXCLUSION WAIVER AUTHORITY.—Section 1128 of the Social Security Act (42 U.S.C. 1320a-7) is amended by adding at the end the following new subsection:

“(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addition to the authority granted the Secretary under subsections (c)(3)(B) and (d)(3)(B) to waive an exclusion under subsection (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in the case of an Indian Health Program, waive such an exclusion upon the request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would impose a hardship on individuals entitled to benefits under or enrolled in a Federal health care program.”.

(b) CERTAIN TRANSACTIONS INVOLVING INDIAN HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HARBORS.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended by adding at the end the following new paragraph:

“(4) Subject to such conditions as the Secretary may promulgate from time to time as necessary to prevent fraud and abuse, for purposes of paragraphs (1) and (2) and section 1128A(a), the following transfers shall not be treated as remuneration:

“(A) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—Transfers of anything of value between or

among an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that are made for the purpose of providing necessary health care items and services to any patient served by such Program, Tribe, or Organization and that consist of—

“(i) services in connection with the collection, transport, analysis, or interpretation of diagnostic specimens or test data;

“(ii) inventory or supplies;

“(iii) staff; or

“(iv) a waiver of all or part of premiums or cost sharing.

“(B) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—Transfers of anything of value between an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization and any patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, including any patient served or eligible for service pursuant to section 807 of the Indian Health Care Improvement Act, but only if such transfers—

“(i) consist of expenditures related to providing transportation for the patient for the provision of necessary health care items or services, provided that the provision of such transportation is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided);

“(ii) consist of expenditures related to providing housing to the patient (including a pregnant patient) and immediate family members or an escort necessary to assuring the timely provision of health care items and services to the patient, provided that the provision of such housing is not advertised nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or

“(iii) are for the purpose of paying premiums or cost sharing on behalf of such a patient, provided that the making of such payment is not subject to conditions other than conditions agreed to under a contract for the delivery of contract health services.

“(C) CONTRACT HEALTH SERVICES.—A transfer of anything of value negotiated as part of a contract entered into between an Indian Health Program, Indian Tribe, Tribal Organization, Urban Indian Organization, or the Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that—

“(i) such a transfer is not tied to volume or value of referrals or other business generated by the parties; and

“(ii) any such transfer is limited to the fair market value of the health care items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided.

“(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that the Secretary, in consultation with the Attorney General, determines is appropriate,

taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of patients served by such Programs, Tribes, and Organizations.”.

SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP TO MANAGED CARE ENTITIES WITH RESPECT TO INDIAN ENROLLEES AND INDIAN HEALTH CARE PROVIDERS AND INDIAN MANAGED CARE ENTITIES.

(a) IN GENERAL.—Section 1932 of the Social Security Act (42 U.S.C. 1396u-2) is amended by adding at the end the following new subsection:

“(h) SPECIAL RULES WITH RESPECT TO INDIAN ENROLLEES, INDIAN HEALTH CARE PROVIDERS, AND INDIAN MANAGED CARE ENTITIES.—

“(1) ENROLLEE OPTION TO SELECT AN INDIAN HEALTH CARE PROVIDER AS PRIMARY CARE PROVIDER.—In the case of a non-Indian Medicaid managed care entity that—

“(A) has an Indian enrolled with the entity; and

“(B) has an Indian health care provider that is participating as a primary care provider within the network of the entity, insofar as the Indian is otherwise eligible to receive services from such Indian health care provider and the Indian health care provider has the capacity to provide primary care services to such Indian, the contract with the entity under section 1903(m) or under section 1905(t)(3) shall require, as a condition of receiving payment under such contract, that the Indian shall be allowed to choose such Indian health care provider as the Indian’s primary care provider under the entity.

“(2) ASSURANCE OF PAYMENT TO INDIAN HEALTH CARE PROVIDERS FOR PROVISION OF COVERED SERVICES.—Each contract with a managed care entity under section 1903(m) or under section 1905(t)(3) shall require any such entity that has a significant percentage of Indian enrollees (as determined by the Secretary), as a condition of receiving payment under such contract to satisfy the following requirements:

“(A) DEMONSTRATION OF PARTICIPATING INDIAN HEALTH CARE PROVIDERS OR APPLICATION OF ALTERNATIVE PAYMENT ARRANGEMENTS.—Subject to subparagraph (E), to—

“(i) demonstrate that the number of Indian health care providers that are participating providers with respect to such entity are sufficient to ensure timely access to covered Medicaid managed care services for those enrollees who are eligible to receive services from such providers; or

“(ii) agree to pay Indian health care providers who are not participating providers with the entity for covered Medicaid managed care services provided to those enrollees who are eligible to receive services from such providers at a rate equal to the rate negotiated between such entity and the provider involved or, if such a rate has not been negotiated, at a rate that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a participating provider which is not an Indian health care provider.

“(B) PROMPT PAYMENT.—To agree to make prompt payment (in accordance with rules applicable to managed care entities) to Indian health care providers that are participating providers with respect to such entity or, in the case of an entity to which subparagraph (A)(ii) or (E) applies, that the entity is required to pay in accordance with that subparagraph.

“(C) SATISFACTION OF CLAIM REQUIREMENT.—To deem any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee to be satisfied through

the submission of a claim or other documentation by an Indian health care provider that is consistent with section 403(h) of the Indian Health Care Improvement Act.

“(D) COMPLIANCE WITH GENERALLY APPLICABLE REQUIREMENTS.—

“(i) IN GENERAL.—Subject to clause (ii), as a condition of payment under subparagraph (A), an Indian health care provider shall comply with the generally applicable requirements of this title, the State plan, and such entity with respect to covered Medicaid managed care services provided by the Indian health care provider to the same extent that non-Indian providers participating with the entity must comply with such requirements.

“(ii) LIMITATIONS ON COMPLIANCE WITH MANAGED CARE ENTITY GENERALLY APPLICABLE REQUIREMENTS.—An Indian health care provider—

“(I) shall not be required to comply with a generally applicable requirement of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) if such compliance would conflict with any other statutory or regulatory requirements applicable to the Indian health care provider; and

“(II) shall only need to comply with those generally applicable requirements of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) that are necessary for the entity’s compliance with the State plan, such as those related to care management, quality assurance, and utilization management.

“(E) APPLICATION OF SPECIAL PAYMENT REQUIREMENTS FOR FEDERALLY-QUALIFIED HEALTH CENTERS AND ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—

“(i) FEDERALLY-QUALIFIED HEALTH CENTERS.—

“(I) MANAGED CARE ENTITY PAYMENT REQUIREMENT.—To agree to pay any Indian health care provider that is a Federally-qualified health center but not a participating provider with respect to the entity, for the provision of covered Medicaid managed care services by such provider to an Indian enrollee of the entity at a rate equal to the amount of payment that the entity would pay a Federally-qualified health center that is a participating provider with respect to the entity but is not an Indian health care provider for such services.

“(II) CONTINUED APPLICATION OF STATE REQUIREMENT TO MAKE SUPPLEMENTAL PAYMENT.—Nothing in subclause (I) or subparagraph (A) or (B) shall be construed as waiving the application of section 1902(bb)(5) regarding the State plan requirement to make any supplemental payment due under such section to a Federally-qualified health center for services furnished by such center to an enrollee of a managed care entity (regardless of whether the Federally-qualified health center is or is not a participating provider with the entity).

“(ii) CONTINUED APPLICATION OF ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—If the amount paid by a managed care entity to an Indian health care provider that is not a Federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Indian Health Service for services provided by such provider to an Indian enrollee with the managed care entity is less than the encounter rate that applies to the provision of such services under such memorandum, the State plan shall provide for payment to the Indian health care pro-

vider of the difference between the applicable encounter rate under such memorandum and the amount paid by the managed care entity to the provider for such services.

“(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as waiving the application of section 1902(a)(30)(A) (relating to application of standards to assure that payments are consistent with efficiency, economy, and quality of care).

“(3) OFFERING OF MANAGED CARE THROUGH INDIAN MEDICAID MANAGED CARE ENTITIES.—If—

“(A) a State elects to provide services through Medicaid managed care entities under its Medicaid managed care program; and

“(B) an Indian health care provider that is funded in whole or in part by the Indian Health Service, or a consortium composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Indian Health Service, has established an Indian Medicaid managed care entity in the State that meets generally applicable standards required of such an entity under such Medicaid managed care program, the State shall offer to enter into an agreement with the entity to serve as a Medicaid managed care entity with respect to eligible Indians served by such entity under such program.

“(4) SPECIAL RULES FOR INDIAN MANAGED CARE ENTITIES.—The following are special rules regarding the application of a Medicaid managed care program to Indian Medicaid managed care entities:

“(A) ENROLLMENT.—

“(i) LIMITATION TO INDIANS.—An Indian Medicaid managed care entity may restrict enrollment under such program to Indians and to members of specific Tribes in the same manner as Indian Health Programs may restrict the delivery of services to such Indians and tribal members.

“(ii) NO LESS CHOICE OF PLANS.—Under such program the State may not limit the choice of an Indian among Medicaid managed care entities only to Indian Medicaid managed care entities or to be more restrictive than the choice of managed care entities offered to individuals who are not Indians.

“(iii) DEFAULT ENROLLMENT.—

“(I) IN GENERAL.—If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause.

“(II) INDIAN DESCRIBED.—An Indian described in this subclause, with respect to an Indian Medicaid managed care entity, is an Indian who, based upon the service area and capacity of the entity, is eligible to be enrolled with the entity consistent with subparagraph (A).

“(iv) EXCEPTION TO STATE LOCK-IN.—A request by an Indian who is enrolled under such program with a non-Indian Medicaid managed care entity to change enrollment with that entity to enrollment with an Indian Medicaid managed care entity shall be considered cause for granting such request under procedures specified by the Secretary.

“(B) FLEXIBILITY IN APPLICATION OF SOLVENCY.—In applying section 1903(m)(1) to an Indian Medicaid managed care entity—

“(i) any reference to a ‘State’ in subparagraph (A)(ii) of that section shall be deemed to be a reference to the ‘Secretary’; and

“(ii) the entity shall be deemed to be a public entity described in subparagraph (C)(ii) of that section.

“(C) EXCEPTIONS TO ADVANCE DIRECTIVES.—The Secretary may modify or waive the requirements of section 1902(w) (relating to provision of written materials on advance directives) insofar as the Secretary finds that the requirements otherwise imposed are not an appropriate or effective way of communicating the information to Indians.

“(D) FLEXIBILITY IN INFORMATION AND MARKETING.—

“(i) MATERIALS.—The Secretary may modify requirements under subsection (a)(5) to ensure that information described in that subsection is provided to enrollees and potential enrollees of Indian Medicaid managed care entities in a culturally appropriate and understandable manner that clearly communicates to such enrollees and potential enrollees their rights, protections, and benefits.

“(ii) DISTRIBUTION OF MARKETING MATERIALS.—The provisions of subsection (d)(2)(B) requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian Medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.

“(5) MALPRACTICE INSURANCE.—Insofar as, under a Medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as a condition of contracting as a provider with a Medicaid managed care entity, an Indian health care provider that is—

“(A) a Federally-qualified health center that is covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

“(B) providing health care services pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); or

“(C) the Indian Health Service providing health care services that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); are deemed to satisfy such requirement.

“(6) DEFINITIONS.—For purposes of this subsection:

“(A) INDIAN HEALTH CARE PROVIDER.—The term ‘Indian health care provider’ means an Indian Health Program or an Urban Indian Organization.

“(B) INDIAN; INDIAN HEALTH PROGRAM; SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms ‘Indian’, ‘Indian Health Program’, ‘Service’, ‘Tribe’, ‘tribal organization’, ‘Urban Indian Organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.

“(C) INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘Indian Medicaid managed care entity’ means a managed care entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C)) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

“(D) NON-INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘non-Indian Medicaid managed care entity’ means a managed care entity that is not an Indian Medicaid managed care entity.

“(E) COVERED MEDICAID MANAGED CARE SERVICES.—The term ‘covered Medicaid managed care services’ means, with respect to an individual enrolled with a managed care entity, items and services that are within the scope of items and services for which benefits are available with respect to the indi-

vidual under the contract between the entity and the State involved.

“(F) MEDICAID MANAGED CARE PROGRAM.—The term ‘Medicaid managed care program’ means a program under sections 1903(m) and 1932 and includes a managed care program operating under a waiver under section 1915(b) or 1115 or otherwise.”.

(b) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(1)), as amended by section 206(b)(2), is amended by adding at the end the following new subparagraph:

“(H) Subsections (a)(2)(C) and (h) of section 1932.”.

(c) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2009.

SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by the sections 202, 205, and 206, is amended by redesignating subsection (e) as subsection (f), and inserting after subsection (d) the following new subsection:

“(e) ANNUAL REPORT ON INDIANS SERVED BY HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS ACT.—Beginning January 1, 2008, and annually thereafter, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Indian Health Service, shall submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year. Each such report shall include the following:

“(1) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program.

“(2) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service.

“(3) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(4) A detailed statement of the status of facilities of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization with respect to such facilities’ compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities (under plans submitted under section 1880(b), 1911(b) or otherwise) toward the achievement and maintenance of such compliance.

“(5) Such other information as the Secretary determines is appropriate.”.

SEC. 210. DEVELOPMENT OF RECOMMENDATIONS TO IMPROVE INTERSTATE COORDINATION OF MEDICAID AND SCHIP COVERAGE OF INDIAN CHILDREN AND OTHER CHILDREN WHO ARE OUTSIDE OF THEIR STATE OF RESIDENCY BECAUSE OF EDUCATIONAL OR OTHER NEEDS.

(a) STUDY.—The Secretary shall conduct a study to identify barriers to interstate coordination of enrollment and coverage under the Medicaid program under title XIX of the Social Security Act and the State Children’s Health Insurance Program under title XXI of such Act of children who are eligible for medical assistance or child health assistance

under such programs and who, because of educational needs, migration of families, emergency evacuations, or otherwise, frequently change their State of residency or otherwise are temporarily present outside of the State of their residency. Such study shall include an examination of the enrollment and coverage coordination issues faced by Indian children who are eligible for medical assistance or child health assistance under such programs in their State of residence and who temporarily reside in an out-of-State boarding school or peripheral dormitory funded by the Bureau of Indian Affairs.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary, in consultation with directors of State Medicaid programs under title XIX of the Social Security Act and directors of State Children’s Health Insurance Programs under title XXI of such Act, shall submit a report to Congress that contains recommendations for such legislative and administrative actions as the Secretary determines appropriate to address the enrollment and coverage coordination barriers identified through the study required under subsection (a).

SEC. 211. ESTABLISHMENT OF NATIONAL CHILD WELFARE RESOURCE CENTER FOR TRIBES.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish a National Child Welfare Resource Center for Tribes that is—

(1) specifically and exclusively dedicated to meeting the needs of Indian tribes and tribal organizations through the provision of assistance described in subsection (b); and

(2) not part of any existing national child welfare resource center.

(b) ASSISTANCE PROVIDED.—

(1) IN GENERAL.—The National Child Welfare Resource Center for Tribes shall provide information, advice, educational materials, and technical assistance to Indian tribes and tribal organizations with respect to the types of services, administrative functions, data collection, program management, and reporting that are provided for under State plans under parts B and E of title IV of the Social Security Act.

(2) IMPLEMENTATION AUTHORITY.—The Secretary may provide the assistance described in paragraph (1) either directly or through grant or contract with public or private organizations knowledgeable and experienced in the field of Indian tribal affairs and child welfare.

(c) APPROPRIATIONS.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury of the United States not otherwise appropriated, \$1,000,000 for each of fiscal years 2009 through 2013 to carry out the purposes of this section.

SEC. 212. ADJUSTMENT TO THE MEDICARE ADVANTAGE STABILIZATION FUND.

Section 1858(e)(2)(A)(i) of the Social Security Act (42 U.S.C. 1395w–27a(e)(2)(A)(i)), as amended by section 110 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking “\$1,790,000,000” and inserting “\$1,657,000,000”.

SEC. 213. MORATORIUM ON IMPLEMENTATION OF CHANGES TO CASE MANAGEMENT AND TARGETED CASE MANAGEMENT PAYMENT REQUIREMENTS UNDER MEDICAID.

(a) MORATORIUM.—

(1) DELAYED IMPLEMENTATION OF DECEMBER 4, 2007, INTERIM FINAL RULE.—The interim final rule published on December 4, 2007, at pages 68,077 through 68,093 of volume 72 of the Federal Register (relating to parts 431, 440, and 441 of title 42 of the Code of Federal Regulations) shall not take effect before April 1, 2009.

(2) CONTINUATION OF 2007 PAYMENT POLICIES AND PRACTICES.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to April 1, 2009, take any action (through promulgation of regulation, issuance of regulatory guidance, use of Federal payment audit procedures, or other administrative action, policy or practice, including a Medical Assistance Manual transmittal or issuance of a letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for case management and targeted case management services if such action is more restrictive than the administrative action, policy, or practice that applies to coverage of, or payment for, such services under title XIX of the Social Security Act on December 3, 2007. Any such action taken by the Secretary of Health and Human Services during the period that begins on December 4, 2007, and ends on March 31, 2009, that is based in whole or in part on the interim final rule described in subsection (a) is null and void.

(b) INCLUSION OF MEDICARE PROVIDERS AND SUPPLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRATIVE OFFSET PROGRAM.—

(1) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

“(d) INCLUSION OF MEDICARE PROVIDER AND SUPPLIER PAYMENTS IN FEDERAL PAYMENT LEVY PROGRAM.—

“(1) IN GENERAL.—The Centers for Medicare & Medicaid Services shall take all necessary steps to participate in the Federal Payment Levy Program under section 6331(h) of the Internal Revenue Code of 1986 as soon as possible and shall ensure that—

“(A) at least 50 percent of all payments under parts A and B are processed through such program beginning within 1 year after the date of the enactment of this section;

“(B) at least 75 percent of all payments under parts A and B are processed through such program beginning within 2 years after such date; and

“(C) all payments under parts A and B are processed through such program beginning not later than September 30, 2011.

“(2) ASSISTANCE.—The Financial Management Service and the Internal Revenue Service shall provide assistance to the Centers for Medicare & Medicaid Services to ensure that all payments described in paragraph (1) are included in the Federal Payment Levy Program by the deadlines specified in that subsection.”.

(2) APPLICATION OF ADMINISTRATIVE OFFSET PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER PAYMENTS.—Section 3716 of title 31, United States Code, is amended—

(A) by inserting “the Department of Health and Human Services,” after “United States Postal Service,” in subsection (c)(1)(A); and

(B) by adding at the end of subsection (c)(3) the following new subparagraph:

“(D) This section shall apply to payments made after the date which is 90 days after the enactment of this subparagraph (or such earlier date as designated by the Secretary of Health and Human Services) with respect to claims or debts, and to amounts payable, under title XVIII of the Social Security Act.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

SEC. 214. INCREASED CIVIL MONEY PENALTIES AND CRIMINAL FINES FOR MEDICARE FRAUD AND ABUSE.

(a) INCREASED CIVIL MONEY PENALTIES.—Section 1128A of the Social Security Act (42 U.S.C. 1320a–7a) is amended—

(1) in subsection (a), in the flush matter following paragraph (7)—

(A) by striking “\$10,000” each place it appears and inserting “\$20,000”;

(B) by striking “\$15,000” and inserting “\$30,000”; and

(C) by striking “\$50,000” and inserting “\$100,000”; and

(2) in subsection (b)—

(A) in paragraph (1), in the flush matter following subparagraph (B), by striking “\$2,000” and inserting “\$4,000”;

(B) in paragraph (2), by striking “\$2,000” and inserting “\$4,000”; and

(C) in paragraph (3)(A)(i), by striking “\$5,000” and inserting “\$10,000”.

(b) INCREASED CRIMINAL FINES.—Section 1128B of the Social Security Act (42 U.S.C. 1320a–7b) is amended—

(1) in subsection (a), in the flush matter following paragraph (6)—

(A) by striking “\$25,000” and inserting “\$100,000”; and

(B) by striking “\$10,000” and inserting “\$20,000”;

(2) in subsection (b)—

(A) in paragraph (1), in the flush matter following subparagraph (B), by striking “\$25,000” and inserting “\$100,000”; and

(B) in paragraph (2), in the flush matter following subparagraph (B), by striking “\$25,000” and inserting “\$100,000”;

(3) in subsection (c), by striking “\$25,000” and inserting “\$100,000”;

(4) in subsection (d), in the second flush matter following subparagraph (B), by striking “\$25,000” and inserting “\$100,000”; and

(5) in subsection (e), by striking “\$2,000” and inserting “\$4,000”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to civil money penalties and fines imposed for actions taken on or after the date of enactment of this Act.

SEC. 215. INCREASED SENTENCES FOR FELONIES INVOLVING MEDICARE FRAUD AND ABUSE.

(a) FALSE STATEMENTS AND REPRESENTATIONS.—Section 1128B(a) of the Social Security Act (42 U.S.C. 1320a–7b(a)) is amended, in clause (i) of the flush matter following paragraph (6), by striking “not more than 5 years” and inserting “not more than 10 years”.

(b) ANTI-KICKBACK.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a–7b(b)) is amended—

(1) in paragraph (1), in the flush matter following subparagraph (B), by striking “not more than 5 years” and inserting “not more than 10 years”; and

(2) in paragraph (2), in the flush matter following subparagraph (B), by striking “not more than 5 years” and inserting “not more than 10 years”.

(c) FALSE STATEMENT OR REPRESENTATION WITH RESPECT TO CONDITIONS OR OPERATIONS OF FACILITIES.—Section 1128B(c) of the Social Security Act (42 U.S.C. 1320a–7b(c)) is amended by striking “not more than 5 years” and inserting “not more than 10 years”.

(d) EXCESS CHARGES.—Section 1128B(d) of the Social Security Act (42 U.S.C. 1320a–7b(d)) is amended, in the second flush matter following subparagraph (B), by striking “not more than 5 years” and inserting “not more than 10 years”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to criminal penalties imposed for actions taken on or after the date of enactment of this Act.

TITLE III—MISCELLANEOUS

SEC. 301. RESOLUTION OF APOLOGY TO NATIVE PEOPLES OF UNITED STATES.

(a) FINDINGS.—Congress finds that—

(1) the ancestors of today’s Native Peoples inhabited the land of the present-day United

States since time immemorial and for thousands of years before the arrival of people of European descent;

(2) for millennia, Native Peoples have honored, protected, and stewarded this land we cherish;

(3) Native Peoples are spiritual people with a deep and abiding belief in the Creator, and for millennia Native Peoples have maintained a powerful spiritual connection to this land, as evidenced by their customs and legends;

(4) the arrival of Europeans in North America opened a new chapter in the history of Native Peoples;

(5) while establishment of permanent European settlements in North America did stir conflict with nearby Indian tribes, peaceful and mutually beneficial interactions also took place;

(6) the foundational English settlements in Jamestown, Virginia, and Plymouth, Massachusetts, owed their survival in large measure to the compassion and aid of Native Peoples in the vicinities of the settlements;

(7) in the infancy of the United States, the founders of the Republic expressed their desire for a just relationship with the Indian tribes, as evidenced by the Northwest Ordinance enacted by Congress in 1787, which begins with the phrase, “The utmost good faith shall always be observed toward the Indians”;

(8) Indian tribes provided great assistance to the fledgling Republic as it strengthened and grew, including invaluable help to Meriwether Lewis and William Clark on their epic journey from St. Louis, Missouri, to the Pacific Coast;

(9) Native Peoples and non-Native settlers engaged in numerous armed conflicts in which unfortunately, both took innocent lives, including those of women and children;

(10) the Federal Government violated many of the treaties ratified by Congress and other diplomatic agreements with Indian tribes;

(11) the United States forced Indian tribes and their citizens to move away from their traditional homelands and onto federally established and controlled reservations, in accordance with such Acts as the Act of May 28, 1830 (4 Stat. 411, chapter 148) (commonly known as the “Indian Removal Act”);

(12) many Native Peoples suffered and perished—

(A) during the execution of the official Federal Government policy of forced removal, including the infamous Trail of Tears and Long Walk;

(B) during bloody armed confrontations and massacres, such as the Sand Creek Massacre in 1864 and the Wounded Knee Massacre in 1890; and

(C) on numerous Indian reservations;

(13) the Federal Government condemned the traditions, beliefs, and customs of Native Peoples and endeavored to assimilate them by such policies as the redistribution of land under the Act of February 8, 1887 (25 U.S.C. 331; 24 Stat. 388, chapter 119) (commonly known as the “General Allotment Act”), and the forcible removal of Native children from their families to faraway boarding schools where their Native practices and languages were degraded and forbidden;

(14) officials of the Federal Government and private United States citizens harmed Native Peoples by the unlawful acquisition of recognized tribal land and the theft of tribal resources and assets from recognized tribal land;

(15) the policies of the Federal Government toward Indian tribes and the breaking of covenants with Indian tribes have contributed to the severe social ills and economic troubles in many Native communities today;

(16) despite the wrongs committed against Native Peoples by the United States, Native

Peoples have remained committed to the protection of this great land, as evidenced by the fact that, on a per capita basis, more Native Peoples have served in the United States Armed Forces and placed themselves in harm's way in defense of the United States in every major military conflict than any other ethnic group;

(17) Indian tribes have actively influenced the public life of the United States by continued cooperation with Congress and the Department of the Interior, through the involvement of Native individuals in official Federal Government positions, and by leadership of their own sovereign Indian tribes;

(18) Indian tribes are resilient and determined to preserve, develop, and transmit to future generations their unique cultural identities;

(19) the National Museum of the American Indian was established within the Smithsonian Institution as a living memorial to Native Peoples and their traditions; and

(20) Native Peoples are endowed by their Creator with certain unalienable rights, and among those are life, liberty, and the pursuit of happiness.

(b) **ACKNOWLEDGMENT AND APOLOGY.**—The United States, acting through Congress—

(1) recognizes the special legal and political relationship Indian tribes have with the United States and the solemn covenant with the land we share;

(2) commends and honors Native Peoples for the thousands of years that they have stewarded and protected this land;

(3) recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the Federal Government regarding Indian tribes;

(4) apologizes on behalf of the people of the United States to all Native Peoples for the many instances of violence, maltreatment, and neglect inflicted on Native Peoples by citizens of the United States;

(5) expresses its regret for the ramifications of former wrongs and its commitment to build on the positive relationships of the past and present to move toward a brighter future where all the people of this land live reconciled as brothers and sisters, and harmoniously steward and protect this land together;

(6) urges the President to acknowledge the wrongs of the United States against Indian tribes in the history of the United States in order to bring healing to this land; and

(7) commends the State governments that have begun reconciliation efforts with recognized Indian tribes located in their boundaries and encourages all State governments similarly to work toward reconciling relationships with Indian tribes within their boundaries.

(c) **DISCLAIMER.**—Nothing in this section—

(1) authorizes or supports any claim against the United States; or

(2) serves as a settlement of any claim against the United States.

TO AMEND THE FEDERAL RULES OF EVIDENCE

Mr. SALAZAR. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 580, S. 2450.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2450) to amend the Federal Rules of Evidence to address the waiver of the attorney-client privilege in the work product doctrine.

There being no objection, the Senate proceeded to consider the bill.

Mr. LEAHY. Mr. President, today I hope we pass a bipartisan bill that will go a long way in reducing the costs of litigating disputes in our civil justice system. This bill creates a new Federal Rule of Evidence regarding electronic disclosure of privileged material that would limit the consequences of inadvertent disclosure. The new rule would provide predictability and uniformity in a discovery process that has been made increasingly difficult with the growing use of e-mail and other electronic media. This legislation contains the full text of Judicial Conference recommendations and is supported by all sectors of the legal community.

I ask unanimous consent to have printed in the RECORD the Judicial Conference's Committee Note to illuminate the purpose of the new Federal Rule of Evidence and how it should be applied.

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

EXPLANATORY NOTE ON EVIDENCE RULE 502

This new rule has two major purposes:

(1) It resolves some longstanding disputes in the courts about the effect of certain disclosures of communications or information protected by the attorney-client privilege or as work product—specifically those disputes involving inadvertent disclosure and subject matter waiver.

(2) It responds to the widespread complaint that litigation costs necessary to protect against waiver of attorney-client privilege or work product have become prohibitive due to the concern that any disclosure (however innocent or minimal) will operate as a subject matter waiver of all protected communications or information. This concern is especially troubling in cases involving electronic discovery. See, e.g., *Hopson v. City of Baltimore*, 232 F.R.D. 228, 244 (D.Md. 2005) (electronic discovery may encompass “millions of documents” and to insist upon “record-by-record pre-production privilege review, on pain of subject matter waiver, would impose upon parties costs of production that bear no proportionality to what is at stake in the litigation”).

The rule seeks to provide a predictable, uniform set of standards under which parties can determine the consequences of a disclosure of a communication or information covered by the attorney-client privilege or work-product protection. Parties to litigation need to know, for example, that if they exchange privileged information pursuant to a confidentiality order, the court's order will be enforceable. Moreover, if a federal court's confidentiality order is not enforceable in a state court then the burdensome costs of privilege review and retention are unlikely to be reduced.

The rule makes no attempt to alter federal or state law on whether a communication or information is protected under the attorney-client privilege or work-product immunity as an initial matter. Moreover, while establishing some exceptions to waiver, the rule does not purport to supplant applicable waiver doctrine generally.

The rule governs only certain waivers by disclosure. Other common-law waiver doctrines may result in a finding of waiver even where there is no disclosure of privileged in-

formation or work product. See, e.g., *Nguyen v. Excel Corp.*, 197 F.3d 200 (5th Cir. 1999) (reliance on an advice of counsel defense waives the privilege with respect to attorney-client communications pertinent to that defense); *Ryers v. Bursleson*, 100 F.R.D. 436 (D.D.C. 1983) (allegation of lawyer malpractice constituted a waiver of confidential communications under the circumstances). The rule is not intended to displace or modify federal common law concerning waiver of privilege or work product where no disclosure has been made.

Subdivision (a). The rule provides that a voluntary disclosure in a federal proceeding or to a federal office or agency, if a waiver, generally results in a waiver only of the communication or information disclosed; a subject matter waiver (of either privilege or work product) is reserved for those unusual situations in which fairness requires a further disclosure of related, protected information, in order to prevent a selective and misleading presentation of evidence to the disadvantage of the adversary. See, e.g., *In re United Mine Workers of America Employee Benefit Plans Litig.*, 159 F.R.D. 307, 312 (D.D.C. 1994) (waiver of work product limited to materials actually disclosed, because the party did not deliberately disclose documents in an attempt to gain a tactical advantage). Thus, subject matter waiver is limited to situations in which a party intentionally puts protected information into the litigation in a selective, misleading and unfair manner. It follows that an inadvertent disclosure of protected information can never result in a subject matter waiver. See Rule 502(b). The rule rejects the result in *In re Sealed Case*, 877 F.2d 976 (D.C.Cir. 1989), which held that inadvertent disclosure of documents during discovery automatically constituted a subject matter waiver.

The language concerning subject matter waiver—“ought in fairness”—is taken from Rule 106, because the animating principle is the same. Under both Rules, a party that makes a selective, misleading presentation that is unfair to the adversary opens itself to a more complete and accurate presentation.

To assure protection and predictability, the rule provides that if a disclosure is made at the federal level, the federal rule on subject matter waiver governs subsequent state court determinations on the scope of the waiver by that disclosure.

Subdivision (b). Courts are in conflict over whether an inadvertent disclosure of a communication or information protected as privileged or work product constitutes a waiver. A few courts find that a disclosure must be intentional to be a waiver. Most courts find a waiver only if the disclosing party acted carelessly in disclosing the communication or information and failed to request its return in a timely manner. And a few courts hold that any inadvertent disclosure of a communication or information protected under the attorney-client privilege or as work product constitutes a waiver without regard to the protections taken to avoid such a disclosure. See generally *Hopson v. City of Baltimore*, 232 F.R.D. 228 (D.Md. 2005), for a discussion of this case law.

The rule opts for the middle ground: inadvertent disclosure of protected communications or information in connection with a federal proceeding or to a federal office or agency does not constitute a waiver if the holder took reasonable steps to prevent disclosure and also promptly took reasonable steps to rectify the error. This position is in accord with the majority view on whether inadvertent disclosure is a waiver.

Cases such as *Lois Sportswear, U.S.A., Inc. v. Levi Strauss & Co.*, 104 F.R.D. 103, 105

(S.D.N.Y. 1985) and *Hartford Fire Ins. Co. v. Garvey*, 109 F.R.D. 323, 332 (N.D.Cal. 1985), set out a multi-factor test for determining whether inadvertent disclosure is a waiver. The stated factors (none of which is dispositive) are the reasonableness of precautions taken, the time taken to rectify the error, the scope of discovery, the extent of disclosure and the overriding issue of fairness. The rule does not explicitly codify that test, because it is really a set of non-determinative guidelines that vary from case to case. The rule is flexible enough to accommodate any of those listed factors. Other considerations bearing on the reasonableness of a producing party's efforts include the number of documents to be reviewed and the time constraints for production. Depending on the circumstances, a party that uses advanced analytical software applications and linguistic tools in screening for privilege and work product may be found to have taken "reasonable steps" to prevent inadvertent disclosure. The implementation of an efficient system of records management before litigation may also be relevant.

The rule does not require the producing party to engage in a post-production review to determine whether any protected communication or information has been produced by mistake. But the rule does require the producing party to follow up on any obvious indications that a protected communication or information has been produced inadvertently.

The rule applies to inadvertent disclosures made to a federal office or agency, including but not limited to an office or agency that is acting in the course of its regulatory, investigative or enforcement authority. The consequences of waiver, and the concomitant costs of pre-production privilege review, can be as great with respect to disclosures to offices and agencies as they are in litigation.

Subdivision (c). Difficult questions can arise when 1) a disclosure of a communication or information protected by the attorney-client privilege or as work product is made in a state proceeding, 2) the communication or information is offered in a subsequent federal proceeding on the ground that the disclosure waived the privilege or protection, and 3) the state and federal laws are in conflict on the question of waiver. The Committee determined that the proper solution for the federal court is to apply the law that is most protective of privilege and work product. If the state law is more protective (such as where the state law is that an inadvertent disclosure can never be a waiver), the holder of the privilege or protection may well have relied on that law when making the disclosure in the state proceeding. Moreover, applying a more restrictive federal law of waiver could impair the state objective of preserving the privilege or work-product protection for disclosures made in state proceedings. On the other hand, if the federal law is more protective, applying the state law of waiver to determine admissibility in federal court is likely to undermine the federal objective of limiting the costs of production.

The rule does not address the enforceability of a state court confidentiality order in a federal proceeding, as that question is covered both by statutory law and principles of federalism and comity. See 28 U.S.C. 1738 (providing that state judicial proceedings "shall have the same full faith and credit in every court within the United States . . . as they have by law or usage in the courts of such State . . . from which they are taken"). See also *Tucker v. Ohtsu Tire & Rubber Co.*, 191 F.R.D. 495, 499 (D.Md. 2000) (noting that a federal court considering the enforceability of a state confidentiality order is "constrained by principles of comity, courtesy,

and . . . federalism"). Thus, a state court order finding no waiver in connection with a disclosure made in a state court proceeding is enforceable under existing law in subsequent federal proceedings.

Subdivision (d). Confidentiality orders are becoming increasingly important in limiting the costs of privilege review and retention, especially in cases involving electronic discovery. But the utility of a confidentiality order in reducing discovery costs is substantially diminished if it provides no protection outside the particular litigation in which the order is entered. Parties are unlikely to be able to reduce the costs of pre-production review for privilege and work product if the consequence of disclosure is that the communications or information could be used by non-parties to the litigation.

There is some dispute on whether a confidentiality order entered in one case is enforceable in other proceedings. See generally *Hopson v. City of Baltimore*, 232 F.R.D. 228 (D.Md. 2005), for a discussion of this case law. The rule provides that when a confidentiality order governing the consequences of disclosure in that case is entered in a federal proceeding, its terms are enforceable against non-parties in any federal or state proceeding. For example, the court order may provide for return of documents without waiver irrespective of the care taken by the disclosing party; the rule contemplates enforcement of "claw-back" and "quick peek" arrangements as a way to avoid the excessive costs of pre-production review for privilege and work product. See *Zubulake v. UBS Warburg LLC*, 216 F.R.D. 280, 290 (S.D.N.Y. 2003) (noting that parties may enter into "so-called 'claw-back' agreements that allow the parties to forego privilege review altogether in favor of an agreement to return inadvertently produced privilege documents"). The rule provides a party with a predictable protection from a court order—predictability that is needed to allow the party to plan in advance to limit the prohibitive costs of privilege and work product review and retention.

Under the rule, a confidentiality order is enforceable whether or not it memorializes an agreement among the parties to the litigation. Party agreement should not be a condition of enforceability of a federal court's order.

Under subdivision (d), a federal court may order that disclosure of privileged or protected information "in connection with" a federal proceeding does not result in waiver. But subdivision (d) does not allow the federal court to enter an order determining the waiver effects of a separate disclosure of the same information in other proceedings, state or federal. If a disclosure has been made in a state proceeding (and is not the subject of a state-court order on waiver), then subdivision (d) is inapplicable. Subdivision (c) would govern the federal court's determination whether the state-court disclosure waived the privilege or protection in the federal proceeding.

Subdivision (e). Subdivision (e) codifies the well-established proposition that parties can enter an agreement to limit the effect of waiver by disclosure between or among them. Of course such an agreement can bind only the parties to the agreement. The rule makes clear that if parties want protection against non-parties from a finding of waiver by disclosure, the agreement must be made part of a court order.

Subdivision (f). The protections against waiver provided by Rule 502 must be applicable when protected communications or information disclosed in federal proceedings are subsequently offered in state proceedings. Otherwise the holders of protected communications and information, and their law-

yers, could not rely on the protections provided by the Rule, and the goal of limiting costs in discovery would be substantially undermined. Rule 502(f) is intended to resolve any potential tension between the provisions of Rule 502 that apply to state proceedings and the possible limitations on the applicability of the Federal Rules of Evidence otherwise provided by Rules 101 and 1101.

The rule is intended to apply in all federal court proceedings, including court-annexed and court-ordered arbitrations, without regard to any possible limitations of Rules 101 and 1101. This provision is not intended to raise an inference about the applicability of any other rule of evidence in arbitration proceedings more generally.

The costs of discovery can be equally high for state and federal causes of action, and the rule seeks to limit those costs in all federal proceedings, regardless of whether the claim arises under state or federal law. Accordingly, the rule applies to state law causes of action brought in federal court.

Subdivision (g). The rule's coverage is limited to attorney-client privilege and work product. The operation of waiver by disclosure, as applied to other evidentiary privileges, remains a question of federal common law. Nor does the rule purport to apply to the Fifth Amendment privilege against compelled self-incrimination.

The definition of work product "materials" is intended to include both tangible and intangible information. See *In re Cendant Corp. Sec. Litig.*, 343 F.3d 658, 662 (3d Cir. 2003) ("work product protection extends to both tangible and intangible work product").

Mr. LEAHY. Mr. President, I thank Senator SPECTER for joining me in introducing this bill last December, as the first session of this Congress drew to a close. The Judiciary Committee took up and unanimously approved the bill during our first business meeting after returning from the holiday recess. I urge all Senators to join Senator SPECTER and me to pass this proposal and take a positive step toward modernizing and improving the Federal Rules of Evidence.

Mr. SALAZAR. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

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

The bill (S. 2450) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 2450

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ATTORNEY-CLIENT PRIVILEGE AND WORK PRODUCT; LIMITATIONS ON WAIVER.

(a) IN GENERAL.—Article V of the Federal Rules of Evidence is amended by adding at the end the following:

"Rule 502. Attorney-Client Privilege and Work Product; Limitations on Waiver

"The following provisions apply, in the circumstances set out, to disclosure of a communication or information covered by the attorney-client privilege or work-product protection.

"(a) DISCLOSURE MADE IN A FEDERAL PROCEEDING OR TO A FEDERAL OFFICE OR AGENCY;

SCOPE OF A WAIVER.—When the disclosure is made in a Federal proceeding or to a Federal office or agency and waives the attorney-client privilege or work-product protection, the waiver extends to an undisclosed communication or information in a Federal or State proceeding only if:

“(1) the waiver is intentional;
“(2) the disclosed and undisclosed communications or information concern the same subject matter; and
“(3) they ought in fairness to be considered together.

“(b) INADVERTENT DISCLOSURE.—When made in a Federal proceeding or to a Federal office or agency, the disclosure does not operate as a waiver in a Federal or State proceeding if:

“(1) the disclosure is inadvertent;
“(2) the holder of the privilege or protection took reasonable steps to prevent disclosure; and
“(3) the holder promptly took reasonable steps to rectify the error, including (if applicable) following Federal Rule of Civil Procedure 26(b)(5)(B).

“(c) DISCLOSURE MADE IN A STATE PROCEEDING.—When the disclosure is made in a State proceeding and is not the subject of a State-court order concerning waiver, the disclosure does not operate as a waiver in a Federal proceeding if the disclosure:

“(1) would not be a waiver under this rule if it had been made in a Federal proceeding; or
“(2) is not a waiver under the law of the State where the disclosure occurred.

“(d) CONTROLLING EFFECT OF A COURT ORDER.—A Federal court may order that the privilege or protection is not waived by disclosure connected with the litigation pending before the court—in which event the disclosure is also not a waiver in any other Federal or State proceeding.

“(e) CONTROLLING EFFECT OF A PARTY AGREEMENT.—An agreement on the effect of disclosure in a Federal proceeding is binding only on the parties to the agreement, unless it is incorporated into a court order.

“(f) CONTROLLING EFFECT OF THIS RULE.—Notwithstanding Rules 101 and 1101, this rule applies to State proceedings and to Federal court-annexed and Federal court-mandated arbitration proceedings, in the circumstances set out in the rule. And notwithstanding Rule 501, this rule applies even if State law provides the rule of decision.

“(g) DEFINITIONS.—In this rule:

“(1) ‘attorney-client privilege’ means the protection that applicable law provides for confidential attorney-client communications; and
“(2) ‘work-product protection’ means the protection that applicable law provides for tangible material (or its intangible equivalent) prepared in anticipation of litigation or for trial.”.

(b) TECHNICAL AND CONFORMING CHANGES.—The table of contents for the Federal Rules of Evidence is amended by inserting after the item relating to rule 501 the following:

“502. Attorney-client privilege and work-product doctrine; limitations on waiver.”.

(c) EFFECTIVE DATE.—The amendments made by this Act shall apply in all proceedings commenced after the date of enactment of this Act and, insofar as is just and practicable, in all proceedings pending on such date of enactment.

ORDERS FOR THURSDAY, FEBRUARY 28, 2008

Mr. SALAZAR. Mr. President, I ask unanimous consent that when the Sen-

ate completes its business today, it stand adjourned until 9:30 a.m., Thursday, February 28; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and that the Senate then proceed to a period for the transaction of morning business for up to 1 hour, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half; further, that the Senate then resume consideration of the motion to proceed to S. 2634 and that all time during any adjournment or morning business count postcloture.

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

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. SALAZAR. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 7:46 p.m., adjourned until Thursday, February 28, 2008, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

POSTAL REGULATORY COMMISSION

NANCI E. LANGLEY, OF VIRGINIA, TO BE A COMMISSIONER OF THE POSTAL REGULATORY COMMISSION FOR A TERM EXPIRING NOVEMBER 22, 2012, VICE DAWN A. TISDALE, TERM EXPIRED.

PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD

RONALD D. ROTUNDA, OF VIRGINIA, TO BE A MEMBER OF THE PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD FOR A TERM OF FOUR YEARS EXPIRING JANUARY 29, 2012, (NEW POSITION)

DANIEL W. SUTHERLAND, OF VIRGINIA, TO BE CHAIRMAN OF THE PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD FOR A TERM OF SIX YEARS EXPIRING JANUARY 29, 2014, (NEW POSITION)

FRANCIS X. TAYLOR, OF MARYLAND, TO BE A MEMBER OF THE PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD FOR A TERM OF TWO YEARS EXPIRING JANUARY 29, 2010, (NEW POSITION)

IN THE COAST GUARD

THE FOLLOWING NAMED INDIVIDUAL FOR APPOINTMENT AS A PERMANENT COMMISSIONED REGULAR OFFICER IN THE UNITED STATES COAST GUARD IN THE GRADE INDICATED UNDER TITLE 14, U.S.C., SECTION 211:

To be lieutenant commander

KIMBERLY J. AVSEC

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES COAST GUARD UNDER TITLE 14, U.S.C., SECTION 211:

To be lieutenant commander

ANTHONY K. PALMER
PATRICK J. ST. JOHN

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTIONS 531 AND 1211:

To be major

ANDRE G. SARMIENTO

THE FOLLOWING NAMED INDIVIDUAL FOR APPOINTMENT IN THE GRADE INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531(A):

To be major

RICKEY J. REYNOLDS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be major

DANIEL E. BATES

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JEFFREY D. LEWIS
ROBERT J. LOVE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be major

AUSTIN B. DOSH
CURRAN L. JONES
JOSHUA M. SILL

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT IN THE GRADES INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531(A):

To be lieutenant colonel

GERALD B. WHISLER III

To be major

LUTHER P. MARTIN
SAMUEL R. WETHERILL

IN THE ARMY

THE FOLLOWING NAMED INDIVIDUAL FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY DENTAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be major

LLENA C. CALDWELL

THE FOLLOWING NAMED INDIVIDUAL FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY VETERINARY CORPS UNDER TITLE 10, U.S.C., SECTION 531 AND 3064:

To be major

DEANNA L. REIBER

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major

CHRISTOPHER D. YAO

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTIONS 624:

To be lieutenant colonel

MICHAEL L. MANSI

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be colonel

MARC FERRARO

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

WENDELL L. KING

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

PAUL C. PERLIK

To be major

KEITH MOORE

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY DENTAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be colonel

MARC C. HENDLER

To be lieutenant colonel

LEE A. KNOX

To be major

THOMAS J. THRASHER
JAMES D. TOWNSEND

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

JAMES H. KELLY
GREGORY PARK

To be major

LUIS RAMOS

KRISTINE R. SAUNDERS

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY NURSE CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

ALLYSON A. PETERSON

To be major

AMELIA S. JACKSON
BRIAN E. PREHN

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL SPECIALIST CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be major

LARRY W. AKE
PATRICK S. CARSON

THE FOLLOWING NAMED INDIVIDUALS TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

GARY L. GROSS
ANTONIO MARTINEZ-LUENGO
PETER M. TAN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

HAROLD L. CAMPBELL, JR.
WILLIAM A. CARROLL
SCOTT E. CLODFELTER
DARWIN F. CONCON
STEVEN W. LAYTON
ROBERT M. MARCHI
BRENDAN J. OSHEA
SANDRA J. RAVELING
RICHARD W. SELLNER
DAVID O. SMITH
KENNETH P. STORZ

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY JUDGE ADVOCATE GENERAL'S CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major

MAGDALENA A. ACEVEDO
ALAN APPLE
KENNETH J. BACSO
GREGORY B. BATDORFF
JOHN C. BENSON
JOSHUA A. BERGER
ADAM J. BERLIN
STEVE D. BLOOM
LISA R. BLOOM
JEFFREY T. BRELOSKI
ANN B. CHING
JENNIFER C. CLARK
ELISABETH A. CLAUS
CHRISTOPHER R. CLEMENTS
STEPHEN R. COUTANT
TOBY N. CURTO
LARRY W. DOWNEND, JR.
CHE P. DUNGAN
DANIEL J. EVERETT
ANDREW D. FLOR
MICHAEL C. FLORES
MICHAEL A. GOBA
DAVID J. GOSCHA
PATRICK D. GREGORY, SR.
PHILLIP B. GRIFFITH
SEAN G. GYSEN
LAKEYSIA R. HARVIN
PATRICIA K. HINSHAW
SARA F. HOLLAND
NATE G. HUMMEL
SCOTT E. HUTMACHER
ROBERT C. INSANI
STEVEN B. JANKO
WILLIAM J. JOHNSON
MICHAEL D. JONES
MICHAEL L. KANABROCKI
MATTHEW J. KEMKES
SUSAN L. KIM
FREDERICK K. KRANZ
KATHERINE A. KRUI
WILLIAM T. KUCHENTHAL
CHANDRA L. LAGRONE
JEREMY M. LARCHICK
SCOTT E. LINGER
HOWARD T. MATTHEWS, JR.
MARVIN J. MCBURROWS
KEVIN P. MCCART
KEVIN A. MCCARTHY
ANDREW M. MCKEE
MICHAEL J. MEKETTEN
WENDY N. MELLO
ANDREAS C. MILLER
DOUGLAS W. MOORE
JAMES W. NELSON
ROBERT B. NELSON
JAMES L. O'CONNELL
TERESA T. PHELPS
RYAN W. ROSAUER
KAREN L. SHEA
ANDREW J. SLITT
DAVID W. SMITH

ISAAC C. SPRAGG
ALLEN D. STEWART
JAY L. THOMAN
CASSEY Z. THOMAS
JACQUELINE TUBBS
KENNETH A. TYNDAL
JOCELYN S. URGESE
MATTHEW C. VINTON
MASON S. WEISS
JACOB G. WOLF
DANIEL A. WOOLVERTON
CORY J. YOUNG

IN THE MARINE CORPS

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

PATRICK T. GROSSO

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

JAMES D. MCCOY

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

WALTER C. MURPHY, JR.

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

DONALD L. BOHANNON

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

CHARLES B. SPENCER

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

JOHN G. OLIVER
ROGER W. SCAMBLER

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

MARK F. BIRK
KENNETH L. KELSAY

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

CHRISTOPHER J. AMBS
TODD E. KUNST

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

TIM J. SCHROEDER
JOSEPH G. SINESE

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

RICHARD D. HARDIN
GEORGE M. SEXTON

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

ROY E. LAWRENCE
DANIEL R. WESTPHAL

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

PETER D. CHARBONEAU
STEVEN R. FREDEEN

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

SAL L. LEBLANC
RAUL TORRES
KEVIN R. WILLIAMS

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

ROBERT F. EMMINGER
ARMAND J. FRAPPIER
MICHAEL G. MARCHAND

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

CHRISTOPHER F. BERGERON
DARREN R. DEMYER
LLOYD E. EDWARDS, JR.
SEAN P. HEICHLINGER
KELLY M. JONES
DAVID A. MCCOVERY
KENNETHE R. MC MILLAN
MARK B. WINDHAM

IN THE NAVY

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be commander

JEFFREY H. NARD

To be lieutenant commander

PETER PRESSMAN
ROBERT G. SHEU
TODD A. TRITCH
DANIEL J. TRUEBA, JR.

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be commander

ANDREW S. LOMAX
NOLAN D. VILLARIN

To be lieutenant commander

ERLINA A. HAUN
RUPERT L. HUSSEY

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be captain

DAVID R. COUGHLIN
MATTHEW A. MCQUEEN

To be commander

JOYCE F. RICHARDSON
STEWART B. WHARTON
WILLIAM A. WIMMER

To be lieutenant commander

RONALD W. NEWHOUSE
TIMOTHY S. STYLES

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be captain

MICHAEL D. T. EDWARDS
DOUGLAS W. FENSKE
JENNITH E. HOYT
MICHAEL J. KAUTZ
KEVIN S. LERETTE
KATHLEEN M. LINDENMAYER
STEVEN F. MOMANO
AGUSTIN L. OTERO
NORMAN W. PORTER
ROBERT A. WOOD

To be commander

RUSSELL P. ASHFORD
JAMES E. AULL
CRISTOBAL S. BENAVIDES
LAURANCE C. BOYD
TODD A. BROWN
ALEXANDER M. CAVAZOS
ROBERT A. FARLEY
JOHN A. FEDOROWICZ
LAURA R. HATCHER
PATRICK L. LEONHARDT
MICHAEL R. MURRAY
TUAN A. NGUYEN
RENEE R. RICHARDSON
DALE C. SCHULMAN
CHRISTINA L. SIMINGTON
KENNETH R. SMITH
JOSE TORRES, JR.
DOUGLAS B. UPCHURCH III

To be lieutenant commander

TED W. BOYD

February 27, 2008

FELIPE R. DE VEGA
EDWIN D. EXUM
CLAUDIA D. FLORES
JOHN FRIEDENREICH
RICHARD K. GOUGER
DAVID H. GRAY

CONGRESSIONAL RECORD — SENATE

DAVID R. HARRIS
JOHN R. HENDERSON
CHARLES G. LONGLEY
PAMELA Y. MCKENZIE
ANDREW F. MOORE
KIM H. RIGAZZI

JAMES F. SCARCELLI
JOHN M. SMAHA, JR.
HIRAM J. WEEDON
CHAD D. WEST

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