

S. RES. 365

At the request of Mrs. FEINSTEIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. Res. 365, a resolution to provide a 60 vote point of order against out-of-scope material in conference reports and open the process of earmarks in the Senate.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DORGAN (for himself, Mr. CONRAD, Mr. BINGAMAN, Ms. MURKOWSKI, Mr. MCCAIN, Mr. JOHNSON, and Mr. SMITH):

S. 2245. A bill to establish an Indian youth telemental health demonstration project; to the Committee on Indian Affairs.

Mr. DORGAN. Mr. President, I rise today to introduce legislation which would deal in a small but, I hope, meaningful way, with the crisis of youth suicide in Indian Country. On the reservations of the Northern Great Plains, the rate of Indian youth suicide is 10 times higher than it is anywhere else in the country. This needless loss of young boys and girls whose whole lives lay ahead of them is a very serious problem.

I am pleased that last year, the Senate Indian Affairs Committee held two hearings on the tragic issue of teen suicide and the urgent need for prevention, intervention and treatment services. We heard the testimony of youth and family members, representatives of the Indian Health Service and other agencies of the Department of Health and Human Services, and Indian professionals who work with young people. We continue to sift through their recommendations to find possible solutions that could be proposed in legislation.

I believe it is urgent that solutions be put forward now to deal with this troubling problem. Following the Committee's second hearing on Indian youth suicide last summer, several more Indian young people attempted suicide on the Standing Rock Reservation in North and South Dakota. Thankfully, their lives were spared and their attempts not completed. But time is running out for addressing this tragic issue.

When the Indian Affairs Committee marked up legislation to amend and reauthorize the Indian Health Care Improvement Act last October, I offered, with Senators CONRAD and SMITH, an amendment which had three components, all of which were presented as ideas at the Committee's hearing in Washington, DC, on June 15, 2005, on Indian youth suicide. I am very pleased that my amendment was unanimously adopted.

The legislation which I introduce today parallels one part of that amendment to the Indian health reauthorization bill, and would authorize the Indian Youth Telemental Health Demonstration Project. The Secretary of

Health and Human Services would award grants under this 4-year demonstration project to five Indian Tribes and Tribal Organizations that have telehealth capabilities. Grantees would provide services through telemental health for such purposes as counseling of Indian youth for suicide prevention, intervention and treatment; providing medical advice and other assistance to frontline tribal health providers; training for tribal community members, elected officials, tribal educators and health workers and others who work with Indian youth; developing culturally-sensitive materials on suicide prevention and intervention; and data collection and reporting.

My proposal has been revised since it was adopted as an amendment to the Indian health reauthorization bill in response to Administration concerns about expanding new health care programs or services to Native Americans living in urban areas. I will leave the Federal Government's obligation to provide health care to urban Indians—most of whom are in urban areas because they or their parents or relatives were relocated from their reservations or Alaska Native communities under federal policy—to be discussed another day.

Many Indian reservations and Native villages in Alaska are in remote locations and quite isolated, and experience much more limited access to mental health services than in our nation's cities. The testimony received by the Indian Affairs Committee showed that it is particularly in these communities that there is a crisis among the youth. Accordingly, the bill I propose today is intended to provide services for counseling, medical advice and training and educational materials under this new demonstration project to Indian youth living on reservations and in Native villages.

I thank my colleagues who have joined me in this initiative and who have added thoughtful insights for ways to address this crisis that deprives many tribal communities of one of the richest resources, our youth. I look forward to continuing our efforts and developing a more comprehensive legislative proposal on this sensitive and very important issue. I urge my colleagues to support this legislation.

I ask unanimous consent that the text of the bill as introduced be printed in the RECORD.

S. 2245

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Indian Youth Telemental Health Demonstration Project Act of 2006".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) suicide for Indians and Alaska Natives is 2 ½ times higher than the national average and the highest for all ethnic groups in the United States, at a rate of more than 16 per 100,000 males of all age groups, and 27.9 per 100,000 for males aged 15 through 24, according to data for 2002;

(2) according to national data for 2002, suicide was the second-leading cause of death for Indians and Alaska Natives aged 15 through 34 and the fourth-leading cause of death for Indians and Alaska Natives aged 10 through 14;

(3) the suicide rates of Indian and Alaska Native males aged 15 through 24 are nearly 4 times greater than suicide rates of Indian and Alaska Native females of that age group;

(4)(A) 90 percent of all teens who die by suicide suffer from a diagnosable mental illness at the time of death; and

(B) more than ½ of the people who commit suicide in Indian Country have never been seen by a mental health provider;

(5) death rates for Indians and Alaska Natives are statistically underestimated;

(6) suicide clustering in Indian Country affects entire tribal communities; and

(7) since 2003, the Indian Health Service has carried out a National Suicide Prevention Initiative to work with Service, tribal, and urban Indian health programs.

(b) PURPOSE.—The purpose of this Act 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.

SEC. 3. DEFINITIONS.

In this Act:

(1) DEMONSTRATION PROJECT.—The term "demonstration project" means the Indian youth telemental health demonstration project authorized under section 4(a).

(2) DEPARTMENT.—The term "Department" means the Department of Health and Human Services.

(3) INDIAN.—The term "Indian" means any individual who is a member of an Indian tribe or is eligible for health services under the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

(4) INDIAN TRIBE.—The term "Indian tribe" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(5) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(6) SERVICE.—The term "Service" means the Indian Health Service.

(7) 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.

(8) TRADITIONAL HEALTH CARE PRACTICES.—The term "traditional health care practices" means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to Western healing sciences) that—

(A) embody the influences or forces of innate Tribal discovery, history, description, explanation and knowledge of the states of wellness and illness; and

(B) call upon those influences or forces in the promotion, restoration, preservation, and maintenance of health, well-being, and life's harmony.

(9) TRIBAL ORGANIZATION.—The term "tribal organization" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT.

(a) AUTHORIZATION.—

(1) IN GENERAL.—The Secretary is authorized to carry out a demonstration project to award grants 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.—Grants described in paragraph (1) 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) MAXIMUM NUMBER 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 in which there is a demonstrated need to address Indian youth suicide;

(B) enter into collaborative partnerships with Service or other 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.

(b) USE OF FUNDS.—An Indian tribe or tribal organization shall use a grant received under subsection (a) for the following purposes:

(1) To provide telemental health services to Indian youth, including the provision of—

(A) psychotherapy;

(B) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and

(C) alcohol and substance abuse treatment.

(2) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service or tribal clinicians and health services providers working with youth being served under the demonstration project.

(3) 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 the demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among those individuals and with State and local health services providers.

(4) To develop and distribute culturally-appropriate community educational materials on—

(A) suicide prevention;

(B) suicide education;

(C) suicide screening;

(D) suicide intervention; and

(E) ways to mobilize communities with respect to the identification of risk factors for suicide.

(5) To conduct data collection and reporting relating to Indian youth suicide prevention efforts.

(c) APPLICATIONS.—To be eligible to receive a grant under subsection (a), 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.

(d) TRADITIONAL HEALTH CARE PRACTICES.—The Secretary, acting through the Service, shall ensure that the demonstration project involves the use and promotion of the traditional health care practices of the Indian tribes of the youth to be served.

(e) 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.

(f) ANNUAL REPORT.—Each grant recipient shall submit to the Secretary an annual report that—

(1) describes the number of telemental health services provided;

(2) includes any other information that the Secretary may require.

(g) REPORT TO CONGRESS.—Not later than 270 days after the date of termination of the demonstration project, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources and the Committee on Energy and Commerce of the House of Representatives a final report that—

(1) describes the results of the projects funded by grants awarded under this section, including any data available that indicate 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.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$1,500,000 for each of fiscal years 2007 through 2010.

By Mr. REID (for Mr. OBAMA):

S. 2247. A bill to promote greater use of information technology in the Federal Employees Health Benefits Program under chapter 89 of title 5, United States Code, to increase efficiency and reduce costs; to the Committee on Homeland Security and Governmental Affairs.

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

Mr. OBAMA. Mr. President, the American people are facing two, major health care crises—lack of health insurance and the soaring costs of medical care. Nearly 46 million Americans are uninsured, and the number one reason is because they can't afford it. Even those with health insurance are struggling to pay their medical bills. Family incomes can't keep up with rising health costs—health premiums alone have increased 73 percent over the past 5 years, while wages have only risen 15 percent. Unfortunately, we can't fix either of these crises without addressing the other. As health care costs rise, more employers will drop coverage for their employees. As the number of uninsured rise, the cost of their care is subsidized by those individuals that have insurance. It's a vicious cycle, and the longer we wait to act, the more difficult it will be to successfully intervene.

There are many drivers of health care costs, but perhaps the easiest one to tackle is the wasteful, administrative costs associated with health care. Health care is one of the least efficient industries in America. Processing a single transaction in health care can cost as much as \$25, whereas banks and brokerages spend less than a penny per transaction. Indeed, administrative costs account for 31 percent of total health care spending, or roughly \$465 billion each and every year.

Today, I am introducing a bill that would help to reduce health care administrative costs in the Nation's largest employer-sponsored health insurance program, the Federal Employees Health Benefit Program. FEHBP serves over 8 million Federal Government employees, retirees, and their families, who can choose from over 200 health plan options. The FEHBP Efficiency Act of 2006 would require all health plans participating in FEHBP to develop systems for hospitals and doctors to submit their bills electronically within 4 years.

Ken Thorpe, a health economist at Emory University, has reported that if all FEHBP participating health plans switched to electronic systems for submission of bills, the program could save up to 2 percent of the \$31 billion in

total premiums, or over \$600 million every year. That is a tremendous amount of savings—money that could be used to expand FEHBP benefits, increase the number of eligible employees, or lower premiums for FEHBP beneficiaries. Using its tremendous purchasing power, the Federal Government could help spur the health care industry to move to a completely paperless system for processing transactions in all government health programs as well as the private sector.

I urge my colleagues to join me in this effort to increase efficiency and reduce costs. Every American should have access to affordable health care, and this bill is one step towards making that a reality.

NOTICES OF HEARINGS/MEETINGS

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. DOMENICI. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been rescheduled before the Committee on Energy and Natural Resources.

The hearing originally scheduled for Thursday, February 9, 2006 at 2:30 p.m. in room SD-366 of the Dirksen Senate Office Building will now be held on Tuesday, February 14, 2006 at 10 a.m. in the same room.

The purpose of the hearing is to discuss the Energy Information Administration's 2006 Annual Energy Outlook on trends and issues affecting the United States' energy market.

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 should send two copies of their testimony to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150.

For further information, please contact Lisa Epifani 202-224-5269 or Shan-non Ewan at 202-224-7555.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. DOMENICI. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Committee on Energy and Natural Resources.

The hearing will be held on Tuesday, February 14, 2006 at 2:30 p.m. in room SD-366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony regarding S. 2197, to improve the global competitiveness of the United States in science and energy technology, to strengthen basic research programs at the Department of Energy, and to provide support for mathematics and science education at all levels through the resources available through the Department of Energy, including at the National Laboratories.

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 should send two copies of their testimony to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150.

For further information, please contact Kathryn Clay (202) 224-6224 or Steve Waskiewicz at (202) 228-6195.

AUTHORITIES FOR COMMITTEES TO MEET

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. ALLEN. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet on Monday, February 6, 2006, at 2 p.m. for a hearing titled, "Hurricane Katrina: Managing Law Enforcement and Communications in a Catastrophe."

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

COMMITTEE ON THE JUDICIARY

Mr. ALLEN. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet to conduct a hearing on "Executive Nominations" on Monday, February 6, 2006 at 9:30 a.m. in Hart Senate Office Building Room 226. The hearing is expected to continue throughout the afternoon.

Witness list

Panel I: The Honorable Alberto Gonzales, Attorney General, U.S. Department of Justice, Washington, DC.

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

PRIVILEGES OF THE FLOOR

Mr. KENNEDY. Mr. President, I ask unanimous consent that Jesse Wald, a fellow on my staff, be granted the privilege of the floor for the remainder of debate on S. 852, the Fairness in Asbestos Injury Resolution Act of 2005.

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

ORDERS FOR TUESDAY, FEBRUARY 7, 2006

Mr. HATCH. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:45 a.m. on Tuesday, February 7. I further ask that following the prayer and the pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved, and the Senate proceed to a period of morning business for up to 60 minutes, with the first 30 minutes under the control of the Democratic leader or his designee and the second 30 minutes under the control of the majority leader or his designee, and that the Senate then resume consideration of the motion to proceed to S. 852, the asbestos bill.

I further ask that the Senate stand in recess from 12:30 until 2:15 p.m. to accommodate the weekly party luncheon.

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

PROGRAM

Mr. HATCH. Mr. President, tomorrow the Senate will continue to debate the motion to proceed to S. 852, the asbestos bill. A few minutes ago we filed cloture on the motion to proceed, and that vote will occur at 6 p.m. tomorrow. There will be no rollcall votes until 6 p.m. tomorrow to accommodate those Senators traveling to Georgia for the funeral service of Coretta Scott King.

ADJOURNMENT UNTIL 9:45 A.M. TOMORROW

Mr. HATCH. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 6:14 p.m., adjourned until Tuesday, February 7, 2006, at 9:45 a.m.

NOMINATIONS

Executive nominations received by the Senate February 6, 2006:

DEPARTMENT OF DEFENSE

BENEDICT S. COHEN, OF THE DISTRICT OF COLUMBIA, TO BE GENERAL COUNSEL OF THE DEPARTMENT OF THE ARMY, VICE STEVEN JOHN MORELLO, SR., RESIGNED.

SECURITIES INVESTOR PROTECTION CORPORATION

ARMANDO J. BUCALO, JR., OF FLORIDA, TO BE A DIRECTOR OF THE SECURITIES INVESTOR PROTECTION CORPORATION FOR A TERM EXPIRING DECEMBER 31, 2008. (REAPPOINTMENT)

TODD S. FARHA, OF FLORIDA, TO BE A DIRECTOR OF THE SECURITIES INVESTOR PROTECTION CORPORATION FOR THE REMAINDER OF THE TERM EXPIRING DECEMBER 31, 2006, VICE WILLIAM ROBERT TIMKEN, JR., RESIGNED.

TODD S. FARHA, OF FLORIDA, TO BE A DIRECTOR OF THE SECURITIES INVESTOR PROTECTION CORPORATION FOR A TERM EXPIRING DECEMBER 31, 2009. (REAPPOINTMENT)

FEDERAL COMMUNICATIONS COMMISSION

ROBERT M. MCDOWELL, OF VIRGINIA, TO BE A MEMBER OF THE FEDERAL COMMUNICATIONS COMMISSION FOR A TERM OF FIVE YEARS FROM JULY 1, 2004, VICE KATHLEEN Q. ABERNATHY, RESIGNED.

DEPARTMENT OF JUSTICE

MAURICIO J. TAMARGO, OF FLORIDA, TO BE CHAIRMAN OF THE FOREIGN CLAIMS SETTLEMENT COMMISSION OF THE UNITED STATES FOR A TERM EXPIRING SEPTEMBER 30, 2009. (REAPPOINTMENT)

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. GLENN F. SPEARS

THE FOLLOWING AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. DENNIS G. LUCAS

To be judge advocate general of the United States

MAJ. GEN. JACK L. RIVES

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE REGULAR AIR FORCE OF THE UNITED STATES TO THE POSITION AND GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 8037:

To be major general and to be the deputy judge advocate general of the United States Air Force

BRIG. GEN. CHARLES J. DUNLAP, JR.