WYDEN) was added as a cosponsor of S. 245, a bill to expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States.

S. 345

At the request of Mr. LUGAR, the names of the Senator from Florida (Mr. NELSON) and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of S. 345, a bill to reauthorize the Tropical Forest Conservation Act of 1998 through fiscal year 2012, to rename the Tropical Forest Conservation Act of 1998 as the ''Tropical Forest and Coral Conservation Act of 2009'', and for other purposes.

S. 371

At the request of Mr. THUNE, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 371, a bill to amend chapter 44 of title 18, United States Code, to allow citizens who have concealed carry permits from the State in which they reside to carry concealed firearms in another State that grants concealed carry permits, if the individual complies with the laws of the State.

S. 422

At the request of Ms. STABENOW, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 422, a bill to amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women.

S. 428

At the request of Mr. DORGAN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 428, a bill to allow travel between the United States and Cuba.

S. 454

At the request of Mr. LEVIN, the names of the Senator from Delaware (Mr. CARPER) and the Senator from Florida (Mr. NELSON) were added as cosponsors of S. 454, a bill to improve the organization and procedures of the Department of Defense for the acquisition of major weapon systems, and for other purposes.

S. 456

At the request of Mr. DODD, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 456, a bill to direct the Secretary of Health and Human Services, in consultation with the Secretary of Education, to develop guidelines to be used on a voluntary basis to develop plans to manage the risk of food allergy and anaphylaxis in schools and early childhood education programs, to establish school-based food allergy management grants, and for other purposes.

S. 462

At the request of Mrs. BOXER, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 462, a bill to amend the Lacey Act Amendments of 1981 to prohibit the importation, exportation, transportation, and sale, receipt, acquisition, or purchase in interstate or foreign commerce, of any live animal of any prohibited wildlife species, and for other purposes.

S. 473

At the request of Mr. DURBIN, the names of the Senator from Arkansas (Mr. PRYOR) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. 473, a bill to establish the Senator Paul Simon Study Abroad Foundation.

S. 482

At the request of Mr. FEINGOLD, the name of the Senator from Georgia (Mr. CHAMBLISS) was added as a cosponsor of S. 482, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. RES. 49

At the request of Mr. LUGAR, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. Res. 49, a resolution to express the sense of the Senate regarding the importance of public diplomacy.

AMENDMENT NO. 573

At the request of Mr. DEMINT, the names of the Senator from Louisiana (Mr. VITTER), the Senator from Oklahoma (Mr. INHOFE), the Senator from Mississippi (Mr. WICKER), the Senator from Missouri (Mr. BOND), the Senator from Utah (Mr. BENNETT), the Senator from Wyoming (Mr. ENZI), the Senator from Wyoming (Mr. BARRASSO), the Senator from Kansas (Mr. BROWNBACK) and the Senator from Tennessee (Mr. ALEXANDER) were added as cosponsors of amendment No. 573 proposed to S. 160, a bill to provide the District of Columbia a voting seat and the State of Utah an additional seat in the House of Representatives.

AMENDMENT NO. 575

At the request of Mr. ENSIGN, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of amendment No. 575 proposed to S. 160, a bill to provide the District of Columbia a voting seat and the State of Utah an additional seat in the House of Representatives.

AMENDMENT NO. 579

At the request of Mr. THUNE, the names of the Senator from Wyoming (Mr. BARRASSO) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of amendment No. 579 proposed to S. 160, a bill to provide the District of Columbia a voting seat and the State of Utah an additional seat in the House of Representatives.

AMENDMENT NO. 587

At the request of Mr. ENSIGN, the names of the Senator from South Carolina (Mr. DEMINT) and the Senator from Kansas (Mr. BROWNBACK) were added as cosponsors of amendment No. 587 proposed to S. 160, a bill to provide the District of Columbia a voting seat and the State of Utah an additional seat in the House of Representatives.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

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

S. 485. A bill to reauthorize the Select Agent Program by amending the Public Health Service Act and the Agriculture Bioterrorism Protection Act of 2002 and to improve oversight of high containment laboratories; to the Committee on Health, Education, Labor, and Pensions.

Mr. BURR. Mr. President, I rise today in support of S. 485, the Select Agent Program and Biosafety Improvement Act of 2009. Today, I reintroduced this important legislation with my friend Senator TED KENNEDY. We first introduced this bill in June 2008. I thank my colleague from Massachusetts for his partnership. I enjoyed working closely with him in the 109th Congress on the Pandemic and All-Hazards Preparedness Act, which was signed into law in December 2006. He continues to be one of the great leaders in the United States Senate, and I look forward to continuing to work with him to ensure our laws protect the American people from health threats of all kinds.

This bill will enhance our nation's biosecurity and improve the biosafety of our most secure laboratories. We must do everything we can to make sure that biological agents and toxins that could present a serious threat to public health are kept safe and secure in containment laboratories and out of the hands of terrorists.

In December 2008; 6 months after we introduced this legislation for the first time, the bipartisan Commission on the Prevention of WMD Proliferation and Terrorism reported it is ''more likely than not'' that a weapon of mass destruction will be used in a terrorist attack by the end of 2013. The Commission's report, World at Risk, found that terrorists are more likely to obtain and use a biological weapon than a nuclear weapon and, therefore, the U.S. government should make bioterrorism a higher priority. According to the report, ''Only by elevating the priority of the biological weapons threat will it be possible to bring about substantial improvements in global biosecurity.'' Many of the specific recommendations contained in that report are reflected in this legislation.

S. 485 achieves two overarching goals. First, it reauthorizes and improves the Select Agent Program. This program was created in the 1990s to control the transfer of certain dangerous biological agents and toxins that could be used for bioterrorism. The program expanded after the anthrax attacks in 2001; however, the authorization expired at the end of September 2007.

Second, the bill evaluates and enhances the safety and oversight of high containment laboratories. These laboratories are used by scientists to study select agents and other infectious materials. Labs are categorized

by their safety level. There are four levels, termed Biosafety Level—BSL—1 through 4, with 4 being the highest level. The number of these labs has grown, both domestically and internationally, in the last several years.

The Select Agent Program is jointly administered by the U.S. Department of Health and Human Services HHS Centers for Disease Control and Prevention—CDC—and the U.S. Department of Agriculture's—USDA—Animal and Plant Health Inspection Service—APHIS. The program was intended to prevent terrorism, and protect public and animal health and safety, while not hampering important life-saving research. This is an obvious struggle that requires careful consideration, particularly when science is rapidly advancing around the globe.

Under the USA PATRIOT Act, it is illegal to possess ''select agents'' for reasons other than legitimate research. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 further required laboratories and laboratory personnel to undergo background checks by the FBI prior to approval for possession of select agents. As of February 2009, there are 82 select agents, meaning the agents pose a severe threat to public or animal health and safety. Thirteen of these agents are found naturally in the United States. There are 336 entities and 10,463 individuals registered with the CDC to work with select agents and toxins, and 64 entities and 4,149 individuals registered with APHIS.

We take four key actions in S. 485 to strengthen the Select Agent Program.

First, our legislation reauthorizes the program through 2014 and calls for a comprehensive evaluation of the program. The review, to be conducted by the National Academy of Sciences, will look at the effects of the program on international scientific collaboration and domestic scientific advances. This is timely because the WMD Commission recently suggested the need for an interagency review of the Select Agent Program and its impact on biological security and legitimate scientific research. Historically, the United States has been an international leader in biosecurity. In fact, last year Canada proposed legislation to tighten safety and access to pathogens and toxins of concern for bioterrorism. Canada's legislation, which was reintroduced earlier this month, would establish a mandatory licensing system to track human pathogens, similar to our Select Agent Program. It also ensures compliance with the country's Laboratory Biosafety Guidelines across the country.

Second, the bill ensures a comprehensive list of select agents. Currently, CDC and APHIS develop a list of agents and toxins to which the program regulations apply. However, we believe some additional factors should be considered in revising the list. For example, scientific developments now make it possible to create agents from scratch or to modify them and make them more deadly. Highly infectious viruses or bacteria that are otherwise difficult to obtain can now be created by scientists using ''synthetic genomics.'' In addition, we now have more information from the Department of Homeland Security—DHS—about the threat posed by certain bioterrorism agents.

In 2002, U.S. researchers assembled the first synthetic virus using the genome sequence for polio. Later, in 2005 scientists reconstructed the 1918 Pandemic Influenza virus. Then in January 2008, ''safe'' form of Ebola was created synthetically. While this ''safe'' Ebola can be used for legitimate research to develop drugs and vaccines to protect against it, a scientist could also change it back to its lethal form. Also, earlier this year, advancements in technology yielded the first synthetic bacterial genome.

We must consider these scientific advances, including genetically modified organisms and agents created synthetically, if we are to address all agents of concern. In addition, DHS's recent bioterrorism risk assessments provide new information for our assessment of biological threats. This information should also be considered when determining which agents and toxins should be regulated.

Next, the bill encourages sharing information with state officials to enable more effective emergency state planning. State health officials are currently not made aware of which agents are being studied within their state. This leaves medical responders, public health personnel, and animal health officials unprepared for a potential release, whether accidental or intentional.

Lastly, S. 485 clarifies the statutory definition of smallpox. The Intelligence and Terrorism Prevention Act of 2004 criminalized the use of variola virus, the agent that causes smallpox. The statutory definition of the virus includes agents that are 85 percent identical to the causative strain. Researchers are worried this could be interpreted to also include the safer strain used to develop the smallpox vaccine, as well as less harmful naturally occurring viruses. This sort of ambiguity could be detrimental to necessary medical countermeasure research and development. Our bill requires the Attorney General to issue guidance clarifying the interpretation of this definition.

In addition, in this legislation we take three key actions to evaluate and enhance the safety and oversight of high containment laboratories.

First, our bill evaluates existing oversight of BSL 3 and 4, or high containment, labs. The bill requires an assessment of whether current guidance on infrastructure, commissioning, operation, and maintenance of these labs is adequate. As I mentioned, the number of these labs is increasing around the globe. As these new facilities age, we need to make sure they are appropriately maintained. It is essential that laboratory workers and the public can be assured that these facilities are as safe as possible. If the guidance we currently have in place is not adequate, then we need to know how to improve it. In addition, the recent report by the WMD Commission called for HHS and DHS to lead an interagency effort to tighten government oversight of high-containment labs.

Second, the bill improves training for laboratory workers. The WMD Commission report also called for standard biosafety and biosecurity training for all personnel who work in high-containment labs and funding the development of such educational materials. As the number of laboratories and personnel increases, we must ensure workers are appropriately trained. Accidents and injuries in the lab, such as chemical burns and flask explosions, may result from improper use of equipment. Our bill develops a set of minimum standards for training laboratory personnel in biosafety and biosecurity, and encourages HHS and USDA to disseminate these training standards for voluntary use in other countries.

Finally, the bill establishes a voluntary Biological Laboratory Incident Reporting System. This system will encourage personnel to report biosafety and biosecurity incidents of concern and thereby allow us to learn from one another. Similar to the Aviation Safety Reporting System, which gathers information on aviation accidents, this system will help identify trends in biosafety and biosecurity incidents of concern and develop new protocols for safety and security improvements. Lab exposures to pathogens not on the select agent list will also be captured through this type of voluntary reporting system. The WMD Commission recommended promoting a culture of security awareness in the life sciences community and establishing whistleblower mechanisms within the life sciences community so that scientists can report their concerns about safety and security without risk of retaliation. We believe such a reporting system would help fulfill this recommendation.

In closing, I encourage my Senate colleagues to join Senator KENNEDY and me as we work to improve our nation's biosecurity and biosafety systems by passing S. 485, the Select Agent and Biosafety Improvement Act of 2009. I want to thank the many researchers, scientists, and state health officials from across the country who shared with me and my staff their ideas, experiences, and recommendations. In this time of exciting scientific advances, we must ensure our laws and prevention programs are updated to reflect current conditions. In addition, we must remain vigilant in our efforts to protect the American people from bioterrorism. The Select Agent Program is an important part of ensuring the nation's safety and security, and I

look forward to working with my colleagues to reauthorize and improve the program.

By Mr. SANDERS (for himself, Mr. BEGICH, Mr. BINGAMAN, Mrs. BOXER, Mr. BROWN, Mr. BURRIS, Mr. CARDIN, Mr. CASEY, Mr. DURBIN, Mr. HARKIN, Mr. INOUYE, Mr. KENNEDY, Mr. KERRY, Mr. JOHNSON, Mr. LEAHY, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mr. SCHUMER, Ms. STABENOW, Mr. TESTER, and Mr. WYDEN):

S. 486. A bill to achieve access to comprehensive primary health care services for all Americans and to reform the organization of primary care delivery through an expansion of the Community Health Center and National Health Service Corps programs; to the Committee on Health, Education, Labor, and Pensions.

Mr. SANDERS. Madam President, I think everybody recognizes that our current health care system is in very serious crisis. We have 46 million Americans who lack any health insurance. We have even more than that who are underinsured. The cost of health care is soaring. And we end up spending twice as much per person on health care as do the people of any other nation, despite having so many people uninsured and underinsured.

While a lot of the discussion regarding the health care crisis focuses on insurance coverage, there is another crisis equally severe that we do not talk enough about; that is, the crisis in access to doctors and dentists—in fact, the crisis in terms of primary health care.

The truth is that in our country today, we have some 56 million Americans, including Americans who have health insurance, who simply cannot find a doctor and, even more, cannot find a nurse. The absurdity of that is that when somebody cannot find a doctor, that person will end up going to the emergency room at great cost to our Nation or, equally likely, that person may not go to the doctor at all, gets sick, and ends up in the hospital, and we are spending tens of thousands of dollars treating that person when we could have spent far less if that man, woman, or child had access to a doctor when the illness first developed.

I am very gratified, and I thank President Obama, I thank Senator INOUYE and Senator HARKIN, Congressman OBEY, the Democratic leadership in the House for taking this Nation a giant step forward in terms of addressing the crisis in primary health care in the stimulus package.

What happened in the stimulus package is that $2 billion was allocated for community health centers, to help those community health centers expand, to help in the growth of new community health centers. On top of that, another $300 million was appropriated for the National Health Service Corps. The National Health Service Corps is one of the important health programs we have in this country because it provides debt forgiveness and scholarships for young physicians so they can go out and serve in underserved areas.

Many medical school graduates are leaving school $100,000, $150,000 in debt, and they have no choice but to end up becoming specialists, making a whole lot of money in order to pay back those debts. What we have done in the stimulus package is almost triple the amount of money going into the National Health Service Corps, which means that we are going to be able to enable thousands of young physicians and dentists to go out and work in underserved areas, which is a huge step forward for primary health care. That was a very important part of the stimulus package.

In fact, on top of all of that, this sum of money is going to create 44,000 sustainable jobs as we create a primary health care infrastructure and as we provide health care to an additional 4 million Americans.

As significant as what we did in the stimulus package is, it is only a downpayment for what we have to do to address the crisis in terms of primary health care. Therefore, I am very proud to announce that today I introduced, along with 21 of my Senate colleagues—and they are in alphabetical order—Senators BEGICH, BINGAMAN, BOXER, BROWN, BURRIS, CARDIN, CASEY, DURBIN, HARKIN, INOUYE, KENNEDY, KERRY, JOHNSON, LEAHY, MENENDEZ, MERKLEY, MIKULSKI, SCHUMER, STABENOW, TESTER, and WYDEN—all of those Senators join with me in new legislation which, in fact, is going to revolutionize primary health care in America.

Also today, the majority whip in the House, JIM CLYBURN of South Carolina, introduced a similar bill which I believe has 78 cosponsors. That legislation is called the Access for All America Act. Its goal is to significantly expand community health centers all over this country, as well as the National Health Service Corps.

The community health center concept was developed by Senator TED KENNEDY over 40 years ago. The truth is that the concept of community health centers has been long supported in a bipartisan manner. President Bush was supportive of the concept. Senator MCCAIN certainly mentioned it in his campaign for President, and Senator HATCH—many Republicans have supported it, as well as many people on our side of the aisle.

The reason for that bipartisan support is that everybody here understands that community health centers provide quality health care in a cost-effective manner. What community health centers do is provide comprehensive health care in terms of access to doctors and dentists. I point out that there is a major dental crisis all over this country. Community health centers by law have to provide mental health counseling. On top of that, community health centers provide the lowest cost of prescription drugs in the United States of America.

Today, there are approximately 1,100 community health centers all over America. In my State of Vermont, we have gone from 2 to 7 in the last 5 years, and they are now providing health care to over 80,000 Vermonters.

We have 1,100 in this country today. What this legislation will do is go from 1,100 community health centers to 4,800 community health centers, quadrupling the number of health centers in America. By doing that, we will provide comprehensive, high-quality primary health care in every underserved area in this country—a giant step forward in terms of making primary health care accessible to every man, woman, and child in this Nation.

In my view, we need to move toward a national health care program which guarantees health care for all people, but we can take this important step forward in terms of primary health care quite soon.

Here is one of the very wonderful aspects of what this legislation does. Right now, we spend about $2.1 billion a year for community health centers. This legislation, over a 5-year period, will take that number up to $8 billion. It will go from $2 billion to $8 billion as we quadruple the number of community health centers.

What study after study suggests is that in fact this investment will end up saving us money. This investment in primary health care will save us money because those people who get sick will now be able to go to a community health center—perhaps the most cost-effective primary health care in America—rather than walking into an emergency room, which is one of the most expensive health care providers in the country. In addition, when people have access to health care and get treatment when they need it, they are not going to get very sick and end up in a hospital, where it will cost tens of thousands of dollars to deal with their illness.

So what this legislation does is quadruple the number of community health centers, and it very substantially increases the amount of money that goes to the National Health Service Corps so we can provide debt relief and scholarships to young physicians who will then go out and serve us in underserved areas.

In my view, this legislation, if passed—and I think we have a good chance to pass it because there is a whole lot of bipartisan support here in the Senate for this concept, a lot of support in the House as well—will revolutionize primary health care in America. It will bring us to the day when virtually every American will have access to a doctor, a dentist, mental health counseling, and low-cost prescription drugs. It will enable us to produce the doctors, the dentists, the nurses, and the other health care providers we desperately need to get out

into rural, urban America, and underserved areas. It will be a major step forward in providing the primary health care infrastructure we need as we in fact move to a national health care program.

This is important legislation, and I thank all of the 21 Members of the Senate who have already come on as original cosponsors. We hope that many more will come on in the coming weeks and months. My hope is we can get this bill out of committee and see it passed as a stand-alone piece of legislation.

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

By Mr. HARKIN (for himself, Mr. SPECTER, Mr. KENNEDY, Mr. HATCH, Mrs. FEINSTEIN, and Mr. REID):

S. 487. A bill to amend the Public Health Service Act to provide for human embryonic stem cell research; to the Committee on Health, Education, Labor, and Pensions.

Mr. HARKIN. Mr. President, I have spoken many times in this Chamber about the promise of stem cell research. For more than a decade, ever since scientists first succeeded in deriving human embryonic stem cells, I have done my utmost to promote this exciting field, which offers so much hope for so many people.

President Obama has promised to lift the restrictions on embryonic stem cell research that were put in place by President Bush, and I hope and expect that he will do so soon. But we have to make sure that the freedom to pursue this research is also protected by Federal law, not merely by an executive order that can be reversed during a future administration.

That is why Senator SPECTER and I, along with Senators KENNEDY, HATCH, and FEINSTEIN, are introducing the Stem Cell Research Enhancement Act of 2009. This is the exact same bipartisan bill that both houses of Congress approved in 2007, but was vetoed by President Bush. I urge Congress to pass this law again, and for President Obama to sign it, so our scientists can move forward with this research posthaste, without fear of further political interference.

Let me spend just a moment reviewing what this bill will accomplish. More than 7 years ago, the President announced that federally funded scientists could conduct research on embryonic stem cells only if the cells had been derived before August 9, 2001, at 9 p.m.

I never understood that. Why 9 p.m.? Why not 9:30? If stem cell research is morally acceptable at 8:59 p.m., why isn't it OK at 9:01? It's totally arbitrary.

When the President announced his policy, he said that 78 stem cell lines were eligible for federally funded research. But, today, only 21 of those 78 lines are eligible—not nearly enough to reflect the genetic diversity of this Nation. Many of those 21 lines are showing their age, and all were grown with mouse feeder cells, an outdated method that raises concerns about contamination.

Meanwhile, hundreds of new stem cell lines have been derived since the President's arbitrary deadline. Many of those lines are uncontaminated and healthy. But they're totally off-limits to federally funded scientists.

That is a shame. If we are serious about realizing the promise of stem cell research—about helping people with Parkinson's, cancer, juvenile diabetes, and so many other diseases—our scientists need access to the best stem cell lines available. We need a stem cell policy that offers credible, meaningful hope. And that's what this bill would provide.

Under this bill, Federally funded researchers could study any stem cell line, regardless of the date that it was derived, as long as strict ethical guidelines are met.

Most importantly, the only way a stem cell line could be eligible for federally funded research is if it were derived from an embryo that was otherwise going to be discarded.

There are more than 400,000 embryos in the United States that are left over from fertility treatments and are currently sitting frozen in storage. Most of those embryos will eventually be thrown away. All we are saying is, instead of discarding all 400,000 of those leftover embryos, let's allow couples to donate a few of them, if they wish, to create stem cell lines that could cure diseases and save lives.

Mr. President, it is time to lift the restrictions that have handcuffed stem cell research for more than 7 years. I urge the Senate to pass this bill as soon as possible and send it to the President for his signature.

I ask unanimous consent that a copy of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 487

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 ''Stem Cell Research Enhancement Act of 2009''.

SEC. 2. HUMAN EMBRYONIC STEM CELL RESEARCH.

Part H of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after section 498C the following:

''SEC. 498D. HUMAN EMBRYONIC STEM CELL RESEARCH.

''(a) IN GENERAL.—Notwithstanding any other provision of law (including any regulation or guidance), the Secretary shall conduct and support research that utilizes human embryonic stem cells in accordance with this section (regardless of the date on which the stem cells were derived from a human embryo).

''(b) ETHICAL REQUIREMENTS.—Human embryonic stem cells shall be eligible for use in any research conducted or supported by the Secretary if the cells meet each of the following:

''(1) The stem cells were derived from human embryos that have been donated from in vitro fertilization clinics, were created for the purposes of fertility treatment, and were in excess of the clinical need of the individuals seeking such treatment.

''(2) Prior to the consideration of embryo donation and through consultation with the individuals seeking fertility treatment, it was determined that the embryos would never be implanted in a woman and would otherwise be discarded.

''(3) The individuals seeking fertility treatment donated the embryos with written informed consent and without receiving any financial or other inducements to make the donation.

''(c) GUIDELINES.—Not later than 60 days after the date of the enactment of this section, the Secretary, in consultation with the Director of NIH, shall issue final guidelines to carry out this section.

''(d) REPORTING REQUIREMENTS.—The Secretary shall annually prepare and submit to the appropriate committees of the Congress a report describing the activities carried out under this section during the preceding fiscal year, and including a description of whether and to what extent research under subsection (a) has been conducted in accordance with this section.''.

SEC. 3. ALTERNATIVE HUMAN PLURIPOTENT STEM CELL RESEARCH.

Part H of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.), as amended by section 2, is further amended by inserting after section 498D the following:

''SEC. 498E. ALTERNATIVE HUMAN PLURIPOTENT STEM CELL RESEARCH.

''(a) IN GENERAL.—In accordance with section 492, the Secretary shall conduct and support basic and applied research to develop techniques for the isolation, derivation, production, or testing of stem cells that, like embryonic stem cells, are capable of producing all or almost all of the cell types of the developing body and may result in improved understanding of or treatments for diseases and other adverse health conditions, but are not derived from a human embryo.

''(b) GUIDELINES.—Not later than 90 days after the date of the enactment of this section, the Secretary, after consultation with the Director of NIH, shall issue final guidelines to implement subsection (a), that—

''(1) provide guidance concerning the next steps required for additional research, which shall include a determination of the extent to which specific techniques may require additional basic or animal research to ensure that any research involving human cells using these techniques would clearly be consistent with the standards established under this section;

''(2) prioritize research with the greatest potential for near-term clinical benefit; and

''(3) consistent with subsection (a), take into account techniques outlined by the President's Council on Bioethics and any other appropriate techniques and research.

''(c) REPORTING REQUIREMENTS.—Not later than January 1 of each year, the Secretary shall prepare and submit to the appropriate committees of the Congress a report describing the activities carried out under this section during the fiscal year, including a description of the research conducted under this section.

''(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect any policy, guideline, or regulation regarding embryonic stem cell research, human cloning by somatic cell nuclear transfer, or any other research not specifically authorized by this section.

''(e) DEFINITION.—

''(1) IN GENERAL.—In this section, the term 'human embryo' shall have the meaning given such term in the applicable appropriations Act.

''(2) APPLICABLE ACT.—For purposes of paragraph (1), the term 'applicable appropriations Act' means, with respect to the fiscal year in which research is to be conducted or supported under this section, the Act making appropriations for the Department of Health and Human Services for such fiscal year, except that if the Act for such fiscal year does not contain the term referred to in paragraph (1), the Act for the previous fiscal year shall be deemed to be the applicable appropriations Act.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 through 2012, to carry out this section.''.

Mr. SPECTER. Mr. President, I rise to introduce—the ''Stem Cell Research Enhancement Act similar to legislation that I have sponsored in the last two Congresses with Senators HARKIN, HATCH, KENNEDY, FEINSTEIN, and SMITH.

I believe medical research should be pursued with all possible haste to cure the diseases and maladies affecting Americans. In my capacity as ranking member and at times chairman of the Labor, Health and Human Services, and Education Appropriations Subcommittee, I have backed up this belief by supporting increases in funding for the National Institutes of Health. I have said many times that the NIH is the crown jewel of the Federal Government—perhaps the only jewel of the Federal Government. When I came to the Senate in 1981, NIH spending totaled $3.6 billion. In fiscal year 2009, NIH will receive approximately $29 billion to fund its pursuit of lifesaving research. The successes realized by this investment in NIH have spawned revolutionary advances in our knowledge and treatment for diseases such as cancer, Alzheimer's disease, Parkinson's disease, mental illnesses, diabetes, osteoporosis, heart disease, ALS, and many others. It is clear to me that Congress's commitment to the NIH is paying off. This is the time to seize the scientific opportunities that lie before us and to ensure that all avenues of research toward cures—including stem cell research—are open for investigation.

I first learned of the potential of human embryonic stem cells in November of 1998 upon the announcement of the work by Dr. Jamie Thomson at the University of Wisconsin and Dr. John Gearhart at Johns Hopkins University. I took an immediate interest and held the first congressional hearing on the subject of stem cells on December 2, 1998. These cells have the ability to become any type of cell in the human body. Another way of saying this is that the cells are pluripotent. The consequences of this unique his legislation is property of stem cells are far reaching and are key to their potential use in therapies. Scientists and doctors with whom I have spoken—and that have since testified before the Labor-HHS Appropriations Subcommittee at 20 stem cell-related hearings—were excited by this discovery. They believed that these cells could be used to replace damaged or malfunctioning cells in patients with a wide range of diseases. This could lead to cures and treatments for maladies such as juvenile diabetes, Parkinson's disease, Alzheimer's disease, cardiovascular diseases, and spinal cord injury. In all, well over 100 million Americans could benefit from stem cell research.

Embryonic stem cells are derived from embryos that would otherwise have been discarded. During the course of in vitro fertilization, IVF, therapies, sperm, and several eggs are combined in a laboratory to create 4 to 16 embryos for a couple having difficulty becoming pregnant. The embryos grow in an incubator for 5 to 7 days until they contain approximately 100 cells. To maximize the chances of success, several embryos are implanted into the woman. The remaining embryos are frozen for future use. If the woman becomes pregnant after the first implantation, and does not want to have more pregnancies, the remaining frozen embryos are in excess of clinical need and can be donated for research. Embryonic stem cells are derived from these embryos. The stem cells form what are called ''lines'' and continue to divide indefinitely in a laboratory dish. In this way, the 21 lines currently available for Federal researchers were obtained from 21 embryos. The stem cells contained in these lines can then be made into almost any type of cell in the body—with the potential to replace cells damaged by disease or accident. At no point in the derivation process are the embryos or the derived cells implanted in a woman, which would be required for them to develop further. The process of deriving stem cell lines results in the disruption of the embryo and I know that this raises some concerns.

During the course of our hearings in this subject, we have learned that over 400,000 embryos are stored in fertility clinics around the country. If these frozen embryos were going to be used for in vitro fertilization, I would be the first to support it. In fact, I have included $2,000,000 in the HHS budget each year since 2002 to create and continue an embryo adoption awareness campaign. But the truth is that most of these embryos will be discarded. I believe that instead of just throwing these embryos away, they hold the key to curing and treating diseases that cause suffering for millions of people.

President Bush opened the door to stem cell research on August 9, 2001. His policy statement allowed limited Federal funding of human embryonic stem cell research for the first time. There is a real question as to whether the door is open sufficiently.

A key statement by the President related to the existence of approximately 60 eligible stem cell lines—then expanded to 78. In the intervening 5 years, it has become apparent that many of the lines cited are not really viable, robust, or available to federally funded researchers. The fact is there are only 21 lines now available for research. Perhaps, most fundamental is the issue of therapy. It was not addressed in the President's statement, but it came to light in the first weeks after the President's announcement that all of the stem cell lines have had nutrients from mouse feeder cells and bovine serum. Under FDA regulations, these lines will face intense regulatory hurdles before being useful in human therapies. In the intervening years, new technology has been developed so that mouse feeder cells are no longer necessary for the growth of stem cells. It only makes sense that our Nation's scientists should have access to the latest technology.

Since August 9, 2001, new facts have come to light and the technology has moved forward to the extent that the policy is holding back our scientists and physicians in their search for cures. I have a friend and constituent in Pittsburgh named Jim Cordy who suffers from Parkinson's. Whenever I see Jim, he carries an hourglass, to remind me that the sands of time are passing and that the days of his life are slipping away. That is a pretty emphatic message from the hourglass. So it seems to me that this is the kind of sense of urgency which ought to motivate Congress and the biomedical research community.

On March 19, 2007, Dr. Elias Zerhouni, President Bush's appointee to lead the National Institutes of Health, testified before the Senate Labor-HHS-Education Appropriations Subcommittee regarding the NIH budget and stem cells. At that time he stated, ''It is clear today that American science would be better served and the nation would be better served if we let our scientists have access to more cell lines . . . To sideline NIH in such an issue of importance, in my view, is shortsighted. I think it wouldn't serve the nation well in the long run.'' His testimony clearly shows that the time has come to move forward.

The Stem Cell Research Enhancement Act lifts the August 9, 2001, date restriction, thus making stem cell lines eligible for federally funded research regardless of the date on which they were derived. Expanding the number of stem cell lines would accelerate scientific progress towards cures and treatments for a wide range of diseases and debilitating health conditions. The bill puts in place strong ethical requirements on stem cell lines that are funded with Federal dollars. In fact, several stem cell lines currently funded with Federal dollars would not be eligible under the policies put in place by this bill. The requirements include: embryos used to derive stem cells were originally created for fertility treatment purposes and are in excess of clinical need; the individuals seeking fertility treatments for whom the embryos were created have determined that the embryos will not be implanted in a woman and will otherwise be discarded; the individuals for whom the

embryos were created have provided written consent for embryo donation; and the donors can not receive any financial or other inducements to make the donation.

When President Bush's Council on Bioethics reported on several theoretical methods for deriving stem cells without destroying embryos, I immediately scheduled a hearing to investigate these ideas. On July 12, 2005, the Labor-HHS Subcommittee heard testimony from five witnesses describing several theoretical techniques for deriving stem cells without destroying embryos. The stem cells would theoretically have the key ability to become any type of cell. The techniques discussed included single cell derivation of stem cells; altered nuclear transfer; deriving stem cells from so-called ''dead'' embryos; and, perhaps the most promising, turning adult cells back into stem cells.

Legislation, which I first introduced with Senator Rick Santorum in the 109th Congress, was meant to encourage these alternative methods for deriving stem cells without harming human embryos. That legislation has been incorporated into the current bill, which amends the Public Health Service Act by inserting a section that:

1, Mandates that the Secretary of Health & Human Services shall support meritorious peer-reviewed research to develop techniques for the derivation of stem cells without creating or destroying human embryos.

2, Requires the Secretary to issue guidelines within 90 days to implement this research and to identify and prioritize the next research steps.

3, Requires the Secretary to consider techniques outlined by the President's Council on Bioethics—such as altered nuclear transfer and single cell derivation.

4, Requires the Secretary to report yearly on the activities carried out under this authorization.

5, Includes a ''Rule of Construction'' stating: Nothing in this section shall be construed to affect any policy, guideline, or regulation regarding embryonic stem cell research, human cloning by somatic cell nuclear transfer, or any other research not specifically authorized by this section.

6, Define ''human embryo'' by reference to the latest definition contained in the appropriations act for the Department of Health & Human Services.

7, Authorizes ''such sums as may be necessary'' for fiscal year 2010 through 2012.

Knowing that scientists are never certain exactly which research will lead to the next great cure; I have always supported opening as many avenues of research as possible. Based on that line of reasoning, I have always supported human embryonic, adult, and cord blood stem cell research. My goal is to see cures for the various afflictions that lower the quality of life—or end the lives—of Americans. I believe this bill implements this philosophy by opening of embryonic stem cell research and encouraging alternatives.

Importantly, the bill does not allow Federal funds to be used for the derivation of stem cell lines—the step in the process where the embryo is destroyed. Also, the bill does not address the subject of cloning, which continues to be banned in the appropriations bills for Health & Human Services.

President Barack Obama has indicated that he will overturn the current restrictions. I feel it is important to codify this important policy change so that the policy does not ping-pong back and forth with each successive President. This uncertainty slows the progress of science. Young scientists rightly avoid fields of science for which funding may come and go due to political whim rather than scientific and medical merit. A temporary end to the current restrictions is an incomplete and ultimately self-defeating solution.

I strongly believe that the funding provided by Congress should be invested in the best research to address diseases based on medical need and scientific opportunity. Politics has no place in the equation. Throughout history there are numerous examples of politics stifling science in the name of ideology. Galileo was imprisoned for his theory that the planets revolve around the Sun. The Institute of Genetics of the Soviet Academy of Sciences opposed the use of hybrid varieties of wheat because it was based on the science of the West. Instead, they supported a doctrine called ''acquired characteristics,'' which was made the official Soviet position. This resulted in lower yields for Soviet wheat throughout the former Soviet Union in the first half of the 20th century. These historical examples teach us that we must make these decisions based on sound science, not politics. I urge this body to support the Stem Cell Research Enhancement Act so that this Congress does not look as foolish in hindsight as these examples.

By Mr. BROWN:

S. 488. A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group and individual health insurance coverage and group health plans to provide coverage for individuals participating in approved cancer clinical trials; to the Committee on Health, Education, Labor, and Pensions.

Mr. BROWN. Mr. President, today I am introducing a bill to help cancer patients and bring us closer to finding a cure for that devastating and deadly disease.

Clinical trials are one of the most effective weapons in our nation's ongoing fight against cancer. Experimental treatments both save lives and advance research.

However, many health insurance policies discourage enrollment in these trials by refusing to cover trial participants' routine health care, even as patients continue to pay monthly premiums.

Take, for example, Sheryl Freeman from Dayton, OH. Sheryl and her husband Craig visited my office in Washington, DC 2 years ago to tell their story:

Sheryl was a retired school teacher and was covered under Craig's insurance plan. Craig has been a Federal employee for 20 years and has one of the best health plans in the country.

Yet they found that when Sheryl—who had been diagnosed with multiple myloma—tried to enroll in a clinical trial to save her life, their insurance company would not cover routine costs that would have been covered had she not enrolled in the clinical trial.

For instance, in addition to participating in the clinical trial at Ohio State's James Cancer Hospital, Sheryl needed to visit her oncologist in Dayton at least once a week for standard cancer monitoring, which included scans and blood tests. But her insurance company would not cover these services if she enrolled in a clinical trial.

Sheryl wanted to take part in a clinical trial because she hoped it would help her. She hoped that it might save her life, give her more time, or help future patients with the same type of cancer.

But rather than devoting her energy toward combating cancer, Sheryl spent the last months of her life haggling with her insurance company. By the time her insurer finally agreed to cover costs they never should have denied, it was too late. The delays and denials from Sheryl's insurance company affected her treatment and, likely, her survival.

Sheryl died on December 9, 2007.

Sadly, this is not an isolated case. Across Ohio and the Nation, insurers are using patients' participation in clinical trials as an excuse to deny health benefits that would otherwise be covered.

In fact, about 20 percent of patients who try to enroll in clinical trials are denied coverage by their insurers. This statistic doesn't capture those patients who refrain from entering a trial because they have been forewarned of coverage barriers.

The Access to Cancer Clinical Trials Act—which has been introduced in the House by Representative ISRAEL and which I introduced last year as well—would eliminate these barriers for cancer patients. Under the legislation, health care costs associated with a clinical trial would still be covered by the trial sponsors; however, insurers would not be permitted to deny benefits for other routine health care otherwise covered under their health plan. Similar legislation was passed in the Ohio General Assembly last year, but this federal bill would apply to all insurance carriers, not just those regulated by states.

The Access to Cancer Clinical Trials Act is a lifesaving bill endorsed by over thirty voluntary health organizations, including the Lance Armstrong Foundation, the National Patient Advocate Foundation, and the American Association for Cancer Research.

It is unthinkable that patients battling cancer must also fight insurers for basic benefits that should never be in doubt. To make progress on finding a cure for cancer, we need to encourage participation in research, not permit insurers to inhibit it.

I ask my colleagues to please join me in supporting this important bill.

By Mr. WEBB (for himself, Mr. BURR, Ms. COLLINS, Mr. WARNER, Mr. DURBIN, Mr. CARDIN, Mr. ROCKEFELLER, Mr. AKAKA, Mr. DODD, Mr. BUNNING, and Mr. KERRY):

S. 491. A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums; to the Committee on Finance.

Mr. WEBB. Mr. President, today I rise to introduce the bipartisan Federal and Military Retiree Health Care Equity Act. I introduce this bill with Senators BURR, COLLINS, CARDIN, DURBIN, WARNER, ROCKEFELLER, AKAKA, DODD, KERRY, and BUNNING. This legislation will provide some relief for our Nation's Federal and military retirees from the increases in their health care plans. This measure extends premium conversion to Federal and military retirees, allowing them to pay their health insurance premiums with pretax dollars.

I believe strongly in protecting the rights and benefits of our federal and military retirees, many of whom have given years of service to our country. I commend their service to our Nation.

The increasing cost of health care is a critical issue, especially to Federal and military retirees living on a fixed income. Health care premiums are rising for Federal and military retirees and their families. This legislation will help to ensure that more Federal and military retirees are able to continue their health care coverage with the Federal Employee Health Benefits Plan and supplemental TRICARE health insurance plans as premiums continue to rise.

In the fall of 2000 premium conversion became available to active Federal employees who participate in the Federal Employees Health Benefits Program. It is a benefit already available to many private sector employees. While premium conversion does not directly affect the amount of the Federal Employee Health Benefit Plan premiums, it helps to offset some of the increase by reducing an individual's Federal tax liability.

Extending this benefit to Federal employees requires a change in the tax law, specifically section 125 of the Internal Revenue Code. This legislation makes the necessary change in the tax code. Under the legislation, the benefit would be concurrently afforded to our Nation's military retirees as well to assist with increasing health care costs.

A number of organizations representing federal and military retirees are strongly behind this initiative: National Active and Retired Federal Employees Association, The Military Coalition, National Treasury Employees Union, National Association of Postmasters of the United States, Professional Aviation Safety Specialists, National Association of Postal Supervisors, National Federation of Federal Employees, National Association of Government Employees, National Rural Letter Carrier Association, National Postal Mail Handlers, American Foreign Service Association, and American Postal Workers Union.

The Federal and Military Retiree Health Care Equity Act has enjoyed overwhelming, bipartisan support for four Congresses. This is a matter of basic fairness. Our Federal employee and military retirees deserve access to the same quality, affordable health care they received as active members of the civil service and military. I encourage my colleagues to join me in moving this legislation forward in this Congress.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 491

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 ''Federal and Military Retiree Health Care Equity Act''.

SEC. 2. PRETAX PAYMENT OF HEALTH INSURANCE PREMIUMS BY FEDERAL CIVILIAN AND MILITARY RETIREES.

(a) IN GENERAL.—Subsection (g) of section 125 of the Internal Revenue Code of 1986 (relating to cafeteria plans) is amended by adding at the end the following new paragraph:

''(5) HEALTH INSURANCE PREMIUMS OF FEDERAL CIVILIAN AND MILITARY RETIREES.—

''(A) FEHBP PREMIUMS.—Nothing in this section shall prevent the benefits of this section from being allowed to an annuitant, as defined in paragraph (3) of section 8901, title 5, United States Code, with respect to a choice between the annuity or compensation referred to in such paragraph and benefits under the health benefits program established by chapter 89 of such title 5.

''(B) TRICARE PREMIUMS.—Nothing in this section shall prevent the benefits of this section from being allowed to an individual receiving retired or retainer pay by reason of being a member or former member of the uniformed services of the United States with respect to a choice between such pay and benefits under the health benefits programs established by chapter 55 of title 10, United States Code.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SEC. 3. DEDUCTION FOR TRICARE SUPPLEMENTAL PREMIUMS.

(a) IN GENERAL.—Part VII of subchapter B of chapter 1 of the Internal Revenue Code of 1986 (relating to additional itemized deductions for individuals) is amended by redesignating section 224 as section 225 and by inserting after section 223 the following new section:

''SEC. 224. TRICARE SUPPLEMENTAL PREMIUMS OR ENROLLMENT FEES.

''(a) ALLOWANCE OF DEDUCTION.—In the case of an individual, there shall be allowed as a deduction the amounts paid during the taxable year by the taxpayer for insurance purchased as supplemental coverage to the health benefits programs established by chapter 55 of title 10, United States Code, for the taxpayer and the taxpayer's spouse and dependents.

''(b) COORDINATION WITH MEDICAL DEDUCTION.—Any amount allowed as a deduction under subsection (a) shall not be taken into account in computing the amount allowable to the taxpayer as a deduction under section 213(a).''.

(b) DEDUCTION ALLOWED WHETHER OR NOT INDIVIDUAL ITEMIZES OTHER DEDUCTIONS.—Subsection (a) of section 62 of the Internal Revenue Code of 1986 (defining adjusted gross income) is amended by inserting after paragraph (21) the following new paragraph:

''(22) TRICARE SUPPLEMENTAL PREMIUMS OR ENROLLMENT FEES.—The deduction allowed by section 224.''.

(c) CLERICAL AMENDMENT.—The table of sections for part VII of subchapter B of chapter 1 of the Internal Revenue Code of 1986 is amended by striking the last item and inserting the following new items:

''Sec. 224. TRICARE supplemental premiums or enrollment fees.

''Sec. 225. Cross reference.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SEC. 4. IMPLEMENTATION.

(a) FEHBP PREMIUM CONVERSION OPTION FOR FEDERAL CIVILIAN RETIREES.—The Director of the Office of Personnel Management shall take such actions as the Director considers necessary so that the option made possible by section 125(g)(5)(A) of the Internal Revenue Code of 1986 (as added by section 2) shall be offered beginning with the first open enrollment period, afforded under section 8905(g)(1) of title 5, United States Code, which begins not less than 90 days after the date of the enactment of this Act.

(b) TRICARE PREMIUM CONVERSION OPTION FOR MILITARY RETIREES.—The Secretary of Defense, after consulting with the other administering Secretaries (as specified in section 1073 of title 10, United States Code), shall take such actions as the Secretary considers necessary so that the option made possible by section 125(g)(5)(B) of the Internal Revenue Code of 1986 (as so added) shall be offered beginning with the first open enrollment period afforded under health benefits programs established under chapter 55 of such title, which begins not less than 90 days after the date of the enactment of this Act.

By Mr. CARDIN (for himself and Mr. SPECTER):

S. 495. A bill to increase public confidence in the justice system and address any unwarranted racial and ethnic disparities in the criminal process; to the Committee on the Judiciary.

Mr. CARDIN. Mr. President, I rise today to introduce the Justice Integrity Act of 2009. I am pleased that Senator SPECTER, the ranking member of the Judiciary Committee, has joined me as an original cosponsor of this legislation. I think it is important to

begin this discussion with the first words that appear in the Constitution of the United States. ''We the people of the United States, in Order to form a more perfect Union, establish Justice . . .'' The Founding Fathers chose Justice as a cornerstone for the foundation of our country. Justice is defined as fairness, moral rightness, and as a system of law in which every person receives his or her due from the system, including all of their guaranteed rights. There are many perceptions and realities that surround our criminal justice system.

Our Constitution guarantees that all Americans, no matter their race, color, creed or gender, have the right to equal protection under the law. Yet statistics, reports and data reflect a possibility of bias in our justice system. For example, a distressing statistic shows that one out of every three African-American males born today can expect to go to jail during his lifetime. African-Americans are disproportionately arrested and incarcerated, they are more likely to be pulled over by a police car while driving, and they are three times more likely to be arrested for a drug offense than white Americans and are nearly 10 times as likely to enter prison for drug offenses. Take for example, how two forms of the same drug are handled differently in our justice system: crack cocaine and powder cocaine. In 2006, blacks constituted 82 percent of those sentenced under federal crack cocaine laws while whites constituted of only 8.8 percent, despite the fact that more than 66 percent of people who use crack cocaine are white. Government data further demonstrates that drug rates are similar among all racial and ethnic groups.

A 2007 study released by the Department of Justice's Bureau of Justice Statistics revealed that while Black, Hispanic and White drivers are equally likely to be pulled over by police, Blacks and Hispanics are much more likely to be searched and arrested. These types of disparities and the perception of bias is unacceptable and we should take bold steps to correct these injustices. During the last Congress, my good friend and former member of the Judiciary Committee, Senator Biden, introduced this bill and during his introductory speech he stated ''nowhere is the guarantee of equal protection more important than in our criminal justice system.'' I couldn't agree more with that statement, which is why I have reintroduced this very important legislation.

Just last week Attorney General Eric Holder gave a speech for African-American History Month. In that speech, Attorney General Holder asked us, as a nation, to ''find ways to force ourselves to confront that which we have become experts at avoiding''. One way to do that is to look at the disparities in our justice system that have existed for many years and can be traced back to slavery and the Jim Crow era. In President Obama's March 2008 speech on Race, he asked Americans to ''march for a more just, more equal, more free, more caring and more prosperous America.'' He further stated that in order to perfect our union we must continue to ''insist on a full measure of justice in every aspect of American life.'' I heard President Obama that day, and I heard Attorney General Holder last week. I believe we are at a crossroads today where we can either take on the challenges and attack these injustices or continue to turn our heads away from the problems in our justice system. The Justice Integrity Act responds to the racial and ethnic disparities and perceptions that surround our Federal justice system.

The Justice Integrity Act will create 10 pilot programs across the country that will help create a plan that will ensure that law enforcement priorities and initiatives—including charging and plea decisions, as well as sentencing recommendations are not influenced by racial or ethnic bias but instead apply the law in a just and fair manner to all individuals. These 10 pilot programs will be set up at the discretion of the Attorney General in 10 different U.S. attorney offices. Each U.S. attorney will create an advisory group including all the major stakeholders in the justice system. Each of the individuals will gather information and examine data which will lead to a report on their findings and recommendations to the district on how to reduce unjustified racial and ethnic disparities.

Our current justice system is not working at its greatest potential. This bill will not only help restore the public's trust in our justice system but also restore integrity in our justice system. Any form of bias in our criminal justice system erodes the core principles in our Constitution specifically that ''all men are created equal'' under the law and that our justice system is not only fair but just.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 495

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 ''Justice Integrity Act of 2009''.

SEC. 2. FINDINGS.

Congress finds that—

(1) the pursuit of justice requires the fair application of the law;

(2) racial and ethnic disparities in the criminal process have contributed to a growing perception of bias in the criminal justice system;

(3) there are a variety of possible causes of disparities in criminal justice statistics among racial and ethnic groups and these causes may differ throughout the United States, including crime rates, racial discrimination, ethnic and cultural insensitivity, or unconscious bias, as well as other factors;

(4) the Nation would benefit from an understanding of all factors causing a disparate impact on the criminal justice system; and

(5) programs that promote fairness will increase public confidence in the criminal justice system, increase public safety, and further the pursuit of justice.

SEC. 3. PILOT PROGRAM.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Attorney General shall establish a pilot program in 10 United States districts in order to promote fairness, and the perception of fairness, in the Federal criminal justice system, and to determine whether legislation is required.

(b) PROGRAM REQUIREMENTS.—

(1) U.S. ATTORNEYS.—The Attorney General shall designate, in accordance with paragraph (3), 10 United States Attorneys who shall each implement a plan in accordance with section 4, beginning not later than 1 month after those United States Attorneys are designated by the Attorney General.

(2) PURPOSE.—The purposes of the plans required by this section are—

(A) to gather racial and ethnic data on investigations and prosecutions in the United States districts and the causes of disparities, if any;

(B) to determine the extent to which the communities' perception of bias has affected confidence in the Federal criminal justice system;

(C) to analyze whether measures may be taken to reduce unwarranted disparities, if any, and increase confidence in the criminal justice system; and

(D) to make recommendations, to the extent possible, to ensure that law enforcement priorities and initiatives, charging and plea bargaining decisions, sentencing recommendations, and other steps within the criminal process are not influenced by racial and ethnic stereotyping or bias, and do not produce unwarranted disparities from otherwise neutral laws or policies.

(3) CRITERIA FOR SELECTION.—

(A) IN GENERAL.—The 10 pilot districts referred to in subsection (a) shall include districts of varying compositions with respect to size, case load, geography, and racial and ethnic composition.

(B) METROPOLITAN AREAS.—At least 3 of the United States Attorneys designated by the Attorney General shall be in Federal districts encompassing metropolitan areas.

SEC. 4. PLAN AND REPORT.

(a) IN GENERAL.—

(1) UNITED STATES ATTORNEY.—Each United States Attorney shall, in consultation with an advisory group appointed in accordance with paragraph (2), develop and implement a plan in accordance with subsections (b) and (c).

(2) ADVISORY GROUP.—

(A) APPOINTMENT.—Not later than 90 days after designation by the Attorney General, the United States Attorney in each of the 10 pilot districts selected pursuant to section 3 shall appoint an advisory group, after consultation with the chief judge of the district and criminal justice professionals within the district.

(B) MEMBERSHIP.—The advisory group of a United States Attorney shall include—

(i) 1 or more senior social scientists with expertise in research methods or statistics; and

(ii) individuals and entities who play important roles in the criminal justice process and have broad-based community representation such as—

(I) Federal and State prosecutors;

(II) Federal and State defenders, if present in the district, and private defense counsel;

(III) Federal and State judges;

(IV) Federal and State law enforcement officials and union representatives;
(V) a member of the United States Sentencing Commission or designee;
(VI) parole and probation officers;
(VII) correctional officers;
(VIII) victim's rights representatives;
(IX) civil rights organizations;
(X) business and professional representatives; and
(XI) faith based organizations that provide services to people involved in the criminal justice system.

(C) TERM LIMIT.—Subject to subparagraph (D), a member of the advisory group shall not serve longer than 5 years.

(D) PERMANENT MEMBERS.—Notwithstanding subparagraph (C), the following shall be permanent members of the advisory group for that district:
(i) The chief judge for the judicial district.
(ii) The Federal defender for the judicial district.
(iii) The United States Attorney for the judicial district.

(E) REPORTER.—The United States Attorney may designate a reporter for each advisory group, who may be compensated in accordance with guidelines established by the Executive Office of the United States Attorneys.

(F) INDEPENDENT CONTRACTORS.—The members of an advisory group of a United States Attorney and any person designated as a reporter for such group—
(i) shall be considered independent contractors of the United States Attorney's Office when in the performance of official duties of the advisory group; and
(ii) may not, solely by reason of service on or for the advisory group, be prohibited from practicing law before any court.

(b) DEVELOPMENT AND IMPLEMENTATION OF A PLAN AND REPORT.—
(1) ADVISORY GROUP REPORT.—The advisory group appointed under subsection (a)(2) shall—
(A)(i) systematically collect and analyze quantitative data on the race and ethnicity of the defendant and victim at each stage of prosecution, including case intake, bail requests, declinations, selection of charges, diversion from prosecution or incarceration, plea offers, sentencing recommendations, fast-track sentencing, and use of alternative sanctions; and
(ii) at a minimum, collect aggregate data capable of individualization and tracking through the system so that any cumulative racial or ethnic disadvantage can be analyzed;
(B) seek to determine the causes of racial and ethnic disparities in a district, and whether these disparities are substantially explained by sound law enforcement policies or if they are at least partially attributable to discrimination, insensitivity, or unconscious bias;
(C) examine the extent to which racial and ethnic disparities are attributable to—
(i) law enforcement priorities, prosecutorial priorities, the substantive provisions of legislation enacted by Congress; or
(ii) the penalty schemes enacted by Congress or implemented by the United States Sentencing Commission;
(D) examine data including—
(i) the racial and ethnic demographics of the United States Attorney's district;
(ii) defendants charged in all categories of offense by race and ethnicity, and, where applicable, the race and ethnicity of any identified victim;
(iii) recommendations for sentencing enhancements and reductions, including the filing of substantial assistance motions, whether at sentencing or post-conviction, by race and ethnicity;
(iv) charging policies, including decisions as to who should be charged in Federal rather than State court when either forum is available, and whether these policies tend to result in racial or ethnic disparities among defendants charged in Federal court, including whether relative disparities exist between State and Federal defendants charged with similar offenses;
(v) the racial and ethnic composition of the Federal prosecutors in the district; and
(vi) the extent to which training in the exercise of discretion, including cultural competency, is provided prosecutors;
(E) consult with an educational or independent research group, if necessary, to conduct work under this subsection; and
(F) submit to the United States Attorney by the end of the second year after their initial appointment a report and proposed plan, which shall be made available to the public and which shall include—
(i) factual findings and conclusions on racial and ethnic disparities, if any, and the State of public confidence in the criminal process;
(ii) recommended measures, rules, and programs for reducing unjustified disparities, if any, and increasing public confidence; and
(iii) an explanation of the manner in which the recommended plan complies with this paragraph.

(2) ADOPTION OF PLAN.—Not later than 60 days after receiving and considering the advisory group's report and proposed plan under paragraph (1), the United States Attorney appointed under section 3 shall adopt and implement a plan.

(3) COPY OF REPORT.—The United States Attorney shall transmit a copy of the plan and report adopted and implemented, in accordance with this subsection, together with the report and plan recommended by the advisory group, to the Attorney General. The United States Attorney shall include with the plan an explanation of any recommendation of the advisory group that is not included in the plan.

(4) CONGRESS.—The Attorney General shall transmit to the United States Attorney's in every Federal district and to the Committees on the Judiciary of the Senate and the House of Representatives copies of any plan and accompanying report submitted by a pilot district.

(c) PERIODIC UNITED STATES ATTORNEY ASSESSMENT.—After adopting and implementing a plan under subsection (b), each United States Attorney in a pilot district shall annually evaluate the efficacy of the plan. In performing such assessment, the United States Attorney shall consult with the advisory group appointed in accordance with subsection (a)(2). Each assessment shall be submitted to the Executive Office for United States Attorneys for review in accordance with subsection (d).

(d) INFORMATION ON THE PILOT PROGRAM.—
(1) REPORT AND MODEL PLAN.—Not later than 5 years after the date of the enactment of this Act, the Attorney General shall—
(A) prepare a comprehensive report on all plans received pursuant to this section;
(B) based on all the plans received pursuant to this section the Attorney General shall also develop one or more model plans; and
(C) transmit copies of the report and model plan or plans to the Committees on the Judiciary of the Senate and the House of Representatives.

(2) CONTINUED OVERSIGHT.—The Attorney General shall, on a continuing basis—
(A) study ways to reduce unwarranted racial and ethnic disparate impact in the Federal criminal system; and
(B) make recommendations to all United States Attorneys on ways to improve the system.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated $3,000,000 for use, at the discretion of the Attorney General, by the United States Attorneys' advisory groups in the development and implementation of plans under this Act.

By Mr. DURBIN:

S. 497. A bill to amend the Public Health Service Act to authorize capitation grants to increase the number of nursing faculty and students, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. As we prepare to tackle the many challenges of our health care system, let's take the time to make sure that nursing schools are in a position to teach and train a new generation of nurses and nurse educators. Today, I am introducing the Nurse Education, Expansion, and Development (NEED) Act to provide schools of nursing with grants for faculty, equipment, and clinical laboratories. The proposed grants give colleges of nursing the flexibility to use federal funds to address the very problems that keep nursing schools from hiring more teachers today.

The healthcare crisis is complicated and the challenges are immense, but the runaway costs and inefficiencies in our health care system are no longer sustainable. So as we begin to look at healthcare reform in this Congress, let's keep in mind one lesson we learned from Massachusetts' recent experience. After a landmark healthcare reform law to extend healthcare coverage to every person in the State, the sudden demand for primary care professionals outpaced the supply.

Nurses can help fill that primary care gap. Today, nurse practitioners are already taking over at the helm of primary care in many areas that don't have any primary care physicians. Nurses are staffing health care clinics, and many are opening their own practices. Increased standards of training have opened new doors for nurses who want to further their careers but do not want to attend medical school. The numbers tell the story. In 2000 there were roughly 90,000 nurse practitioners in the U.S. By 2015, it is estimated there will be as many as 135,000.

Unfortunately, the number of nurses is not keeping pace with the growing health care needs of our Nation. In 2000, the U.S. Department of Health and Human Services found that the U.S. is 110,000 short of the number of nurses we need. By 2005, the shortage had doubled to 219,000. By 2020, it is expected we will be more than 1 million nurses short of the need.

Contributing to this shortage is a lack of faculty to teach and train future nurses. In a survey of more than 400 schools of nursing last year, the American Association of Colleges of Nursing found that 63 percent of the schools reported vacancies on their faculty. An additional 17.8 percent said

they were fully staffed, but still needed more faculty to handle the number of students who want to be trained. Last year, nursing colleges across the Nation denied admission to 49,948 qualified applicants because there were not enough faculty members to teach the students.

Statistics paint a bleak picture for the availability of nursing faculty now and into the future. The median age of a doctorally prepared nursing faculty member is 56 years old. The average age of retirement for faculty at schools of nursing is 65 years. It is expected that 200 to 300 doctorally prepared faculty will be eligible for retirement each year from 2005 through 2012, reducing faculty even though more than 1 million replacement nurses will be needed.

The number of qualified students turned away from nursing schools in Illinois reflects the national trend and continues to grow. In 2002–2003, 502 qualified students were rejected from Illinois nursing schools. In 2008, 2,523 students were turned away because of lack of faculty and resources—over 1600 more students than in 2007. To avoid the vast shortage HHS is projecting, we have to figure out how to make a significant increase that we can sustain in the number of nurses graduating and entering the workforce each year.

My hope is that the bill I am introducing today can be part of the answer. Nursing schools need the resources to teach and train a new generation of nurses and nurse educators. Let's not take on health care reform without considering the more than 2.9 million nurses in our country today who are critical to our health care system. And as we look at improving our health care system, let's start by investing in the nursing pipeline today for the health care needs of tomorrow.

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

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 497

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 ''Nurse Education, Expansion, and Development Act of 2009''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) While the Nurse Reinvestment Act (Public Law 107–205) helped to increase applications to schools of nursing by 125 percent, schools of nursing have been unable to accommodate the influx of interested students because they have an insufficient number of nurse educators. The American Association of Colleges of Nursing estimates that—

(A) in the 2008–2009 school year—

(i) 62.8 percent of schools of nursing had from 1 to 16 vacant faculty positions; and

(ii) an additional 17.8 percent of schools of nursing needed additional faculty, but lacked the resources needed to add more positions; and

(B) 49,948 eligible candidates were denied admission to schools of nursing in 2008, primarily due to an insufficient number of faculty members.

(2) A growing number of nurses with doctoral degrees are choosing careers outside of education. Over the last few years, 20.7 percent of doctoral nursing graduates reported seeking employment outside the education profession.

(3) The average age of nurse faculty at retirement is 62.5 years. With the average age of doctorally-prepared nurse faculty at 55.6 years in 2007, a wave of retirements is expected within the next 10 years.

(4) Master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the projected demand for nurses over the next 10 years. While graduations from master's and doctoral programs in nursing rose by 12.8 percent (or 1,918 graduates) and 4.5 percent (or 24 graduates), respectively, in the 2008–2009 school year, projections still demonstrate a shortage of nurse faculty. Given current trends, there will be at least 2,616 unfilled faculty positions in 2012.

(5) According to the November 2007 Monthly Labor Review of the Bureau of Labor Statistics, more than 1,000,000 new and replacement nurses will be needed by 2016.

SEC. 3. CAPITATION GRANTS TO INCREASE THE NUMBER OF NURSING FACULTY AND STUDENTS.

(a) GRANTS.—Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p) is amended by adding at the end the following:

''SEC. 832. CAPITATION GRANTS.

''(a) IN GENERAL.—For the purpose described in subsection (b), the Secretary, acting through the Health Resources and Services Administration, shall award a grant each fiscal year in an amount determined in accordance with subsection (c) to each eligible school of nursing that submits an application in accordance with this section.

''(b) PURPOSE.—A funding agreement for a grant under this section is that the eligible school of nursing involved will expend the grant to increase the number of nursing faculty and students at the school, including by hiring new faculty, retaining current faculty, purchasing educational equipment and audiovisual laboratories, enhancing clinical laboratories, repairing and expanding infrastructure, or recruiting students.

''(c) GRANT COMPUTATION.—

''(1) AMOUNT PER STUDENT.—Subject to paragraph (2), the amount of a grant to an eligible school of nursing under this section for a fiscal year shall be the total of the following:

''(A) $1,800 for each full-time or part-time student who is enrolled at the school in a graduate program in nursing that—

''(i) leads to a master's degree, a doctoral degree, or an equivalent degree; and

''(ii) prepares individuals to serve as faculty through additional course work in education and ensuring competency in an advanced practice area.

''(B) $1,405 for each full-time or part-time student who—

''(i) is enrolled at the school in a program in nursing leading to a bachelor of science degree, a bachelor of nursing degree, a graduate degree in nursing if such program does not meet the requirements of subparagraph (A), or an equivalent degree; and

''(ii) has not more than 3 years of academic credits remaining in the program.

''(C) $966 for each full-time or part-time student who is enrolled at the school in a program in nursing leading to an associate degree in nursing or an equivalent degree.

''(2) LIMITATION.—In calculating the amount of a grant to a school under paragraph (1), the Secretary may not make a payment with respect to a particular student—

''(A) for more than 2 fiscal years in the case of a student described in paragraph (1)(A) who is enrolled in a graduate program in nursing leading to a master's degree or an equivalent degree;

''(B) for more than 4 fiscal years in the case of a student described in paragraph (1)(A) who is enrolled in a graduate program in nursing leading to a doctoral degree or an equivalent degree;

''(C) for more than 3 fiscal years in the case of a student described in paragraph (1)(B); or

''(D) for more than 2 fiscal years in the case of a student described in paragraph (1)(C).

''(d) ELIGIBILITY.—For purposes of this section, the term 'eligible school of nursing' means a school of nursing that—

''(1) is accredited by a nursing accrediting agency recognized by the Secretary of Education;

''(2) has a passage rate on the National Council Licensure Examination for Registered Nurses of not less than 80 percent for each of the 3 school years preceding submission of the grant application; and

''(3) has a graduation rate (based on the number of students in a class who graduate relative to, for a baccalaureate program, the number of students who were enrolled in the class at the beginning of junior year or, for an associate degree program, the number of students who were enrolled in the class at the end of the first year) of not less than 80 percent for each of the 3 school years preceding submission of the grant application.

''(e) REQUIREMENTS.—The Secretary may award a grant under this section to an eligible school of nursing only if the school gives assurances satisfactory to the Secretary that, for each school year for which the grant is awarded, the school will comply with the following:

''(1) The school will maintain a passage rate on the National Council Licensure Examination for Registered Nurses of not less than 80 percent.

''(2) The school will maintain a graduation rate (as described in subsection (d)(3)) of not less than 80 percent.

''(3)(A) Subject to subparagraphs (B) and (C), the first-year enrollment of full-time nursing students in the school will exceed such enrollment for the preceding school year by 5 percent or 5 students, whichever is greater.

''(B) Subparagraph (A) does not apply to the first school year for which a school receives a grant under this section.

''(C) With respect to any school year, the Secretary may waive application of subparagraph (A) if—

''(i) the physical facilities at the school involved limit the school from enrolling additional students; or

''(ii) the school has increased enrollment in the school (as described in subparagraph (A)) for each of the 2 preceding school years.

''(4) Not later than 1 year after receipt of the grant, the school will formulate and implement a plan to accomplish at least 2 of the following:

''(A) Establishing or significantly expanding an accelerated baccalaureate degree nursing program designed to graduate new nurses in 12 to 18 months.

''(B) Establishing cooperative intradisciplinary education among schools of nursing with a view toward shared use of technological resources, including information technology.

''(C) Establishing cooperative interdisciplinary training between schools of nursing and schools of allied health, medicine, dentistry, osteopathy, optometry, podiatry, pharmacy,

public health, or veterinary medicine, including training for the use of the interdisciplinary team approach to the delivery of health services.

''(D) Integrating core competencies on evidence-based practice, quality improvements, and patient-centered care.

''(E) Increasing admissions, enrollment, and retention of qualified individuals who are financially disadvantaged.

''(F) Increasing enrollment of minority and diverse student populations.

''(G) Increasing enrollment of new graduate baccalaureate nursing students in graduate programs that educate nurse faculty members.

''(H) Developing post-baccalaureate residency programs to prepare nurses for practice in specialty areas where nursing shortages are most severe.

''(I) Increasing integration of geriatric content into the core curriculum.

''(J) Partnering with economically disadvantaged communities to provide nursing education.

''(K) Expanding the ability of nurse managed health centers to provide clinical education training sites to nursing students.

''(5) The school will submit an annual report to the Secretary that includes updated information on the school with respect to student enrollment, student retention, graduation rates, passage rates on the National Council Licensure Examination for Registered Nurses, the number of graduates employed as nursing faculty or nursing care providers within 12 months of graduation, and the number of students who are accepted into graduate programs for further nursing education.

''(6) The school will allow the Secretary to make on-site inspections, and will comply with the Secretary's requests for information, to determine the extent to which the school is complying with the requirements of this section.

''(f) REPORTS TO CONGRESS.—The Secretary shall evaluate the results of grants under this section and submit to the Congress—

''(1) not later than 18 months after the date of the enactment of this section, an interim report on such results; and

''(2) not later than the end of fiscal year 2010, a final report on such results.

''(g) APPLICATION.—To seek a grant under this section, a school nursing shall submit an application to the Secretary at such time, in such manner, and containing such information and assurances as the Secretary may require.

''(h) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the costs of carrying out this section (except the costs described in paragraph (2)), there are authorized to be appropriated $75,000,000 for fiscal year 2010, $85,000,000 for fiscal year 2011, and $95,000,000 for fiscal year 2012.

''(2) ADMINISTRATIVE COSTS.—For the costs of administering this section, including the costs of evaluating the results of grants and submitting reports to the Congress, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2010, 2011, and 2012.''.

(b) GAO STUDY.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study and submit a report to the Congress on ways to increase participation in the nurse faculty profession.

(2) CONTENTS OF REPORT.—The report required by paragraph (1) shall include the following:

(A) A discussion of the master's degree and doctoral degree programs that are successful in placing graduates as faculty in schools of nursing.

(B) An examination of compensation disparities throughout the nursing profession and compensation disparities between higher education instructional faculty generally and higher education instructional nursing faculty.

By Mr. BURR:

S. 498. A bill to amend title 38, United States Code, to authorize dental insurance for veterans and survivors and dependents of veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mr. BURR. Mr. President, I rise today to once again introduce legislation that would give our veterans, surviving spouses, and certain dependent children the option to buy dental insurance coverage through the Department of Veterans' Affairs, VA. My bill is based on a very successful program that has been in place since 1998 for military retirees and their families.

Under the TRICARE Retiree Dental Program, TRDP, military retirees are given the option to purchase dental coverage through the Department of Defense. Since the program started, over 1 million eligible participants have chosen to buy dental coverage through this plan, including over 56,000 in my home State of North Carolina. Those individuals have access to a network of about 112,000 dental plan providers across the Nation. Premiums range from $14 to $48 per month per person, depending on the region and type of dental plan selected. With this kind of success, it seems only fitting that we offer the same kind of benefit to our veterans.

VA runs the largest integrated health care system in the Nation. Although VA provides dental benefits to the 7.9 million veterans enrolled in the healthcare system, these benefits are either limited to a select group of people or can only be provided under very limited circumstances. For example, VA provides comprehensive dental care to veterans for 180 days after they leave service; who have service-related dental conditions; who are in nursing homes and require dental care; or who fall under other very strict guidelines.

My bill would supplement this limited coverage by giving veterans and survivors the option to purchase a more comprehensive dental plan. Of course, many veterans may have dental coverage through their employers or through an individual policy. My bill extends this dental plan option to all enrolled veterans.

As I mentioned, the bill is modeled after the successful program that is now offered to TRICARE retirees. Federal employees also have access to a similar benefit option for dental coverage. Like these other programs, this VA program would be entirely voluntary and provide needed coverage from a network of dental professionals in local communities.

This bill would not replace VA's dental services; it is just another option for those who want to have access to group insurance rates that they could not otherwise get on their own. This idea is like the 44 year relationship VA has with Prudential, who provides active duty servicemembers and veterans with group life insurance policies. The most important part of the relationship is that servicemembers and veterans get to reap the benefits of group rates and competition.

By Mr. ROCKEFELLER (for himself, Mr. SCHUMER, Mr. KOHL, Mr. LEAHY, Mr. BROWN, and Mr. INOUYE):

S. 501. A bill to amend the Federal Food, Drug, and Cosmetic Act to prohibit the marketing of authorized generic drugs; to the Committee on Health, Education, Labor, and Pensions.

Mr. ROCKEFELLER. Mr. President, I rise today with Senators SCHUMER, KOHL, LEAHY, and BROWN to reintroduce an important piece of legislation, the Fair Prescription Drug Competition Act. Our legislation eliminates one of the most prominent loopholes that brand name drug companies use to limit consumer access to lower cost generic drugs; it ends the marketing of so-called ''authorized generic'' drugs during the 180-day exclusivity period that Congress designed to specifically allow true generics to enter the market.

An authorized generic drug is a brand name prescription drug produced by the same brand manufacturer on the same manufacturing lines, yet repackaged as a generic. Some argue that authorized generic drugs are cheaper than brand name drugs and, therefore, benefit consumers. In reality, authorized generics only serve to reduce generic competition, extend brand monopolies, and lead to higher health care costs for consumers over the long-term. As I have said many times, authorized generics are a sham. They are brand name prescription drugs in disguise.

After up to 20 years of holding a patent for a brand name drug, the manufacturer doesn't want to let go of their enormous profits. So, they repackage the drug and refer to it as a generic in order to achieve a very simple goal—to drive true generics out of the market by offering the drug at a lower price initially; then, when victory is assured, raising the cost on the so-called ''authorized generic'' to gain a larger profit. This is a huge problem and one that is becoming even more prevalent as patents on some of the best-selling brand name pharmaceuticals expire.

In 1984, Congress passed the Hatch-Waxman legislation to provide consumers greater access to lower cost generic drugs. The intent of this law was to improve generic competition, while preserving the ability of brand name manufacturers to discover and market new and innovative products. Over time, brand name manufacturers found ways to exploit certain loopholes in the Hatch-Waxman law to the detriment of generics.

As a result, Congress enacted amendments to the Hatch-Waxman Act as

part of the 2003 Medicare prescription drug law. These amendments were designed to close long-standing loopholes that were delaying generic competition and hindering consumer access to lower-cost generic drugs. These reforms were also intended to strengthen the 180-day period of market exclusivity for generic manufacturers that pursue costly patent challenges.

The Hatch-Waxman Act and the additional reforms included in the 2003 Medicare law provide crucial incentives for generic drug companies to enter the market and make prescription drugs more affordable for consumers. As health care spending continues to skyrocket, finding ways to reduce costs is crucial. Today, generic medications comprise more then 56 percent of all prescriptions in this country, but they only generate 13 percent of our Nation's drug costs. Furthermore, generic drugs are 50 percent to 80 percent cheaper than brand name drugs. In fact, generic drugs save consumers an estimated $8 to $10 billion a year at retail pharmacies. For working families, these savings can make a huge difference, particularly during a recession. We must protect the true intent of the Hatch-Waxman Act and increase access to affordable prescription drugs for all Americans. The Fair Prescription Drug Competition Act does just that by eliminating the authorized generics loophole, protecting the integrity of the 180 days, and improving consumer access to lower cost generic drugs.

I urge my colleagues to support this timely and important piece of legislation.

By Mr. WYDEN:

S. 499. A bill to amend the Energy Policy Act of 2005 to repeal the ultra-deepwater and unconventional onshore natural gas and other petroleum research and development program; to the Committee on Energy and Natural Resources.

Mr. WYDEN. Mr. President, I rise this afternoon to reintroduce the Withdraw Energy Addicting New Subsidies Act. I first introduced this legislation in the 109th Congress to repeal what I believed to be a back-door subsidy to the oil and gas industry at a time when the oil and gas industry didn't need any more subsidies. This hidden subsidy was included in the Energy Policy Act of 2005. And what it does is to directly transfer $50 million dollars a year of oil and gas royalties, which would otherwise go the Federal Treasury, into a special program to research on advanced, ultra-deep drilling technology for the oil and gas industry. This transfer isn't a one-time transfer, it's an annual transfer that continues every year through the year 2017, at a cost of $250 million over five years.

There are plenty of industries in this country that are hurting, but the oil and gas industry is not one of them. It's time, as President Obama has said, to end Federal programs that we don't really need. And this is one of them. I applaud the decision by the President to propose the repeal of the ultra-deepwater drilling program in the budget he announced today. It's a decision that's long overdue. That's why I am reintroducing this bill—the WEANS Act. I urge my colleagues in joining me in ending this unneeded subsidy by supporting the WEANS Act.

I ask unanimous consent that a copy of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 499

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 ''Withdraw Energy Addicting New Subsidies Act of 2009'' or the ''WEANS Act of 2009''.

SEC. 2. REPEAL OF ULTRA-DEEPWATER AND UNCONVENTIONAL ONSHORE NATURAL GAS AND OTHER PETROLEUM RESEARCH AND DEVELOPMENT PROGRAM.

Subtitle J of title IX of the Energy Policy Act of 2005 (42 U.S.C. 16371 et seq.) is repealed.

By Mr. DURBIN:

S. 500. A bill to amend the Truth in Lending Act to establish a national usury rate for consumer credit transactions; to the Committee on Banking, Housing, and Urban Affairs.

Mr. DURBIN. As the Congress tries to help Americans overcome the most serious economic crisis since the Great Depression, we face two urgent yet conflicting priorities. We have to increase demand for American products to resuscitate our economy. And we have to reduce the financial burden that our children will assume. We need to let consumers keep more of their own money without reducing the revenues that the government needs to pay for essential services.

In addition, we need to stop the reckless lending that brought us this economic disaster.

Today, I introduce the Protecting Consumers from Unreasonable Credit Rates Act to try to get at each of these goals. My bill sets a ceiling of 36 percent annualized interest rates on consumer credit.

Consumers spend approximately $27 billion every year on predatory payday loans, high-cost overdraft loans, and hugely expensive refund anticipation loans. Imagine if a portion of that $270 billion 10-year cost of credit could be redirected towards buying American goods and services. The Center for Responsible Lending estimates that a strong federal usury cap would save low-income borrowers $5 billion each year.

And, in an era that has called for trillions of taxpayer dollars to bail out banks and jumpstart economic demand, this proposal costs the taxpayers nothing.

The Protecting Consumers from Unreasonable Credit Rates Act would establish a new Federal annualized fee and interest rate calculation—the FAIR—and institute a 36-percent cap for all types of consumer credit.

In 2006, Congress enacted a Federal 36 percent annualized usury cap for certain credit products marketed to military servicemembers and their families, which curbed payday, car title, and tax refund lending around military bases. My bill would expand on that premise to include all types of credit for all borrowers.

If a lender can't make money on 36 percent interest, then maybe the loan shouldn't be made.

Although I hope to gain widespread support for this bill from responsible lenders, I understand that some of the financial service firms in this country will be uneasy with a broad bill establishing a high interest rate cap. I hope this bill can open an honest conversation about consumer credit rates.

My opening question in that conversation is this: what services do you provide for which you can justify charging your customers more than 36 percent in annual interest?

Fifteen States and the District of Columbia have already enacted broadly applicable usury laws that protect borrowers from high-cost payday loans and many other forms of credit, while 34 States and the District of Columbia have limited annual interest rates to 36 percent or less for one or more types of consumer credit.

But there is a problem with this State-by-State approach. Those limits can sometimes be evaded by out-of-State lenders that are based in States that have weaker usury laws.

Various Federal and State loopholes allow unscrupulous lenders to charge cash-strapped consumers pay 400 percent annual interest for payday loans on average, 300 percent annual interest for car title loans, up to 3500 percent annual interest for bank overdraft loans, between 50 and 500 percent annual interest for loans secured by expected tax refunds, and higher than 50 percent annual interest for credit cards that charge junk fees.

Consider 66-year-old Rosa Mobley, who lives on Social Security and a small pension.

The Chicago Tribune reports that Ms. Mobley took out a car title loan—a type of payday loan in which the borrowers put up their cars as collateral—for $1,000. Ms. Mobley was charged 300 percent interest.

She wound up paying more than $4,000 over 28 months and at the time of the report was struggling just to get by.

This bill would require that all fees and finance changes be included in the new usury rate calculation and would require all lending to conform to the limit, thereby eliminating the many loopholes that have allowed these predatory practices to flourish.

It would not preempt stronger State laws, it would allow State attorneys general to help enforce this new rate cap, and it would provide for strong

civil penalties to deter lender violations.

I included in this bill the flexibility for responsible lenders to replace payday loans that some borrowers once relied on with reasonably priced, small-dollar loan alternatives. The bill allows lenders to exceed the 36 percent usury cap for one-time application fees that cover the costs of setting up a new customer account and for processing costs such as late charges and insufficient funds fees.

The Protecting Consumers from Unreasonable Credit Rates Act would eliminate predatory lenders, but it also would help borrowers make smarter choices.

Congress established the Truth in Lending Act over 40 years ago to help consumers compare the costs of borrowing when buying a home, a car, or other items by establishing a standard Annual Percentage Rate that all lenders should advertise.

My first mentor in politics, the late Senator Paul Douglas from my home State of Illinois, said all the way back in 1963 that too often lenders:

compound the camouflaging of credit by loading on all sorts of extraneous fees, such as exorbitant fees for credit life insurance, excessive fees for credit investigation, and all sorts of loan processing fees which rightfully should be included in the percentage rate statement so that any percentage rate quoted is meaningless and deceptive.

That was before anyone had ever heard of ''subprime lending.''

Unfortunately, as the use of credit has exploded and as the complexity of the credit products offered by lenders has become mind-boggling, Congress and the Federal Reserve have taken several actions since the passage of Truth in Lending to weaken the APR as a tool for comparison shopping. Today, many fees can be excluded from the rate that is given to borrowers. The APR no longer gives consumers the convenient and accurate information it once did. One payday lender in Pennsylvania used the various exclusions to disclose what was really a 400 percent APR as 6 percent.

This bill would give consumers a way to accurate compare credit options, by requiring that the new FAIR calculation be disclosed both for open-end credit plans such as credit cards and for closed-end credit such as mortgages and payday loans.

The bill is supported by 100 groups at the national and local levels, including the Consumer Federation of American, the National Consumer Law Center, the Center for Responsible Lending, USPIRG, and Consumers Union, and I include a copy of their letter of support for the CONGRESSIONAL RECORD.

As Congress considers some very complicated economic challenges, I urge my colleagues to also consider simple solutions. We can help give more money to American consumers today without borrowing money that must be repaid tomorrow. Let's start by eliminating some of the worst abuses in lending by establishing a reasonable fee and interest rate cap.

I urge my colleagues to support the Protecting Consumers from Unreasonable Credit Rates Act.

I ask unanimous consent that the text of the bill and the letter of support be printed in the RECORD.

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

S. 500

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 ''Protecting Consumers from Unreasonable Credit Rates Act of 2009''.

SEC. 2. FINDINGS.

Congress finds that—

(1) attempts have been made to prohibit usurious interest rates in America since colonial times;

(2) at the State level, 15 states and the District of Columbia have enacted broadly applicable usury laws that protect borrowers from high-cost payday loans and many other forms of credit, while 34 states and the District of Columbia have limited annual interest rates to 36 percent or less for 1 or more types of consumer credit;

(3) at the Federal level, in 2006, Congress enacted a Federal 36 percent annualized usury cap for service members and their families for covered credit products, as defined by the Department of Defense, which curbed payday, car title, and tax refund lending around military bases;

(4) notwithstanding such attempts to curb predatory lending, high cost lending persists in all 50 States due to loopholes in State laws, safe harbor laws for specific forms of credit, and the exportation of unregulated interest rates permitted by preemption;

(5) due to the lack of a comprehensive Federal usury cap, consumers annually pay approximately $17,500,000,000 for high-cost overdraft loans, as much as $8,600,000,000 for storefront and online payday loans, and nearly $900,000,000 for tax refund anticipation loans;

(6) cash-strapped consumers pay on average 400 percent annual interest for payday loans, 300 percent annual interest for car title loans, up to 3,500 percent for bank overdraft loans, 50 to 500 percent annual interest for loans secured by expected tax refunds, and higher than 50 percent annual percentage interest for credit cards that charge junk fees;

(7) a national maximum interest rate that includes all forms of fees and closes all loopholes is necessary to eliminate such predatory lending; and

(8) alternatives to predatory lending that encourage small dollar loans with minimal or no fees, installment payment schedules, and affordable repayment periods should be encouraged.

SEC. 3. NATIONAL MAXIMUM INTEREST RATE.

The Truth in Lending Act (15 U.S.C. 1601 et seq.) is amended by adding at the end the following:

''SEC. 141. MAXIMUM RATES OF INTEREST.

''(a) IN GENERAL.—Notwithstanding any other provision of law, no creditor may make an extension of credit to a consumer with respect to which the fee and interest rate, as defined in subsection (b), exceeds 36 percent.

''(b) FEE AND INTEREST RATE DEFINED.—

''(1) IN GENERAL.—For purposes of this section, the fee and interest rate includes all charges payable, directly or indirectly, incident to, ancillary to, or as a condition of the extension of credit, including—

''(A) any payment compensating a creditor or prospective creditor for—

''(i) an extension of credit or making available a line of credit, such as fees connected with credit extension or availability such as numerical periodic rates, annual fees, cash advance fees, and membership fees; or

''(ii) any fees for default or breach by a borrower of a condition upon which credit was extended, such as late fees, creditor-imposed not sufficient funds fees charged when a borrower tenders payment on a debt with a check drawn on insufficient funds, overdraft fees, and over limit fees;

''(B) all fees which constitute a finance charge, as defined by rules of the Board in accordance with this title;

''(C) credit insurance premiums, whether optional or required; and

''(D) all charges and costs for ancillary products sold in connection with or incidental to the credit transaction.

''(2) TOLERANCES.—

''(A) IN GENERAL.—With respect to a credit obligation that is payable in at least 3 fully amortizing installments over at least 90 days, the term 'fee and interest rate' does not include—

''(i) application or participation fees that in total do not exceed the greater of $30 or, if there is a limit to the credit line, 5 percent of the credit limit, up to $120, if—

''(I) such fees are excludable from the finance charge pursuant to section 106 and regulations issued thereunder;

''(II) such fees cover all credit extended or renewed by the creditor for 12 months; and

''(III) the minimum amount of credit extended or available on a credit line is equal to $300 or more;

''(ii) a late fee charged as authorized by State law and by the agreement that does not exceed either $20 per late payment or $20 per month; or

''(iii) a creditor-imposed not sufficient funds fee charged when a borrower tenders payment on a debt with a check drawn on insufficient funds that does not exceed $15.

''(B) ADJUSTMENTS FOR INFLATION.—The Board may adjust the amounts of the tolerances established under this paragraph for inflation over time, consistent with the primary goals of protecting consumers and ensuring that the 36 percent fee and interest rate limitation is not circumvented.

''(c) CALCULATIONS.—

''(1) OPEN END CREDIT PLANS.—For an open end credit plan—

''(A) the fee and interest rate shall be calculated each month, based upon the sum of all fees and finance charges described in subsection (b) charged by the creditor during the preceding 1-year period, divided by the average daily balance; and

''(B) if the credit account has been open less than 1 year, the fee and interest rate shall be calculated based upon the total of all fees and finance charges described in subsection (b)(1) charged by the creditor since the plan was opened, divided by the average daily balance, and multiplied by the quotient of 12 divided by the number of full months that the credit plan has been in existence.

''(2) OTHER CREDIT PLANS.—For purposes of this section, in calculating the fee and interest rate, the Board shall require the method of calculation of annual percentage rate specified in section 107(a)(1), except that the amount referred to in that section 107(a)(1) as the 'finance charge' shall include all fees, charges, and payments described in subsection (b)(1).

''(3) ADJUSTMENTS AUTHORIZED.—The Board may make adjustments to the calculations in paragraphs (1) and (2), but the primary goals of such adjustment shall be to protect consumers and to ensure that the 36 percent

fee and interest rate limitation is not circumvented.

''(d) DEFINITION OF CREDITOR.—As used in this section, the term 'creditor' has the same meaning as in section 702(e) of the Equal Credit Opportunity Act (15 U.S.C. 1691a(e)).

''(e) NO EXEMPTIONS PERMITTED.—The exemption authority of the Board under section 105 shall not apply to the rates established under this section or the disclosure requirements under section 127(b)(6).

''(f) DISCLOSURE OF FEE AND INTEREST RATE FOR CREDIT OTHER THAN OPEN END CREDIT PLANS.—In addition to the disclosure requirements under section 127(b)(6), the Board may prescribe regulations requiring disclosure of the fee and interest rate established under this section in addition to or instead of annual percentage rate disclosures otherwise required under this title.

''(g) RELATION TO STATE LAW.—Nothing in this section may be construed to preempt any provision of State law that provides greater protection to consumers than is provided in this section.

''(h) CIVIL LIABILITY AND ENFORCEMENT.—In addition to remedies available to the consumer under section 130(a), any payment compensating a creditor or prospective creditor, to the extent that such payment is a transaction made in violation of this section, shall be null and void, and not enforceable by any party in any court or alternative dispute resolution forum, and the creditor or any subsequent holder of the obligation shall promptly return to the consumer any principal, interest, charges, and fees, and any security interest associated with such transaction. Notwithstanding any statute of limitations or repose, a violation of this section may be raised as a matter of defense by recoupment or setoff to an action to collect such debt or repossess related security at any time.

''(i) VIOLATIONS.—Any person that violates this section, or seeks to enforce an agreement made in violation of this section, shall be subject to, for each such violation, 1 year in prison and a fine in an amount equal to the greater of—

''(1) 3 times the amount of the total accrued debt associated with the subject transaction; or

''(2) $50,000.

''(j) STATE ATTORNEYS GENERAL.—An action to enforce this section may be brought by the appropriate State attorney general in any United States district court or any other court of competent jurisdiction within 3 years from the date of the violation, and such attorney general may obtain injunctive relief.''.

SEC. 4. DISCLOSURE OF FEE AND INTEREST RATE FOR OPEN END CREDIT PLANS.

Section 127(b)(6) of the Truth in Lending Act (15 U.S.C. 1637(b)(6)) is amended by striking ''the total finance charge expressed'' and all that follows through the end of the paragraph and inserting ''the fee and interest rate, displayed as 'FAIR', established under section 141.''.

DIVERSE NATIONAL AND STATE GROUPS SUPPORT DURBIN/SPEIER FAIR BILL

FEBRUARY 25, 2009.

Hon. RICHARD J. DURBIN,
Hart Senate Bldg.,
Washington, DC.
Hon. JACKIE SPEIER,
Cannon House Office Bldg.,
Washington, DC.

DEAR SENATOR DURBIN AND REPRESENTATIVE SPEIER: We applaud Senator Durbin and Representative Speier for proposing a measure that would stop a wide range of lending abuses by capping interest rates for consumer credit at 36 percent annually. Cleaning up the finance industry is essential to a sustainable economic recovery.

The ''Protecting Consumers from Unreasonable Credit Rates Act'' would implement a key promise made by President Obama to extend to all Americans Congressional protection against predatory lending for Service members and their families. By limiting the total cost of consumer credit to 36 percent, Congress will keep billions of dollars in the hands of low and moderate-income consumers, helping to stimulate the economy without costing taxpayers a penny.

This measure is designed to keep affordable financial products available, as lenders who offer sustainable loans do so at rates well below 36 percent annually. But it would eliminate abuses that rely on high fees, interest and other devices to charge extremely high annual rates—some 400 percent and higher—to trap consumers in debt they cannot afford to pay off.

Protections that once curbed abusive lending in America have been shredded, and consumers are paying astronomical rates for credit, especially those who have the fewest resources. Payday loans cost 400 percent APR or higher; car title loans cost 300 percent APR and put car ownership at risk; loans secured by expected tax refunds cost 50 to 500 percent APR; and credit card fees and interest can combine to produce triple-digit rates. Bank overdraft loans can cost quadruple digit interest rates. These extremely expensive credit products drain billions from families who struggle to make ends meet, diminishing their ability to purchase products and services that would boost the economy.

The ability of states to enact meaningful reforms on credit card and bank overdraft practices has been severely restricted as a result of federal preemption. Banks are now permitted to locate in a state without consumer protections and then engage in unregulated lending in the other forty-nine states, which are powerless to protect their citizens against high cost credit cards and tax refund anticipation loans. State usury caps have been riddled with loopholes and exceptions, leaving consumers in thirty-five states exposed to outrageously expensive payday loans.

The FAIR (Fees and Interest Rate) cap on consumer credit is set high enough not to hamper mainstream responsible lending. A 36 percent rate cap is twice the limit for federally-chartered credit unions and enables credit to be responsibly extended to consumers with less than perfect credit ratings. This is the rate cap enacted by Congress through the Military Lending Act and is the limit typically used in state small loan laws. The FAIR cap will be the maximum amount lenders can charge, but states will be able to set lower rate caps to protect their citizens, such as New York's 25 percent criminal cap and Arkansas's constitutional cap.

We urge quick action to implement the FAIR cap to stop usurious credit rates, to protect struggling consumers, and to put all lenders under the same set of protections.

Sincerely,

Jean Ann Fox, Consumer Federation of America.
Pam Banks, Consumers Union.
Lauren Saunders, National Consumer Law Center (on behalf of its low income clients).
Edmund Mierzwinski, U. S. Public Interest Research Group.
Michael Calhoun, Center for Responsible Lending.
David Berenbaum, National Community Reinvestment Coalition.
Hilary O. Shelton, NAACP.
Linda Sherry, Consumer Action.
Sally Greenberg, National Consumers League.
Don Mathis, Community Action Partnership.
Jim Campen, Americans For Fairness in Lending.
Maude Hurd, Association of Community Organizations for Reform Now (ACORN).
George Goehl, National Training and Information Center.
Ira Rheingold, National Association of Consumer Advocates (NACA).
Jerily DeCoteau, First Nations Development Institute.
Joanna Donohoe, Oweesta Corporation.
Lisa Rice, National Fair Housing Alliance.
Rosemary Shahan, Consumers for Auto Reliability and Safety.
Steve Hitov, National Health Law Program (NHeLP).
Jacqueline Johnson Pata, National Congress of American Indians.
Joe Rich, Lawyers' Committee for Civil Rights Under Law.

STATE ORGANIZATIONS

Shay Farley, Alabama Appleseed.
Barbara Williams, Alaska Injured Workers Alliance Research and Development Corp.
Diane E. Brown, Arizona Public Interest Research Group.
Leslie Kyman Cooper, Arizona Consumers Council.
Al Sterman, Democratic Processes Center, Arizona.
Karin Uhlich, Southwest Center for Economic Integrity, Arizona.
H.C. ''Hank'' Klein, Arkansans Against Abusive Payday Lending, Arkansas.
Jim Bliesner, San Diego City/County Reinvestment Task Force, California.
Betsy Handler, Inner City Law Center, Los Angeles, California.
Richard Holober, Consumer Federation of California.
Kimberly Jones and Liana Molina, California Reinvestment Coalition.
Kyra Kazantzis, Public Interest Law Firm, Fair Housing Law Project, San Jose, CA
M. Stacey Hawver, Legal Aid Society of San Mateo County, CA.
Raphael L. Podolsky, Legal Assistance Resource Center of Connecticut, Inc. Lynn Drysdale, Jacksonville Area Legal Aid, Inc., Florida.
Bill Newton, Florida Consumer Action Network.
Sally G. Schmidt, Florida Equal Justice Center.
Victor Geminani, Lawyers for Equal Justice, Hawaii.
Don Carlson, Central Illinois Organizing Project, Illinois.
Lynda DeLaforgue and William McNary, Citizen Action/Illinois.
Rose Mary Meyer, Project IRENE, Illinois.
Dory Rand, Woodstock Institute, Illinois.
Madeline Talbott, Action Now, Illinois.
Brian C. White, Lakeside Community Development Corporation, Illinois.
Victor Elias, Child and Family Policy Center and Iowa Coalition Against Abusive Lending, Iowa.
Larry M. McGuire, Minister, Community of Christ and Inter-Religious Council of Linn County, Iowa.
Lana L. Ross, Iowa Community Action Association.
Jason Selmon, Sunflower Community Action, Kansas.
Terry Brooks, Kentucky Youth Advocates.
Dana Jackson, Making Connections Network, Louisville, Kentucky.
Melissa Fry Konty, Mountain Association for Community Economic Development, Kentucky.
Anne Marie Regan and Rich Seckel, Kentucky Equal Justice Center.
Amy Shir, Kentucky Asset Building Coalition.
Debra Gardner, Public Justice Center, Maryland.
Charles Shafer, Maryland Consumer Rights Coalition.

Debra Fastino, The Coalition for Social Justice, Massachusetts.

Jim Breslauer, Neighborhood Legal Services, Lawrence, Massachusetts.

Caroline Murray, Alliance to Develop Power/ADP Worker Center, Massachusetts Paheadra B. Robinson, Mississippi Center for Justice.

Robin Acree, GRO-Grassroots Organizing, Missouri.

Mike Cherry, Consumer Credit Counseling Service, Missouri.

Mike Ferry, Gateway Legal Services, Inc., Missouri, Arkansas, and Illinois.

Linda Gryczan, Montana Business and Professional Women, Montana Women's Lobby

Linda E. Reed, Montana Community Foundation.

Michele Johnson, Consumer Credit Counseling Service, Nevada and Utah

Dan Wulz, Legal Aid Center of Southern Nevada.

Paula J. O'Brien, New York State Consumer Protection Board.

Josh Zinner and Sarah Ludwig, Neighborhood Economic Development Advocacy Project, New York.

Al Ripley, North Carolina Justice Center.

Jeffrey D. Dillman, Housing Research and Advocacy Center, Ohio.

Bill Faith, Coalition on Homelessness and Housing in Ohio.

Jim McCarthy, Miami Valley Fair Housing Center, Inc., Ohio.

David Rothstein, PolicyMatters, Ohio.

Jeff Shuman, Deep Fork Community Action, Oklahoma.

Linda Burgin, SEIU Local 503, Oregon.

Linda Burgin, SEIU Oregon State Council.

Jerry Cohen, AARP Oregon.

Alice Dale, SEIU Local 49, Oregon.

Angela Martin, Our Oregon.

Kerry Smith, Community Legal Services, Pennsylvania.

Sue Berkowitz, South Carolina Appleseed Legal Justice Center.

Rena Eller, Senior Citizens of Hendersonville, Inc.

Dana M. Given, United Way of Sumner County, Tennessee.

Corky Neale, RISE Foundation and Memphis Responsible Lending Collaborative, TN.

Karen Pershing, United Way of Greater Knoxville, Tennessee.

Sherry Tolli, Home Safe of Sumner, Wilson and Robertson Counties, Inc., Tennessee.

Carlos Gallinar, La Fe Community Development Corporation, El Paso, Texas.

Regina Harvey, Dominion Financial Management, Smyrna, Texas.

Linda Hilton, Coalition of Religious Communities, Utah.

Janice ''Jay'' Johnson, Virginia Organizing Project.

Irene E. Leech, Virginia Citizens Consumer Council.

LaTonya Reed and C. Douglas Smith, Virginia Interfaith Center.

Ward Scull and Mike Lane, Virginians against Payday Lending.

James W. Speer, Virginia Poverty Law Center.

Dana Wiggins, Virginia Partnership to Encourage Responsible Lending.

Maya Baxter, Statewide Poverty Action Network, Washington.

John R. Jones, Washington ACORN.

Bruce Neas, Columbia Legal Services, Washington, on behalf of clients.

Will Pittz, Washington Community Action Network.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 57—DESIGNATING THE FIRST WEEK OF APRIL 2009 AS ''NATIONAL ASBESTOS AWARENESS WEEK''

Mr. BAUCUS (for himself, Mr. LEAHY, Mr. ISAKSON, Mr. TESTER, Mr. KENNEDY, Mr. DURBIN, Mr. REID, Mrs. FEINSTEIN, and Mrs. MURRAY) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 57

Whereas dangerous asbestos fibers are invisible and cannot be smelled or tasted;

Whereas the inhalation of airborne asbestos fibers can cause significant damage;

Whereas asbestos 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 of asbestos-related diseases, and there is no cure for such diseases;

Whereas early detection of asbestos-related diseases may give some patients increased treatment options and might improve their prognoses;

Whereas the United States has reduced its consumption of asbestos substantially, 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 exposure to asbestos continues, but safety and prevention of asbestos exposure already has significantly reduced the incidence of asbestos-related diseases and can further reduce the incidence of such 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'' will 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 2009 as ''National Asbestos Awareness Week'';

(2) urges the Surgeon General to warn and educate people about the public health issue of asbestos exposure, which may be hazardous to their health; and

(3) respectfully requests that the Secretary of the Senate transmit a copy of this resolution to the Office of the Surgeon General.

SENATE RESOLUTION 58—DESIGNATING THE WEEK OF MARCH 1 THROUGH MARCH 8, 2009, AS ''SCHOOL SOCIAL WORK WEEK''

Mr. WHITEHOUSE (for himself, Mr. COCHRAN, Mr. KERRY, Ms. LANDRIEU, Mr. BROWN, Mr. LAUTENBERG, Mrs. MURRAY, Mrs. LINCOLN, Mr. KENNEDY, and Mr. FEINGOLD) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 58

Whereas the Senate has recognized the importance of school social work through the inclusion of school social work programs in the current authorizations of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.) and the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.);

Whereas school social workers serve as vital members of a school's educational team, playing a central role in creating partnerships between the home, school, and community to ensure student academic success;

Whereas school social workers are especially skilled in providing services to students who face serious challenges to school success, including poverty, disability, discrimination, abuse, addiction, bullying, divorce of parents, loss of a loved one, and other barriers to learning;

Whereas there is a growing need for local educational agencies to offer the mental health services that school social workers provide when working with families, teachers, principals, community agencies, and other entities to address students' emotional, physical, and environmental needs so that students may achieve behavioral and academic success;

Whereas to achieve the goal of the No Child Left Behind Act of 2001 (Public Law 107–110) of helping all children reach their optimal levels of potential and achievement, including children with serious emotional disturbances, schools must work to remove the emotional, behavioral, and academic barriers that interfere with student success in school;

Whereas fewer than 1 in 5 of the 17,500,000 children in need of mental health services actually receive these services, and research indicates that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving academic achievement;

Whereas school mental health programs are critical to early identification of mental health problems and in the provision of appropriate services when needed;

Whereas the national average ratio of students to school social workers recommended by the School Social Work Association of America is 400 to 1; and

Whereas the celebration of ''School Social Work Week'' highlights the vital role school social workers play in the lives of students in the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates March 1 through March 8, 2009, as ''School Social Work Week'';

(2) honors and recognizes the contributions of school social workers to the successes of students in schools across the Nation; and

(3) encourages the people of the United States to observe ''School Social Work Week'' with appropriate ceremonies and activities that promote awareness of the vital role of school social workers, in schools and in the community as a whole, in helping students prepare for their futures as productive citizens.