

and neglect prevention, and early identification of developmental and health delays, including potential mental health concerns, and for other purposes.

S. 694

At the request of Mrs. CLINTON, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of S. 694, a bill to direct the Secretary of Transportation to issue regulations to reduce the incidence of child injury and death occurring inside or outside of light motor vehicles, and for other purposes.

S. 714

At the request of Mr. AKAKA, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 714, a bill to amend the Animal Welfare Act to ensure that all dogs and cats used by research facilities are obtained legally.

S. 773

At the request of Mr. WARNER, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 773, 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.

S. 803

At the request of Mr. ROCKEFELLER, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 803, a bill to repeal a provision enacted to end Federal matching of State spending of child support incentive payments.

S. 887

At the request of Mrs. FEINSTEIN, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 887, a bill to restore import and entry agricultural inspection functions to the Department of Agriculture.

S. 1060

At the request of Mr. BIDEN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 1060, a bill to reauthorize the grant program for reentry of offenders into the community in the Omnibus Crime Control and Safe Streets Act of 1968, to improve reentry planning and implementation, and for other purposes.

S. 1164

At the request of Mr. CARDIN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 1164, a bill to amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

S. 1356

At the request of Mr. BROWN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 1356, a bill to amend the Federal Deposit Insurance Act to establish industrial bank holding company regulation, and for other purposes.

S. 1782

At the request of Mr. FEINGOLD, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1782, a bill to amend chapter 1 of title 9 of United States Code with respect to arbitration.

S. 1876

At the request of Mr. BIDEN, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. 1876, a bill to prohibit extraterritorial detention and rendition, except under limited circumstances, to modify the definition of "unlawful enemy combatant" for purposes of military commissions, to extend statutory habeas corpus to detainees, and for other purposes.

S. 1880

At the request of Mr. KERRY, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1880, a bill to amend the Animal Welfare Act to prohibit dog fighting ventures.

S. 1958

At the request of Mr. CONRAD, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 1958, a bill to amend title XVIII of the Social Security Act to ensure and foster continued patient quality of care by establishing facility and patient criteria for long-term care hospitals and related improvements under the Medicare program.

S. 2050

At the request of Mr. BROWN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 2050, a bill to amend title II of the Social Security Act to eliminate the five-month waiting period in the disability insurance program, and for other purposes.

S. 2063

At the request of Mr. CONRAD, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 2063, a bill to establish a Bipartisan Task Force for Responsible Fiscal Action, to assure the economic security of the United States, and to expand future prosperity and growth for all Americans.

S. 2119

At the request of Mr. JOHNSON, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2119, a bill to require the Secretary of the Treasury to mint coins in commemoration of veterans who became disabled for life while serving in the Armed Forces of the United States.

S. 2143

At the request of Mr. KOHL, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 2143, a bill to amend the Elementary and Secondary Education Act to establish a program to improve the health and education of children through grants to expand school breakfast programs, and for other purposes.

S. 2172

At the request of Mr. MCCAIN, the name of the Senator from Nevada (Mr.

ENSIGN) was added as a cosponsor of S. 2172, a bill to impose sanctions on officials of the State Peace and Development Council in Burma, to prohibit the importation of gems and hardwoods from Burma, to support democracy in Burma, and for other purposes.

S. 2213

At the request of Mr. HATCH, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 2213, a bill to amend title 18, United States Code, to improve prevention, investigation, and prosecution of cyber-crime, and for other purposes.

S. 2219

At the request of Mr. DURBIN, the names of the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. 2219, a bill to amend title XVIII of the Social Security Act to deliver a meaningful benefit and lower prescription drug prices under the Medicare Program.

S. 2262

At the request of Mr. DOMENICI, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 2262, a bill to authorize the Preserve America Program and Save America's Treasures Program, and for other purposes.

S. RES. 334

At the request of Mr. LUGAR, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. Res. 334, a resolution expressing the sense of the Senate regarding the degradation of the Jordan River and the Dead Sea and welcoming cooperation between the peoples of Israel, Jordan, and Palestine.

S. RES. 356

At the request of Mr. DURBIN, the names of the Senator from Washington (Mrs. MURRAY) and the Senator from Rhode Island (Mr. WHITEHOUSE) were added as cosponsors of S. Res. 356, a resolution affirming that any offensive military action taken against Iran must be explicitly approved by Congress before such action may be initiated.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. STABENOW (for herself and Mr. COCHRAN):

S. 2270. A bill to include health centers in the list of entities eligible for mortgage insurance under the National Housing Act; to the Committee on Banking, Housing, and Urban Affairs.

Ms. STABENOW. Mr. President, today I am pleased to introduce the Community Health Center Capital Investment Act. I also thank my colleague, Senator THAD COCHRAN of Mississippi, for joining me in sponsoring this critical legislation. Health centers in both our states are committed to serving more people, and our legislation will give them a little help to do just that.

One of our most important investments in our health-care system is

funding the Community Health Center program. According to the National Association of Community Health Centers, health centers provide comprehensive primary and preventive care to over 16 million people—including nearly 7 million uninsured—each year in more than 6,000 urban and rural communities.

One of my initial pledges when I first ran for the Senate was to increase the number of community health centers in Michigan. Since I became a Senator, there are now 15 community health centers or access points in Michigan. I am also so pleased to have had the support of so many of my colleagues in increasing funding for community health center grants. This year, 64 Senators signed the Stabenow-Bond funding request, and we were pleased that the Senate Labor-HHS-Education Appropriations bill will provide an additional \$250 million increase for community health centers. This increased funding will help reach nearly 2 million people next year.

But even as we provide assistance to community health centers for operations, we cannot forget their capital needs such as renovating older buildings, purchasing new equipment, and investing in health information technology. But in general, without specific authorization in Federal law, health centers cannot use current grant dollars for construction, modernization, or expansion of facilities.

According to NACHC, one out of three health centers currently operates in buildings that are 30 years old or older. The average cost of a facility project is estimated to be \$2.3 million. Many centers borrow funds for these purposes at rates that could be, and should be, lower.

Kim Sibilsky, the executive director of the Michigan Primary Care Association, wrote me: "The majority of Michigan's 34 community Health Center organizations were founded in the middle and late 1970s, and many of their 160 community-based sites are located in facilities that require renovation to meet the changing health care needs of their communities. More readily available renovation dollars will assist Michigan Health Centers in improving access to quality health care for Michigan residents."

One simple solution would be granting access for community health centers to use the facility assistance programs at the Department of Housing and Urban Development. If health centers were able to access HUD's loan guarantee and mortgage insurance program through the Title XI Small Medical Group Facilities Program, they would have an important tool with which to address facility concerns.

The legislation we are introducing today is a small clarification to the Title XI Program to ensure that health centers can obtain mortgage insurance under the program. But this small change will have a huge reward for our safety-net providers. It will allow them

to lower the interest rate on the money they borrow, and therefore lower the cost of the project for the center. This savings will be translated directly to increased patient care.

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

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

NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH CENTERS, INC.,  
October 25, 2007.

Hon. DEBBIE STABENOW,  
Hart Senate Office Building,  
Washington, DC

Hon. THAD COCHRAN,  
Dirksen Senate Office Building,  
Washington, DC

DEAR SENATOR STABENOW AND SENATOR COCHRAN: On behalf of the National Association of Community Health Centers, the advocate voice for our nation's Community, Migrant, Public Housing and Homeless Health Centers and the 16 million patients they serve, I am writing to offer our strong endorsement of your bipartisan legislation the "Community Health Center Capital Investment Act."

America's Health Centers commend you for your leadership in introducing this important legislation to expand access to federal grants for capital improvements in the nation's 1,100 federally qualified health centers. As the health care home for 16 million people in more than 6,000 urban and rural locations, health centers provide high quality, comprehensive primary and preventive care for children and adults. Each year as the number of patients served at health centers continues to increase, so will the need for modernization and construction of new health center facilities.

Your proposal is a significant step forward toward improving access to primary health care across the country. A recent survey in twelve states found that nearly two-thirds of health centers need to expand or modernize their current buildings, while some areas need to construct new facilities to treat the growing number of patients in their communities. Today, health centers have limited access to federal grants for facility improvements and struggle to raise sufficient capital to meet the \$2.3 million average cost of facility projects. By ensuring that health centers have access to the Housing and Urban Department's loan guarantee and mortgage insurance program through the Title XI Small Medical Group Facilities Program, health centers will have an important tool to address these facility concerns.

We greatly applaud your legislation to ensure that the nation's health centers will be authorized to access HUD's loan guarantee and mortgage insurance programs for the construction, modernization and expansion of their facilities. Your leadership on this issue will significantly improve the health and well-being of our nation's medically underserved.

Again, thank you for your sponsorship of the "Community Health Center Capital Investment Act." America's Health Centers are proud to endorse your legislation and offer their active support in helping to secure its enactment.

Sincerely,  
CRAIG A. KENNEDY, MPH,  
Associate Vice President,  
Federal and State Affairs.

Mr. COCHRAN. Mr. President, community health centers provide care for over 15 million patients nationwide

each year and are a critical part of our country's health care network. Many of these centers operate out of buildings that are in need of modernization or expansion. Current law limits access to federal funds to community health centers for any type of construction, modernization, or expansion. Therefore, the only funds available to community health centers for facilities are through congressionally directed spending.

We are introducing a bill today to include community health centers as eligible recipients for funding through the Department of Housing and Urban Development's Small Medical Group Facilities Program. Under this competitive program, community health centers will be able to access loan guarantees and mortgage insurance, thus giving them a tool to address their facility concerns and by doing so, better serve their patients.

I am pleased to offer this legislation that will help improve access to and quality of community health center care.

By Mr. BIDEN (for himself, Mr. GRASSLEY, Mr. DURBIN, and Mrs. Feinstein):

S. 2274. A bill to amend the Controlled Substances Act to prevent the abuse of dextromethorphan, and for other purposes; to the Committee on the Judiciary.

Mr. BIDEN. Mr. President, "Robo-tripping," ingesting large amounts of cough suppressants containing a common over-the-counter ingredient called Dextromethorphan, or "DXM," is a dangerous, potentially lethal, threat to our Nation's children. That is why today I am introducing the Dextromethorphan Abuse Reduction Act of 2007, which takes significant steps towards countering this alarming problem.

DXM is a cough suppressing ingredient found in many over-the-counter products. While DXM is safe at the recommended dosage, it can produce a hallucinogenic effect similar to that of PCP if ingested in abnormally high doses. Because many drugs containing DXM are legal and widely available over-the-counter, too many teens have the perception that they are not dangerous regardless of the amount ingested. Nothing could be further from the truth; overdosing on DXM can cause a rapid heartbeat, high blood pressure, seizures, brain damage, elevated body temperatures, and even death.

Recent studies reveal troubling rates of DXM abuse. The number of reported cases in California has increased tenfold since 1999 and experts believe that this mirrors national trends. Moreover, the Partnership for a Drug-Free America estimates that 2.4 million teens—1 in 10—got high on over-the-counter cough medicines in 2005. Children ages 9 to 17 are the fastest growing group of DXM abusers. Indeed, the latest Monitoring the Future survey revealed that

nearly 7 percent—or one in about every 14–12th graders reported abusing cough or cold medicines to get high during the past year. Mr. President, these shocking numbers speak for themselves.

To be certain, this is not the first time we have seen the abuse of over-the-counter medications. As you will recall, we spent much of the 109th Congress debating how to address the dangers posed by pseudoephedrine, which can be used to manufacture methamphetamine. We passed the Combat Methamphetamine Epidemic Act of 2005, which took the important step of moving medications containing pseudoephedrine behind the counter and closely regulating their sales. While this move was controversial at the time among those who believed it imposed an unnecessary inconvenience on law-abiding Americans, it has worked: domestic manufacture of methamphetamine has been reduced dramatically and there is no indication that people who legitimately need medicines containing pseudoephedrine are not receiving them.

My bill takes two key steps to combat the abuse of medicines containing DXM. First, it regulates bulk DXM—the powder that has not been combined with any other ingredients—by placing it in Schedule V of the Controlled Substances Act. Cough medicine with codeine is also a Schedule V substance. This gives DEA the authority to monitor and control DXM in its unfinished form. While DXM-containing commercial end-products like Robitussin and Coricidin Cough and Cold will not be scheduled, the bill requires that any would-be purchaser of a DXM-containing product be 18 years of age, a move that many grocery stores and pharmacies have already voluntarily taken.

Second, and equally important in my view, the bill infuses substantial funding into efforts to raise public awareness about the problem of prescription and over-the-counter drug abuse, and it establishes coordinated efforts to educate teens and parents about medicine abuse. I have always said that tough enforcement efforts must be coupled with equally tough prevention and treatment measures. Prevention is a key component to solving the problem of rising medicine abuse, and my bill provides robust funding for educational television advertisements, community awareness and prevention programs, and targeted grants made available to local community coalitions to develop comprehensive strategies to reverse the rise in medicine abuse in a particular community.

Senators GRASSLEY, DURBIN, and FEINSTEIN are original cosponsors of the legislation. The bill is also supported by a number of retail organizations including the National Association of Chain Drug Stores, NACDS, the Consumer Healthcare Products Association, CHPA, and the Food Marketing Institute, FMI. The Community

Anti-Drug Coalition of America, CADCA, and the Partnership for a Drug-Free America also support the bill.

I would like to thank Senators GRASSLEY, FEINSTEIN, and DURBIN for their support on this and many other important drug issues facing our country, and I hope all members of this body will join us in this effort and support this bill.

Mr. GRASSLEY. Mr. President, I am pleased to join my colleague, Senator BIDEN, in introducing the Dextromethorphan Abuse Reduction Act of 2007. As senior members of the U.S. Senate, and as chairman and co-chairman of the Senate Caucus on International Narcotics Control, we have seen firsthand how trends in drug abuse have changed over the years and we have worked to provide effective solutions to the drug problem whether the matter is foreign or domestic.

Together, we have been monitoring the recent reports in the media and in the health community detailing new and emerging trends in drug abuse among teens. The reports have established that the fastest rising area of drug abuse among teens is the abuse of prescription drugs that are available in the drug cabinets of parents, family, and friends. These reports indicate that there is also a trend among teens to abuse nonprescription cough and cold medicines that are available without a prescription, over the counter, OTC, at pharmacies and grocery stores across the country. These trends highlight a new danger to America's youth as these products are readily available and are often times perceived to be safe even if used outside their intended use. We cannot afford to ignore this trend and need to ensure that we are doing all we can to protect our kids. If we don't address this problem now, the use of prescription drugs and OTC cough and cold medicines could become more prevalent than the use of traditional illegal narcotics such as marijuana, cocaine, heroin, and methamphetamine.

To illustrate this point, the 2006 University of Michigan annual survey of U.S. adolescents found that while illicit drug use among teens is down, use and abuse of prescription drugs remains high. This includes the abuse of powerful painkillers such as OxyContin and Vicodin. Another survey by the Partnership for a Drug Free America released just last year also found similar results stating that 1 in 5 teens admitted to abusing prescription drugs.

These surveys also included new questions on nonprescription drugs. The University of Michigan survey found that nearly 1 in 14 12th grade students had used nonprescription drugs to get high. The Partnership for a Drug Free America also found that nearly 10 percent of teens have abused cold and cough medicines that contain dextromethorphan or DXM, the active ingredient in OTC cough suppressants. Taken together, these surveys are further evidence that abuse of both pre-

scription and nonprescription OTC drugs is more common than abuse of many illicit drugs. As such, it is our duty to ensure that the laws on the books are adequate to address the new trends in drug abuse.

Of particular concern to me is the abuse of medicines that are available OTC because of how prevalent these products are. Further, many parents may not know about the abuse of such products. For instance, many parents have never heard of dextromethorphan or DXM and are unaware that there is a problem with the abuse of this drug. For those unfamiliar, DXM is the main active ingredient in a number of OTC products, primarily in cough medicines. DXM is the active ingredient and is generally available in two forms, a "finished dosage form" and an "unfinished dosage form". Finished dosage form means a product contains DXM and other inactive ingredients that are approved for human use, such as cough and cold syrups and pills. Unfinished dosage form refers to the raw chemical DXM in any concentrated amount that is not in finished dosage form for consumption. Unfinished DXM is generally not available at local pharmacies and grocery stores; however, it is available over the Internet and finding its way into our communities. Because both forms, finished and unfinished, are readily available to teens, we need to ensure that reasonable controls are put in place to ensure that access to DXM is limited to those who need the products for true medicinal purposes.

So why regulate DXM at all? Aside from the increasing number of teens abusing the product, the potential dangers are cause enough. Abuse of DXM produces a hallucinogenic effect similar to that of PCP or LSD. To get this effect, teens must often ingest large quantities of DXM and given the uncertain dosage to reach this hallucinogenic effect, overdosing on the product is a real danger. If an overdose occurs, the effects can include an irregular heartbeat, elevated blood pressure, seizures, brain damage, and even death. In fact, both the Food and Drug Administration, FDA, and the Substance Abuse and Mental Health Services Administration, SAMSHA, have posted warnings about the abuse of DXM in OTC finished dosage form and the unfinished dosage powdered form that kids are obtaining over the Internet.

Because of these dangers that abuse and overdose pose, we are here today introducing legislation that will place reasonable restrictions on the sale of DXM. The Dextromethorphan Abuse Reduction Act of 2007 strikes the appropriate balance of regulating access to DXM and products that contain DXM for those under 18 years old while making sure these products remain available for those who have a legitimate medical need.

First, our legislation will regulate the sale of unfinished DXM by placing it on Schedule V of the Controlled Substances Act. This is the tier of the controlled substances list that currently

regulates other forms of cough syrup that contains codeine. As a Schedule V product, DXM will be regulated by the Drug Enforcement Administration, DEA, and will allow the Attorney General to regulate the sale of unfinished DXM over the Internet.

Second, the legislation provides civil penalties for retailers who knowingly or intentionally sell DXM in finished dosage form to an individual under the age of 18. This requirement will ensure that stores and retailers sell products containing DXM in a responsible manner. However, to ensure that retailers are not improperly fined, the bill contains an affirmative defense for those who are presented false or fraudulent identification. The bill also provides the Attorney General the authority to tier the scheduled fines to reduce the penalties for retailers who provide an effective employee training program.

Lastly, this legislation provides vital funding to three important programs for the prevention of abuse of prescription and nonprescription drugs. The legislation authorizes funding to the National Youth Anti-Drug Media Campaign for education to children under age 18 about the dangers of prescription and OTC drug abuse. I have been an outspoken critic about the National Youth Anti-Drug Media Campaign's latest efforts; however, there is a clear need for further education to parents and communities across the country about the dangers of prescription drug abuse and the abuse of nonprescription drugs such as DXM. These funds should help provide an immediate impact in informing parents of the danger that can be found in a medicine cabinet at home.

This bill also authorizes funding for the Community Anti-Drug Coalitions of America, CADCA, to provide education to children under 18 about prescription and OTC drug abuse. It also creates a small federal grant program under SAMHSA at the Department of Health and Human Services to provide communities across the country funding if they demonstrate a major prescription or OTC drug problem and have an effective strategy to deal with that problem.

This legislation is part of an ongoing effort to prevent the abuse of DXM, along with other nonprescription and prescription drugs. This legislation is supported by number of groups including the National Association of Chain Drug Stores, NACDS, the Food Marketing Institute, FMI, their member organizations, and the Community Anti-Drug Coalitions of America among others. I urge my colleagues to support this important legislation and help prevent the abuse of prescription and OTC drugs.

By Mrs. FEINSTEIN:

S. 2275. A bill to prohibit the manufacture, sale, or distribution in commerce of certain children's products and child care articles that contain phthalates, and for other purposes; to

the Committee on Commerce, Science, and Transportation.

Mrs. FEINSTEIN. Mr. President, I rise to introduce legislation to ban the use of phthalates in toys.

This legislation will ban the use of six types of phthalates in toys, which are linked to birth defects. Phthalates are plasticizing chemicals used in a variety of everyday products, including cosmetics, nail polish, paint, and shower curtains. Alarming, they are used in a variety of children's toys, such as rubber ducks, teething rings, and bath toys.

This legislation will ban the manufacture, sale or distributions of toys and childcare articles that contain more than .1 percent of DEHP, DBP, or BBP.

It will also ban the manufacture, sale, or distribution of toys and childcare articles for use by children 3 years old or younger that contain more than .1 percent of DINP, DIDP, or DnOP.

It clearly states that phthalates cannot be replaced with other dangerous chemicals identified by the Environmental Protection Agency as carcinogens, possible carcinogens, or chemicals that cause reproductive or developmental harm.

Phthalates are used in a variety of PVC, polyvinyl chloride, plastic products to make them soft and pliable. Phthalates are not chemically bonded to PVC molecules. When a child places a plastic toy with phthalates into his or her mouth, these phthalates leach out of the plastic product and into the child's system.

Phthalates are found in many common children's toys: rubber ducks, soft bath books, teething rings, and even dolls. In 2006, the San Francisco Chronicle sent 16 common children's toys to a Chicago lab for testing to see if they exceeded the .1 percent limit proposed in this legislation. The results should alarm parents everywhere. One teether contained a phthalate at five times the proposed limit. A rubber duck sold at Walgreens had 13 times the proposed limit of DEHP, a carcinogenic phthalate. The face of a popular doll contained double the proposed phthalate limit.

While the science is still evolving, we know that exposure to phthalates can cause serious long-term health effects. Phthalates interfere with the natural functioning of the hormone system, and can cause reproductive abnormalities, many resulting from low levels of testosterone.

In 2005, Dr. Shanna Swan of the University of Rochester School of Medicine found that pregnant women with high levels of phthalates in their urine were more likely to give birth to boys with a birth defect that is a key indicator of low testosterone levels.

Men with high phthalate levels have lower sperm counts and damaged sperm DNA.

Phthalate exposure has also been linked to premature birth and the

early onset of puberty. They may be a factor in some cancers.

Young children, whose bodies are still growing and developing, are particularly vulnerable when exposed to phthalates in the toys around them.

In the face of this troubling science, at least 14 other nations have acted to ban or restrict the use of phthalates in children's products. Examples include: the European Union's ban, upon which this legislation is modeled, has been in effect since 2006; the Argentina Ministry of Health imposed a ban in 1999; and Japan banned toys containing DEHP and DINP intended to be put in the mouth of children up to the age of 6.

My home State of California recently became the first state to ban phthalates in toys and other products intended for children. California parents will now know that the toys they give their children are not placing them at risk for serious health problems.

It is time for the rest of the country to follow the lead of California, the European Union, and other nations. Without action, the U.S. risks becoming a dumping ground for phthalate laden toys that cannot legally be sold elsewhere. American children deserve better.

Opponents of this ban will argue that we cannot safely replace phthalates, and that these replacements could place children at an even greater risk. The experience in the European Union certainly suggests otherwise.

Facing the phthalate ban, European manufacturers began to develop alternatives. Danisco, a Danish company, has introduced a phthalate alternative that has been approved for use in both the U.S. and the European Union.

Manufacturers have found ways to make safe, phthalate free toys for European Union children, and there is no reason that they should not do the same for American children.

There is much we do not know about the chemicals that surround us. Evidence is demonstrating that phthalates are posing a risk to children. I strongly believe that products not known to be safe should not be in the hands and mouths of children.

I urge my colleagues to support this legislation, and to provide all American children with the same safe toys available in Europe and California.

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. 2275

*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 "Children's Chemical Risk Reduction Act of 2007".

**SEC. 2. BAN ON CERTAIN PRODUCTS CONTAINING PHTHALATES.**

(a) FINDINGS.—Congress finds that—

(1) phthalates are a class of chemicals used in polyvinyl chloride (PVC) plastic to improve flexibility and in cosmetics to bind fragrance to the product and are used in many products intended for use by young children, including, teething, toys, and soft plastic books; and

(2) there is extensive scientific literature reporting the hormone-disrupting effects of phthalates and substantial evidence of phthalates found in humans at levels associated with adverse effects.

(b) BANNED HAZARDOUS SUBSTANCE.—Effective January 1, 2009, any children's product or child care article that contains a phthalate shall be treated as a banned hazardous substance under the Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) and the prohibitions contained in section 4 of such Act shall apply to such product or article.

(c) PROHIBITION ON USE OF CERTAIN ALTERNATIVES TO PHTHALATES IN CHILDREN'S PRODUCTS AND CHILD CARE ARTICLES.—

(1) IN GENERAL.—If a manufacturer modifies a children's product or child care article that contains a phthalate to comply with the ban under subsection (b), such manufacturer shall—

(A) use an alternative to phthalates that is the least toxic; and

(B) not use any of the prohibited alternatives to phthalates described in paragraph (2).

(2) PROHIBITED ALTERNATIVES TO PHTHALATES.—The prohibited alternatives to phthalates described in this paragraph are the following:

(A) Carcinogens rated by the Environmental Protection Agency as Group A, Group B, or Group C carcinogens.

(B) Substances described in the List of Chemicals Evaluated for Carcinogenic Potential of the Environmental Protection Agency as follows:

(i) Known to be human carcinogens.

(ii) Likely to be human carcinogens.

(iii) Suggestive of being human carcinogens.

(C) Reproductive toxicants identified by the Environmental Protection Agency that cause any of the following:

(i) Birth defects.

(ii) Reproductive harm.

(iii) Developmental harm.

(d) DEFINITIONS.—As used in this Act—

(1) the term "children's product" means a toy or any other product designed or intended by the manufacturer for use by a child;

(2) the term "child care article" means all products designed or intended by the manufacturer to facilitate sleep, relaxation, or the feeding of children, or to help children with sucking or teething; and

(3) the term "children's product or child care article that contains a phthalate" means—

(A) a children's product or a child care article any part of which contains any combination of di-(2-ethylhexyl) phthalate (DEHP), dibutyl phthalate (DBP), or benzyl butyl phthalate (BBP) in concentrations exceeding 0.1 percent; and

(B) a children's product or a child care article intended for use by a child less than 3 years of age that—

(i) can be placed in a child's mouth; and

(ii) contains any combination of diisononyl phthalate (DINP), diisodecyl phthalate (DIDP), or di-n-octyl phthalate (DnOP), in concentrations exceeding 0.1 percent; or

(III) contains any combination of di-(2-ethylhexyl) phthalate (DEHP), dibutyl phthalate (DBP), benzyl butyl phthalate (BBP), diisononyl phthalate (DINP), diisodecyl phthalate (DIDP), or di-n-octyl

phthalate (DnOP), in concentrations exceeding 0.1 percent.

By Mr. DODD (for himself, Mr. VOINOVICH, and Mr. WARNER):

S. 2276. A bill to enhance United States competitiveness in aeronautics, and for other purposes; to the Committee on Commerce, Science, and Transportation.

Mr. DODD. Mr. President, I rise today to introduce the Aeronautics Competitiveness Act of 2007 with my colleagues, Senators VOINOVICH and WARNER.

Since the Wright brothers first flew at Kill Devil Hills, aeronautics has been an iconic American industry. The ability to fly is no less remarkable because it has now become commonplace; and in fact, that a flight across the country is now routine is a wonder in itself. Very few advances have had the national and global impact of the progress of aeronautics, and at the core of those advances has been a robust tradition of American ingenuity and production.

The challenges in aeronautics continue to shift. The air traffic control system is under strain, and my colleagues on the Commerce Committee have worked diligently this year to chart the path for a complete overhaul of the system. There are environmental pressures the industry has not faced before, including pressure to reduce greenhouse gas emissions. At the same time, new sectors of the business, including light jets, show the potential for astonishing growth. All of these challenges require significant technology advances, and a significant investment in research.

We find ourselves at a crossroads. The European Union has written a report entitled "European Aeronautics: A Vision for 2020." I can summarize the vision: it is to supplant the U.S. as the global leader in aeronautics in the next 13 years. Toward that goal, the E.U. is investing about \$860 million per year at today's exchange rates in a research fund for aeronautics and "sustainable surface transport." With the investments of individual countries, the total research spending on civil aeronautics is closer to \$4.5 billion. In contrast, this year's budget for NASA aeronautics research will be on the order of \$550 million. Aeronautics is the first "A" in NASA, but receives less than one-thirtieth of the funds.

The aeronautics industry is part of the fabric of American life, and has the highest trade surplus of any industry, at \$2 billion last year. But U.S. pre-eminence is far from assured. This is why I am proud to introduce a bill that will help to ensure the future competitiveness of U.S. aeronautics. It increases the authorization level for NASA aeronautics programs by 20 percent per year for the first 2 years, with a smaller increase in the third year. It creates a more transparent and inclusive process for stakeholder input into research priorities, and encourages

NASA to take selected technologies farther along from basic research towards development. And it invests in the workforce by providing for scholarships for graduate students at NASA and the FAA, and creating a program modeled on the Independent Research and Development program.

I believe the future is bright for this vital industry, and I strongly feel that we should be unwilling to cede leadership to anyone in this area, no matter how determined they may be. I urge my colleagues to support this bill to preserve the leading role of U.S. aeronautics.

By Mr. DURBIN (for himself, Mr. OBAMA, and Mr. SCHUMER):

S. 2278. A bill to improve the prevention, detection, and treatment of community and health care-associated infections (CHAI), with a focus on antibiotic-resistant bacteria; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Mr. President, we have seen an increasing amount of attention on the growing problem of community and hospital-associated methicillin-resistant staphylococcus aureus, or MRSA, infections. The CDC estimates that in 2005 in the U.S., 94,000 people developed an invasive drug-resistant staph infection. Out of 94,000 infections, researchers found that more than half were acquired in the health care system—people who had recently had surgery or were on kidney dialysis, for example. Nearly 19,000 Americans die, often needlessly, from these infections every year. This is more than the number of people who died from HIV/AIDS, homicide, emphysema, or Parkinson's.

The infections impact not only our civilian families but also our military families. CDC worked with the Army in 2003 to look at an outbreak of serious infections among soldiers. Between March and October 2003, they discovered that 145 American soldiers had been infected with another drug-resistant bacteria, *Acinetobacter baumannii-calcoaceticus* complex, or ABC. This outbreak of drug-resistant wound infections among soldiers in Iraq appears to have come from the U.S. military hospitals where they were treated, not the battlefield.

Hospitals are taking active steps to identify and control infections, but keep in mind that about half of the infections that end up being treated in a hospital were actually picked up in the community. Schools in Connecticut, Maryland, North Carolina, Ohio, Virginia, and Kentucky have had to close to help contain the spread of an infection. School officials in Mississippi, New Hampshire, and Virginia reported student deaths within the past month from bacteria, while officials in at least four other States reported cases of students being infected. Most recently, a 12-year-old in Brooklyn died from a community-acquired staph infection.

In the State of Illinois, cases of the drug-resistant staph infection closed schools in Aurora and Joliet. Other cases were confirmed in the Indian Prairie School District in the Aurora Naperville area. Two suburban Catholic elementary schools outside of Chicago were closed for heavy-duty cleaning after school leaders discovered each of the student bodies had a case of a drug-resistant staph infection.

States are taking important steps to control staph infection. The State of Illinois has taken aggressive steps to identify the infection before it grows out of control. Illinois is the first State to require testing of all high-risk hospital patients and isolation of those who carry the bacteria called MRSA. Twenty-two States have passed laws that will give their residents important information about hospital infections. Nineteen States have laws that require public reporting of infection rates.

States are actively pursuing the options that the CDC recommends for communities and hospitals to help fight the spread of drug-resistant bugs. It is time for the Federal Government to follow suit.

Today, I introduce the Community and Healthcare Associated Infections Reduction Act of 2007. This legislation builds on what hospitals are already doing and what infectious disease experts and Government agencies agree is critical to reducing the emergence of these infections.

My colleagues, Senator OBAMA and Senator SCHUMER, and I introduced this bill because we believe we have a national responsibility to improve the prevention, detection, and treatment of community and health care-associated infections. To do so, we need to tackle the problem from all sides.

We need better data to understand the problem at hand. The bill requires hospitals to report infection rates to the Federal Government, which we will then use to target high risk areas, identify hospitals that are doing a good job of controlling infections, and do a better job of communicating what we know to hospitals and health departments around the country. With better data, researchers will learn more about how to treat and, ideally, how to prevent these dangerous infections.

But, reporting is not enough. We need comprehensive infection control programs. The bill commissions an updated, comprehensive look at best practices for hospitals on infection control to provide hospitals the tools they need to best address these infections.

The bill also requires the Secretary to conduct a feasibility study on the creation of a Federal payment system to acknowledge and reward hospitals that are preventing these infections. Would this system work and is it what hospitals need? Hospital workers, doctors, and nurses do their very best to protect patients from infection. What more can be done to reward hospitals that are keeping infection rates low?

In addition, the bill addresses the growing impact of these infections—inside and outside the hospital. A new public health campaign will increase awareness in the public and educate people about reducing and preventing infections, especially in schools, locker rooms, playgrounds—the areas where we know bacteria can thrive. Finally, the bill calls for greater coordination of and greater emphasis on research at the Federal level. There are promising approaches to the control of infectious disease—for example, some investigators are looking at the use of bacteria-resistant surfaces in hospitals and other settings.

In a Nation as rich as ours, with the best health care professionals in the world, we don't expect people to come into a health care setting with a broken bone and then go home with a dangerous infection. Our health care system is safe and high quality, and I think we can only improve on that with a stronger emphasis on prevention, reporting and research. Our patients need it, our families deserve it, and everyone of us wants it.

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 placed in the RECORD, as follows:

S. 2278

*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 "Community and Healthcare-Associated Infections Reduction Act of 2007".

#### SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Effective antibiotics have transformed the practice of medicine and saved millions of lives, but the emergence and spread of antibiotic-resistant bacterial pathogens poses a significant threat to patient and public health.

(2) Although many antibiotic-resistant infections occur most frequently among individuals in hospitals and other healthcare facilities, they also affect otherwise healthy individuals in the community.

(3) According to the Centers for Disease Control and Prevention (referred to in this Act as the "CDC"), healthcare-associated infections (referred to in this Act as "HAI") are one of the top 10 leading causes of death in the United States.

(4) In American hospitals alone, HAI account for an estimated 1,700,000 infections and 99,000 associated deaths each year. In 70 percent of these deaths, the bacteria are resistant to at least one commonly used antibiotic.

(5) Dr. John Jernigan, Chief of Interventions and Evaluations at the CDC, estimates that HAI in hospitals result in up to \$27,500,000,000 in additional healthcare costs annually. The growing problem of antibiotic resistance, which affects the most common and least expensive antibiotics first, also shifts utilization toward more expensive antibiotics.

(6) Methicillin-resistant *Staphylococcus aureus* (referred to in this Act as "MRSA"), one of the most dangerous forms of antibiotic-resistant staph infections, highlights the magnitude of the problem. A recent

study by the CDC estimates that nearly 95,000 people became infected with invasive MRSA in 2005 in the United States, resulting in 19,000 deaths, more than the number who died from HIV/AIDS, Parkinson's disease, emphysema, or homicide. A vast majority (85 percent) of these infections were associated with healthcare treatment.

(7) MRSA also affects individuals outside the healthcare setting and in the community. Recent weeks have seen an increase by health and education officials in reported staph infection outbreaks, including antibiotic-resistant strains. These infections have occurred in New York, Kentucky, Virginia, Maryland, Illinois, Ohio, North Carolina, Florida, and the District of Columbia.

(8) The problem of antibiotic-resistant infections is not limited to MRSA. High levels of resistance in *enterococci*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, and *E. coli* have also been reported.

(9) Antibiotic-resistant infections have been discovered in troops coming back from Iraq and Afghanistan. A CDC study showed that between March and October 2003, 145 United States service members at military treatment facilities were infected or colonized with a multidrug-resistant gram-negative bacterium called *Acinetobacter baumannii*. The most likely source of this outbreak was bacteria within deployed field hospitals.

(10) Despite this significant public health threat, information on community and healthcare-associated infections (referred to in this Act as "CHAI") is incomplete and unreliable. Policymakers, healthcare providers, and individual consumers have little information about hospital infection rates, making it difficult to diagnose the scope of the problem and evaluate current infection prevention efforts, and assess potential remedies.

#### SEC. 3. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Centers for Medicare & Medicaid Services.

(2) AHRQ.—The term "AHRQ" means the Agency for Healthcare Research and Quality.

(3) CHAI.—The term "CHAI" means community and healthcare-associated infections.

(4) DIRECTOR.—The term "Director" means the Director of the Centers for Disease Control and Prevention, unless otherwise specifically designated.

(5) HAI.—The term "HAI" means healthcare-associated infections, which are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.

(6) HOSPITAL.—The term "hospital" means a subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B))).

(7) INTERAGENCY WORKING GROUP.—The term "interagency working group" means the interagency working group on community and healthcare-associated infections established under section 9.

(8) MRSA.—The term "MRSA" means Methicillin-resistant *Staphylococcus aureus*.

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

#### SEC. 4. COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTION CONTROL PROGRAM.

(a) ESTABLISHMENT OF BEST PRACTICES GUIDELINES FOR INFECTION CONTROL.—

(1) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, AHRQ in collaboration with CDC shall develop best-practices guidelines for internal infection control plans to prevent, detect, control, and treat CHAI at hospitals.

(2) REQUIREMENTS.—In carrying out paragraph (1), AHRQ shall—

(A) establish a set of best practices with supporting justification of their appropriateness and effectiveness based on nationally-recognized or evidence-based standards, which practices may include—

(i) the establishment of an infection control oversight committee; and

(ii) the establishment of measures for the prevention, detection, control, and treatment of CHAI, such as—

(I) staff training and education on CHAI prevention and control, including the monitoring and strict enforcement of hand hygiene procedures;

(II) a system to identify, designate, and manage patients known to be colonized or infected with CHAI, including diagnostic surveillance processes and policies, procedures and protocols for staff who may have had potential exposure to a patient or resident known to be colonized or infected with a CHAI, and an outreach process for notifying a receiving healthcare facility of any patient known to be colonized or infected with CHAI prior to transfer of such patient within or between facilities;

(III) the development and implementation of an infection control intervention protocol that may include active detection and isolation procedures, the alternation of the physical plan of a hospital, the appropriate use of anti-microbial agents, and other infection control precautions for general surveillance of infected or colonized patients;

(B) work in collaboration with other agencies and organizations whose area of expertise is the identification, treatment, and prevention of infectious disease;

(C) publish proposed guidelines for internal infection control plans;

(D) provide for a comment period of not less than 90 days; and

(E) establish final guidelines, taking into consideration any comment received under subparagraph (D).

(b) CONSULTATION OF BEST PRACTICES GUIDELINES.—The Administrator shall consult best practices guidelines in evaluating hospitals infection control plans as a condition of participation in the Medicare program.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012.

**SEC. 5. COLLECTION, REPORTING, AND COMPILATION OF COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTION DATA.**

(a) IN GENERAL.—Not later than 120 days after the date of enactment of this Act, hospitals shall report information about CHAI to the CDC National Healthcare Safety Network (NHSN), which shall be used by the CDC to develop a national database of infection rates in hospitals. With respect to reporting such information, the following shall apply:

(1) Hospitals shall meet data reporting standards as required by the NHSN, including timeframes, case-finding techniques, submission formats, infection definitions and other relevant terms, methodology for surveillance of infections, risk-adjustment techniques, or other specifications necessary to render the incoming data valid, consistent, compatible, and manageable.

(2) Hospitals shall submit data that allows the CDC to distinguish between—

(A) infections that are present in patients upon their admission to the hospital;

(B) infections that occur during a patient's hospital stay; and

(C) infections caused by multiple drug resistant organisms and nondrug resistant organisms.

(3) The CDC shall have the authority to make such orders, findings, rules, and regulations as necessary to ensure that hospitals accurately and timely track and report data.

(b) CONSULTATION.—The CDC shall review and revise NHSN standards as appropriate, working in consultation with the Centers for Medicare & Medicaid Services, AHRQ, and national organizations engaged in healthcare quality measurement and reporting.

(c) DATA HARMONIZATION.—The Director shall work in collaboration with the Administrator to support the harmonization of data for purposes of developing a national database of infections rates in hospitals and other purposes determined to be appropriate.

(d) DISSEMINATION OF DATA.—Not later than 1 year after the date of enactment of this Act, subject to the confidentiality of patient records, the CDC shall—

(1) make data available to interested researchers;

(2) make data available to interested State Health Departments;

(3) produce useful and accessible reports for the public to allow for comparisons of HAI rates across hospitals; and

(4) use data to assist hospitals in evaluating and formulating best practices strategies to reduce infection rates.

(e) PRIVACY OF DATA.—Notwithstanding any other provision of Federal, State, or local law, the infection data collected pursuant to this Act shall be privileged and shall not be—

(1) subject to admission as evidence or other disclosure in any Federal, State, or local civil or administrative proceeding; and

(2) subject to use in a State or local disciplinary proceeding against a hospital or provider.

(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012.

**SEC. 6. QUALITY IMPROVEMENT PAYMENT PROGRAM.**

(a) PAY FOR PERFORMANCE INITIATIVES REPORT.—Not later than 90 days after the date of enactment of this Act, the Administrator shall submit to Congress a report studying the feasibility of reducing HAI rates through a Quality Improvement Payment Program.

(b) PROGRAM.—The report under subsection (a) shall consider such factors as—

(1) patient demographics, such as—

(A) the median income of patients;

(B) percentage of minority patients; and

(C) disease condition;

(2) hospital characteristics, such as—

(A) median income;

(B) population density of the hospital zip code locale;

(C) university affiliation; and

(D) hospital size as indicated by the number of beds; and

(3) other factors as determined to be appropriate by the Centers for Medicare & Medicaid Services.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012.

**SEC. 7. PUBLIC AWARENESS CAMPAIGN.**

(a) IN GENERAL.—The Director shall award grants to States for the purpose of enabling the States to carry out public awareness campaigns to provide public education and increase awareness with respect to the issue of reducing, preventing, detecting, and controlling CHAI.

(b) REQUIREMENTS.—To be eligible for a grant under subsection (a), a State shall provide assurances to the Secretary that the State campaign to be conducted under the grant shall—

(1) provide information on the prevention and control of CHAI, including appropriate antibiotic use, causes and symptoms, and management, treatment and reduction methods, in healthcare settings and non-healthcare settings;

(2) provide information to healthcare providers and the public, including schools, nonprofit organizations, and private-sector entities; and

(3) work with members of the community to promote awareness and education, including hospitals, school health centers, schools, local governments, doctors' offices, prisons, jails, and other public- and private-sector entities.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012.

**SEC. 8. EXPANSION AND COORDINATION OF ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH REGARDING COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTIONS.**

(a) COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTIONS INITIATIVE THROUGH THE NATIONAL INSTITUTES OF HEALTH.—

(1) EXPANSION AND INTENSIFICATION OF ACTIVITIES.—

(A) IN GENERAL.—The Director of National Institutes of Health (referred to in this section as the "Director"), in coordination with the directors of the other national research institutes (as appropriate), may expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning CHAI.

(B) COORDINATION.—The directors referred to in paragraph (1) may jointly coordinate the programs referred to in such paragraph and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities, as appropriate.

(2) PLANNING GRANTS AND CONTRACTS FOR INNOVATIVE RESEARCH IN CHAI.—

(A) IN GENERAL.—In carrying out subsection (a)(1) the Director may award planning grants or contracts for the establishment of new research programs, or the enhancement of existing research programs, that focus on CHAI.

(B) RESEARCH.—In awarding planning grants or contracts under paragraph (1), the Director may give priority to—

(i) collaborative partnerships, which may include academic institutions, private sector entities, or nonprofit organizations with a focus on infectious disease science, medicine, public health, veterinary medicine, or other discipline impacting or influenced by emerging infectious diseases;

(ii) research on the most effective copper-based applications to stem infections in military and civilian healthcare facilities; and

(iii) research on new rapid diagnostic techniques for antibiotic-resistant bacteria.

(b) REPORT.—Not later than 6 months after the date of enactment of this Act, the Secretary, in collaboration with the Director, the Commissioner of Food and Drugs, and the Director of the National Institutes of Health, shall prepare and submit to the appropriate committees of the Congress a report that describes the obstacles to anti-infective, especially antibacterial, drug research and development. Such report shall—

(1) identify, in concurrence with infectious disease clinicians and appropriate professional associations, the infectious pathogens that are (or are likely to become) a significant threat to public health because of drug resistance or other factors;

(2) identify those incentives that may already exist through Federal programs, such as Orphan Product designation, including an

explanation of how such programs would apply to infectious diseases and in particular resistant bacterial infections;

(3) recommend strategies to publicize current incentives available to encourage anti-infective, especially antibacterial, drug research and development;

(4) recommend additional regulatory and legislative solutions to stimulate appropriate anti-infective, especially antibacterial, drug research and development;

(5) update the progress made in response to the "Public Health Action Plan to Combat Antimicrobial Resistance" to include a narrative summary of activities in addition to tables provided in existing progress reports, highlighting where gaps remain as well as obstacles to future progress; and

(6) recommend strategies to strengthen the Federal response to antimicrobial resistance, as outlined in the Action Plan, in particular additional actions needed to address remaining gaps or obstacles to progress in implementing the Plan, as well as Federal funding needs.

(c) **PUBLIC INFORMATION.**—The coordinating committee shall make readily available to the public information concerning the research, education, and other activities relating to CHAI, that are conducted or supported by the National Institutes of Health.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012 to carry out this section.

**SEC. 9. INTERAGENCY WORKING GROUP ON COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTIONS.**

(a) **ESTABLISHMENT.**—The Secretary, in coordination with the Administrator, shall establish an interagency working group on CHAI to consider issues relating to the reduction and prevention of these infections.

(b) **MEMBERSHIP.**—The interagency working group shall be composed of a representative from each Federal agency (appointed by the head of each such agency) that has jurisdiction over, or is affected by, CHAI including—

(1) the Centers for Medicare & Medicaid Services;

(2) the Centers for Disease Control and Prevention;

(3) the Health Resources and Services Administration;

(4) the Agency for Healthcare Research and Quality;

(5) the Food and Drug Administration;

(6) the National Institutes of Health;

(7) the Department of Agriculture;

(8) the Department of Defense;

(9) the Department of Veterans Affairs;

(10) the Environmental Protection Agency; and

(11) such other Federal agencies as determined appropriate.

(c) **DUTIES.**—The interagency working group shall—

(1) work in collaboration with the Interagency Task Force on Anti-microbial Resistance;

(2) facilitate communication and partnership on infection prevention and quality health-related projects and policies;

(3) serve as a centralized mechanism to coordinate a national effort—

(A) to discuss and evaluate evidence and knowledge on infection prevention;

(B) to determine the range of effective, feasible, and comprehensive actions to improve healthcare quality related to CHAI; and

(C) to examine and better address the growing impact of CHAI in communities throughout the United States;

(4) coordinate plans to communicate research results relating to CHAI prevention and control to enable reporting and outreach activities to produce more useful and timely information;

(5) consider and determine the feasibility of establishing an active surveillance program involving other entities (such as athletic teams or correctional facilities) for the purpose of identifying those individuals in the community that are colonized and at risk of susceptibility to and transmission of bacteria;

(6) develop an appropriate research agenda for Federal agencies;

(7) develop recommendations regarding evidence-based best practices, model programs, effective guidelines, and other strategies for promoting CHAI prevention and control;

(8) monitor Federal progress in meeting specific CHAI prevention and control promotion goals; and

(9) not later than 2 years after the date of enactment of this Act, submit to Congress a report that describes the appropriateness and effectiveness of best practices guidelines developed by the Centers for Disease Control and Prevention for infection control plans.

(d) **MEETINGS.**—

(1) **IN GENERAL.**—The interagency working group shall meet at least 6 times each year.

(2) **ANNUAL CONFERENCE.**—The Secretary shall sponsor an annual conference on CHAI prevention, detection, and control to enhance coordination and share best practices in CHAI data collection, analysis, and reporting.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.

**SEC. 10. GOVERNMENT ACCOUNTABILITY OFFICE REPORT ON COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTIONS.**

Not later than 2 years after the date of enactment of the Act, the Government Accountability Office shall submit to Congress a report on the impact of this Act on—

(1) the prevalence of CHAI; and

(2) the quality and availability of data about CHAI.

**SEC. 11. PREEMPTION.**

Nothing in this Act shall be construed to preempt existing State laws, except to the extent that such State laws would result in the establishment of duplicative or conflicting surveillance or reporting requirements.

By Mr. BIDEN (for himself and Mr. LUGAR):

S. 2279. A bill to combat international violence against women and girls; to the Committee on Foreign Relations.

Mr. BIDEN. Mr. President, one in three women worldwide will experience gender-based violence in her lifetime. In some countries, that's true for 70 percent of women. No country is immune. From trafficking of women in Eastern Europe to "honor" killings in Jordan to rape being used as a brutal weapon of war in Darfur and the Congo, violence against women and girls crosses all borders and affects women in all social groups, religions and socio-economic classes.

Around the globe, women and girls face domestic violence, rape, forced or child marriage, so-called "honor" killings, dowry-related murder, human trafficking, and female genital mutilation. The United Nations estimates that at least 5,000 "honor" killings take place each year around the world and more than 130,000,000 girls and

young women worldwide have been subjected to genital mutilation. A 2006 United Nations Report found that at least 102 member states had no specific laws on domestic violence. The statistics are staggering.

Not surprisingly, violence against women and girls has a profound impact on the health and development of countries worldwide. Violence breeds poverty. It impedes economic development because it can prevent girls from going to school, or stop women from holding jobs or inheriting property, or shut down access to critical health care for themselves and their children. We can't eradicate poverty and disease unless we prevent and respond to the violence women face in their own homes and communities. We cannot truly empower women to become active in civic life and promote peace, prosperity and democracy unless they personally are free from fear of violence.

Violence against women is a global health crisis, not just because so many women and girls are injured and die as a result, but also because inequality and violence interfere with current efforts to combat the HIV/AIDS pandemic. Forced sex increases vulnerability to HIV/AIDS transmission, in part, because condoms are not likely to be used. In sub-Saharan Africa alone, women account for close to three-quarters of those living with HIV/AIDS between the ages 18 and 24.

The picture is grim, and can be discouraging. But the good news is that local and international organizations are working in communities around the world with courage, sensitivity and great success to help women overcome violence at home, in school and at work. But they need our help.

We've made tremendous progress in reducing violence against women here in the United States since we passed the Violence Against Women Act, VAWA, in 1994. That important work continues. But we cannot ignore the devastation wrought by violence in every corner of the globe. Now is the time to turn our attention to women in other parts of the world—women whose lives are devastated by poverty, political and civic exclusion, disease, and violence. Gender-based violence contributes to the poverty, inequality and instability that threaten peace. Addressing it isn't just moral; it is also smart.

So today, during this final week of Domestic Violence Awareness Month, I am introducing with my good friend from Indiana, Senator LUGAR, the International Violence Against Women Act. This groundbreaking, bipartisan legislation would integrate efforts to end gender-based violence into all existing, appropriate U.S. foreign assistance programs.

The International Violence Against Women Act has three main components. First, the bill reorganizes and rejuvenates the gender-related efforts of the State Department by creating one central office—the "Office for

Women's Global Initiatives", directed by a Senate-confirmed Ambassador who reports directly to the Secretary. The Coordinator of the Office of Women's Global Initiatives, the "Coordinator", will be charged with monitoring, coordinating, and organizing all U.S. resources, programs and aid abroad that deals with women's issues, including gender-based violence. Additionally, my bill creates a new Office of Women's Global Development at the United States Agency for International Development, also to be directed by a Senate-confirmed nominee. The Director will be responsible for addressing gender-based violence and integrating gender into U.S. government assistance programs. The Director will work closely with the Coordinator and the Secretary of State to implement the provisions of the IVAWA legislation.

Under the current organizational scheme, projects addressing violence against women, either primarily or tangentially, are spread throughout the State Department and USAID without a central inventory, game plan or leader. My bill will raise the profile of women's issues generally at the State Department, and ensure that gender-based violence programs are building on past successes, leveraging core competencies and working in conjunction with other initiatives.

Second, the International Violence Against Women Act mandates creation of a 5-year, comprehensive strategy, with coordinated programming, to prevent and respond to violence against women in 10 to 20 targeted countries. The act creates a dedicated funding stream of \$175 million a year to support programs dealing with violence against women in five areas: the criminal and civil justice system—everything from drafting laws on domestic violence, to enhancing women's access to property and inheritance rights, to reforming police practices—health care, girls' access to education and school safety, women's access to employment and financial resources, and public awareness campaigns that change social norms.

I know from my experience in Delaware that coordinating community responses in towns and cities has made all the difference in fighting domestic violence and rape. I applied those same principles of coordination and joint programming to the International Violence Against Women Act. International experts agree on the necessity of a multi-disciplinary approach that brings governments and nongovernmental organizations to the table to create sustainable infrastructure. To be clear, the International Violence Against Women Act is not asking countries to reinvent the wheel. At every step our strategy will lead to coordination of efforts to have the greatest possible impact. This type of effective, cost-efficient, gender-based violence programming already exists and is taking place in pockets all around the globe. We have the blueprints; my Act

would provide the momentum and support for a full-scale international priority.

Finally, as the recent reports from the Congo make tragically clear, in situations of humanitarian crises, conflict and post-conflict operations, women and girls are vulnerable to horrific acts of violence. Reports of refugee women being raped while collecting firewood, soldiers sexually abusing girls in exchange for token food items, or women subjected to unimaginable brutality and torture as a tactic of war are shocking in number and inhumanity. The Act requires training, reporting mechanisms and other measures for those who are working directly with or protecting refugees and other vulnerable populations. The act also requires that the State Department identify "critical outbreaks" in which violence against women and girls is being used as a weapon of intimidation and abuse in armed conflict or war, or is escalating in an environment of impunity, and to take emergency measures to respond to the outbreaks.

The issue of violence against women and girls is complex and our legislation is a bold and ambitious plan. There are limitations on the United States' power to "fix" a problem that is so widespread. We are mindful that no country has a perfect record or all the answers. Yet Congress has a long and proud history of tackling complex international problems, most recently the devastating epidemic of HIV/AIDS and the insidious crime of human trafficking.

I did not approach this legislation lightly. Over the past months, I've solicited information from every relevant office in the State Department, USAID and the Department of Justice that works on the issues of women's rights and gender-based violence abroad. I asked for input and information from the United Nations secretariat, and many of its subsidiary agencies who are working to prevent and respond to gender-based violence internationally in various capacities. And most importantly, the International Violence Against Women Act was drafted with the insight and expertise of over 100 nongovernmental organizations and 40 women's groups around the globe, including American Refugee Committee, Amnesty International, CARE, Christian Children's Fund, Family Violence Prevention Fund, Global AIDS Alliance, Human Rights Watch, Inter-Agency Gender Working Group, IGWAG, International Rescue Committee, International Justice Mission, Women's Edge Coalition, Vital Voices Global Partnership and many others. I thank all of them for their invaluable assistance and perseverance as this bill came together.

Former United Nations Secretary-General Kofi Annan said "Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It

knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equity, development and peace." I could not agree more. My International Violence Against Women Act marshals together, for the first time, coordinated American resources, good will and leadership to address this global issue. I believe the time is now for the U.S. to get actively engaged in the fight for women's lives and girls' futures.

Over the past 30 years, the understanding of human rights and violence against women has metamorphosed. A State's responsibility to protect women from violence has evolved—what was once seen largely as a private, family or cultural matter is now understood by the international community as a violation of basic human rights. Violence against women is a legal wrong. It cannot be excused or justified or ignored. It is an engrained social norm but one that we can dismantle over time—one woman at a time—with patience, creativity and sustained political will. The International Violence Against Women Act is the first step.

Mr. President, I ask unanimous consent that the text of the bill and a section-by-section analysis be printed in the RECORD.

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

S. 2279

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

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the "International Violence Against Women Act of 2007".

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Statement of policy.
- Sec. 4. Definitions.

**TITLE I—COORDINATION AND POLICY PLANNING**

- Sec. 101. Official positions and institutional changes.
- Sec. 102. Policy and programs.
- Sec. 103. Inclusion of information on violence against women and girls in human rights reports.

**TITLE II—OTHER PROVISIONS**

- Sec. 201. Amendments to Foreign Service Act of 1980.
- Sec. 202. Support for multilateral efforts to end violence against women and girls.

**SEC. 2. FINDINGS.**

Congress makes the following findings:

(1) Violence against women and girls is rooted in multiple causes and takes many forms, including physical, sexual, and psychological. It affects all countries, social groups, ethnicities, religions, and socioeconomic classes and is a global health, economic development, and human rights problem of epidemic proportions.

(2) According to the World Health Organization—

(A) approximately 1 in 3 of the women in the world will experience violence in her lifetime, with rates of up to 70 percent in some countries; and

(B) 1 in 5 of the women in the world will be the victim of rape or attempted rape in her lifetime.

(3) According to the 2006 United Nations Secretary-General's report entitled Ending Violence Against Women, 102 member states have no specific laws on domestic violence.

(4) Women and girls face many different types of gender-based violence, including forced or child marriage, so-called "honor killings", dowry-related murder, human trafficking, and female genital mutilation. The United Nations estimates that at least 5,000 so-called "honor killings" take place each year around the world and that more than 130,000,000 girls and young women worldwide have been subjected to female genital mutilation.

(5) The President's Emergency Plan for AIDS Relief 2006 Report on Gender-Based Violence and HIV/AIDS reports that violence against women is a public health and development problem that significantly increases susceptibility to HIV/AIDS. A United Nations study on the global AIDS epidemic found that in sub-Saharan Africa, women who are 15 to 24 years old can be infected at rates that are up to 6 times higher than men of the same age.

(6) Recent studies in Africa indicate that between 16 and 47 percent of girls in primary and secondary school report sexual abuse or harassment by male teachers or classmates. Girls who experience sexual violence at school are also more likely to experience unintended pregnancies or become infected with sexually transmitted infections, including HIV/AIDS.

(7) Rape and sexual assault are weapons of war used to torture, intimidate, and terrorize women and communities. Amnesty International reports that women have suffered from sexual violence during conflicts in Rwanda, the former Yugoslavia, Sierra Leone, and most recently in the Democratic Republic of the Congo, where women have suffered from brutal and systematic sexual assaults.

(8) Displaced, refugee, and stateless women and girls in humanitarian emergencies, conflict settings, and natural disasters face extreme violence and threats because of power inequities, including being forced to exchange sex for food and humanitarian supplies, and being at increased risk of rape, sexual exploitation, and abuse.

(9) According to the United States Agency for International Development (USAID)—

(A) 70 percent of the 1,300,000,000 people living in poverty in the world are women and children;

(B)  $\frac{2}{3}$  of the 876,000,000 illiterate adults in the world are women;

(C)  $\frac{2}{3}$  of the 125,000,000 school-aged children who are not in school are girls;

(D) more than  $\frac{3}{4}$  of the 27,000,000 refugees in the world are women and children; and

(E) 1,600 women die unnecessarily every day during pregnancy and childbirth.

(10) In 2003, the United Nations Special Rapporteur on Violence Against Women concluded that violence against women violates the basic human rights of women, results in "devastating consequences for women who experience it, traumatic impact on those who witness it, de-legitimization of States that fail to prevent it and the impoverishment of entire societies that tolerate it."

(11) Violence against women is an impediment to the health, opportunity, and development of women and their societies. According to an October 2006 study of the United Nations Secretary General entitled Ending Violence Against Women, "Violence against women impoverishes women, their families, communities and nations. It lowers economic production, drains resources from

public services and employers, and reduces human capital formation."

(12) The World Bank recognizes that women's health, education, and economic opportunities directly impact the development and well being of their families and their societies. A 2001 World Bank Report, entitled Engendering Development, reports that greater gender equality leads to improved nutrition, lower child mortality, less government corruption, higher productivity, and reduced HIV infection rates.

(13) Increased access to economic opportunities is crucial to the prevention of and response to domestic and sexual violence. Both microfinance-based interventions and increased asset control have been shown to reduce levels of intimate partner violence in addition to providing economic independence for survivors.

(14) Campaigns to change social norms, including community organizing, media campaigns, and efforts to engage and educate men and boys, have been shown to change attitudes that condone and tolerate violence against women and girls and reduce violence and abuse.

### SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States—

(1) to promote women's political, economic, educational, social, cultural, civil, and human rights and opportunities throughout the world;

(2) to condemn and combat violence against women and girls, and to promote and assist other governments in preventing and responding to such violence;

(3) to promote ending violence against women and girls around the world, whether the abuse is committed directly by a foreign government, is implicitly committed by such government through hostile laws or de jure mandates to disenfranchise women, or is committed by private actors and the government fails to address the abuse;

(4) to encourage foreign governments to enact and implement effective legal reform to combat violence against women and girls, and to encourage access to justice, true accountability for abusers, and meaningful redress and support for victims;

(5) to systematically integrate and coordinate efforts to prevent and respond to violence against women and girls into United States foreign policy and foreign assistance programs, and to expand implementation of effective practices and programs;

(6) to fully implement the comprehensive international strategy set forth in section 300G of the Foreign Assistance Act of 1961, as added by this Act, which provides assistance to eligible countries to reduce and prevent gender-based violence with coordinated efforts in the criminal justice, health, education, and economic sectors;

(7) to support and build capacity of indigenous nongovernmental organizations that are working to prevent and respond to violence against women and girls, particularly women's nongovernmental organizations, and to support and encourage United States organizations working in partnership with such nongovernmental organizations;

(8) to prevent and respond to violence against women and girls through multisectoral methods, working at individual, family, community, local, national, and international levels and incorporating service, prevention, training, and advocacy activities and economic, education, health, legal, and protective intervention services;

(9) to coordinate activities with recipient country governments, as appropriate, and with other bilateral, multilateral, nongovernmental, and private sector actors active in the relevant sector and country;

(10) to foster international and regional cooperation with an aim towards defining re-

gional strategies, as appropriate, for preventing and responding to violence against women and girls, and exchanging data and successful strategies;

(11) to work through international organizations of which the United States is a member, including the United Nations and its specialized agencies, funds and programs to encourage, promote, and advocate for stronger efforts and policies to prevent and end violence against women and girls;

(12) to enhance training and other programs to prevent and respond to violence against women and girls in humanitarian relief, conflict, and post-conflict operations;

(13) to enhance training by United States personnel of professional foreign military and police forces and judicial officials to include specific and thorough instruction on preventing and responding to violence against women and girls;

(14) to press for the implementation of policies and practices in global peace and security efforts, including United Nations peacekeeping and policing operations, that prevent and respond to violence against women and girls and hold personnel accountable for the full implementation of these policies and practices.

### SEC. 4. DEFINITIONS.

In this Act:

(1) **VIOLENCE AGAINST WOMEN AND GIRLS.**—The term "violence against women and girls"—

(A) means any act of gender-based violence against women or girls committed because of their gender that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life; and

(B) includes—

(i) physical, sexual, and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;

(ii) physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, and forced prostitution; and

(iii) physical, sexual, and psychological violence perpetrated or condoned by the state, wherever it occurs.

(2) **ELIGIBLE COUNTRIES.**—The term "eligible countries" means countries that are not classified as high-income countries in the most recent edition of the World Development Report for Reconstruction and Development published by the International Bank for Reconstruction and Development.

## TITLE I—COORDINATION AND POLICY PLANNING

### SEC. 101. OFFICIAL POSITIONS AND INSTITUTIONAL CHANGES.

Chapter 2 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2166 et seq.) is amended by adding at the end the following:

#### **"TITLE XIII—INTERNATIONAL PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS**

##### **"SEC. 300A. VIOLENCE AGAINST WOMEN AND GIRLS DEFINED.**

"In this title, the term 'violence against women and girls' has the meaning given that term in section 5 of the International Violence Against Women Act of 2007.

**“Subtitle A—Official Positions and Institutional Changes**

**“SEC. 300B. OFFICE OF WOMEN’S GLOBAL INITIATIVES.**

“(a) ESTABLISHMENT.—There is established in the Office of the Secretary of State in the Department of State, the Office of Women’s Global Initiatives. The office shall be headed by the Coordinator of the Office of Women’s Global Initiatives (referred to in this title as the ‘Coordinator’), who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary and shall have the rank and status of Ambassador at Large.

“(b) PURPOSE.—The Office of Women’s Global Initiatives shall be the sole office coordinating all efforts of the United States Government regarding international women’s issues and is intended to replace the Office of International Women’s Issues in the Office of the Under Secretary for Democracy and Global Affairs in the Department of State.

“(c) DUTIES.—The Coordinator shall have the following responsibilities:

“(1) IN GENERAL.—The Coordinator shall—

“(A) design, oversee, and coordinate activities and programs of the United States Government relating to international women’s issues; and

“(B) direct United States Government resources to—

“(i) prevent and respond to violence against women and girls throughout the world; and

“(ii) develop the comprehensive international strategy described in section 300G to reduce violence against women and girls.

“(2) PRINCIPAL ADVISOR.—The Coordinator shall serve as the principal advisor to the Secretary of State regarding foreign policy matters relating to women, including violence against women and girls.

“(3) COORDINATING ROLE.—The Coordinator shall—

“(A) oversee and coordinate all resources and activities of the United States Government to combat violence against women and girls internationally, including developing strategies for the integration of efforts to prevent and respond to gender-based violence into United States assistance programs;

“(B) coordinate all policies, programs, and funding related to violence against women and girls internationally of the Department of State, including—

“(i) the Bureau of Population, Refugees, and Migration;

“(ii) the Bureau of Democracy, Human Rights, and Labor;

“(iii) the Bureau for International Narcotics and Law Enforcement Affairs;

“(iv) the Bureau of Education and Cultural Affairs;

“(v) the Bureau of Political Military Affairs;

“(vi) the Bureau of International Organizations Affairs;

“(vii) the Bureau of Economic and Business Affairs;

“(viii) the Foreign Service Institute;

“(ix) the Office of the Coordinator for Reconstruction and Stabilization;

“(x) the Office to Monitor and Combat Trafficking in Persons;

“(xi) the Office of the United States Global AIDS Coordinator; and

“(xii) all regional bureaus and offices;

“(C) coordinate all policies, programs, and funding related to violence against women and girls internationally in the Department of Justice, the Department of Labor, the Department of Health and Human Services, the Department of Defense, and the Department of Homeland Security;

“(D) coordinate all policies, programs, and funding relating to violence against women and girls internationally in the United States Agency for International Development (USAID), including the Women’s Global Development Office;

“(E) monitor and evaluate all such gender-based violence programs administered by the entities listed in subparagraphs (B) through (D), as necessary;

“(F) coordinate all policies, programs, and funding of the Millennium Challenge Corporation relating to violence against women and girls internationally;

“(G) design, integrate, and, as appropriate, implement policies, programs, and activities related to women’s health, education, economic development, legal reform, social norm changes, women’s human rights, and protection of women in humanitarian crises, including those identified pursuant to section 300G(c); and

“(H) encourage departments listed in subparagraph (C) to create agency-specific programmatic guidelines on addressing violence against women and girls internationally and monitor implementation of those guidelines.

“(4) DIPLOMATIC REPRESENTATION.—Subject to the direction of the President and the Secretary of State, the Coordinator is authorized to represent the United States in matters relevant to violence against women and girls internationally in—

“(A) contacts with foreign governments, nongovernmental organizations, the United Nations and its specialized agencies, and other international organizations of which the United States is a member; and

“(B) multilateral conferences and meetings relevant to violence against women and girls.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$10,000,000 for each of fiscal years 2008 through 2012, under the heading ‘Diplomatic and Consular Programs’, to carry out activities under this section. Funds appropriated pursuant to this subsection shall be under the direct control of the Coordinator.

**“SEC. 300C. WOMEN’S GLOBAL DEVELOPMENT OFFICE.**

“(a) ESTABLISHMENT.—There is established, within the United States Agency for International Development, the Office of Women’s Global Development. The Office of Women’s Global Development shall be headed by the Director of Women’s Global Development (referred to in this title as the ‘Director’), who shall be appointed by the President, by and with the advice and consent of the Senate. The Director shall report directly to the Administrator of the United States Agency for International Development and shall consult regularly with the Coordinator of the Office of Women’s Global Initiatives.

“(b) PURPOSE.—The Office of Women’s Global Development shall be the sole office coordinating all efforts of the United States Agency for International Development (USAID) regarding international women’s issues and is intended to replace the Office of Women in Development in USAID in existence on the date of the enactment of this title.

“(c) DUTIES.—

“(1) IN GENERAL.—The Director shall—

“(A) integrate gender into all policies, programs, and activities of the United States Agency for International Development to improve the status of women, increase opportunities for women, and support the overall development goals of United States programs and assistance;

“(B) ensure that efforts to prevent and respond to violence against women and girls are integrated into United States Government foreign assistance programs at the strategic planning and country operational plan levels; and

“(C) monitor the manner in which such activities are integrated, programmed, and implemented in each country plan.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$15,000,000 for each of fiscal years 2008 through 2012 to carry out activities and collaboration related to preventing and responding to gender-based violence. Funds appropriated pursuant to this subsection shall be under the direct control of the Director. Such funds are in addition to amounts otherwise available for such purposes.

**“SEC. 300D. ADVISORY COMMISSION ON INTERNATIONAL VIOLENCE AGAINST WOMEN.**

“(a) ESTABLISHMENT.—There is established within the Department of State an Advisory Commission on International Violence Against Women (in this section referred to as the ‘Advisory Commission’).

“(b) MEMBERSHIP.—

“(1) APPOINTMENT.—The Advisory Commission shall be composed of—

“(A) the Coordinator of Women’s Global Initiatives, who shall serve as chair, and the Director of the Women’s Global Development Office, both of whom shall serve ex officio as nonvoting members of the Advisory Commission;

“(B) 8 members appointed by the Secretary of State who are not officers or employees of the Federal Government;

“(C) 3 members appointed by the President pro tempore of the Senate on the joint recommendation of the Majority and Minority Leaders of the Senate; and

“(D) 3 members appointed by the Speaker of the House of Representatives on the joint recommendation of the Majority and Minority Leaders of the House of Representatives.

“(2) SELECTION.—Members of the Advisory Commission shall be selected from among—

“(A) distinguished individuals noted for their knowledge and experience in fields relevant to the issue of international violence against women and girls, including foreign affairs, human rights, and international law;

“(B) representatives of nongovernmental organizations and other institutions having knowledge and expertise related to violence against women and girls; and

“(C) academics representative of the various scholarly approaches to the issue of international violence against women and girls.

“(3) TIME OF APPOINTMENT.—The appointments required under paragraph (1) shall be made not later than 120 days after the date of the enactment of this title.

“(4) TERMS.—The term of each member appointed to the Advisory Commission shall be 3 years. Members shall be eligible for reappointment to a second term.

“(c) DUTIES.—The Advisory Commission shall—

“(1) annually make recommendations to the Secretary of State regarding best practices to prevent and respond to violence against women and girls internationally and the effective integration of such practices into the foreign policy of the United States, including assistance programming; and

“(2) consult with members of the United States Government and with private groups and individuals on the prevention and response to international violence against women and girls.

“(d) HEARINGS.—In carrying out this section, the Advisory Commission may conduct such hearings, sit and at such times and places, take such testimony, and receive such evidence, as the Advisory Commission considers appropriate.

“(e) FUNDING.—Members of the Advisory Commission shall be allowed travel expenses, including per diem in lieu of subsistence at rates authorized for employees of agencies

under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of duties for the Advisory Commission.

“(f) REPORT OF THE ADVISORY COMMISSION.—Not later than May 1 of each year, the Advisory Commission shall submit a report to the President, the Secretary of State, the Committee on Foreign Relations of the Senate, and the Committee on Foreign Affairs of the House of Representatives that sets forth its findings and recommendations for United States policy and programs.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$300,000 for each of the fiscal years 2008 through 2012 to carry out this section.”

#### SEC. 102. POLICY AND PROGRAMS.

Chapter 2 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2166 et seq.), as amended by section 101, is further amended by adding at the end the following:

##### “Subtitle B—Policy and Programs

#### “SEC. 300G. COMPREHENSIVE INTERNATIONAL STRATEGY TO REDUCE AND PREVENT VIOLENCE AGAINST WOMEN AND GIRLS.

“(a) DEVELOPMENT AND IMPLEMENTATION OF STRATEGY.—Not later than 1 year after the date of the enactment of this title, the President, with the assistance of the Coordinator of Women’s Global Initiatives and Director of Women’s Global Development, shall develop and commence implementation of a comprehensive, 5-year international strategy to prevent and respond to violence against women and girls internationally, and shall submit it to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives.

“(b) COLLABORATION.—In developing the strategy under subsection (a), the President, with the assistance of the Coordinator, shall consult with—

“(1) the Secretary of State, including the offices and bureaus listed in section 300B(b)(3)(B), other executive agencies listed in section 300B(b)(3)(C), United States aid agencies and offices as listed in section 300B(b)(3)(D), the Millennium Challenge Corporation listed in section 300B(b)(3)(E), and Interagency Task Force to Monitor and Combat Trafficking; and

“(2) nongovernmental organizations with demonstrated expertise working on violence against women and girls, women’s health, or women’s empowerment issues internationally.

“(c) CONTENT.—The strategy developed under subsection (a) shall—

“(1) identify between 10 and 20 eligible countries that are geographically, ethnically, and culturally diverse, and have severe levels of violence against women and girls;

“(2) describe the nature and extent of violence against women and girls in each country;

“(3) identify how and to what extent the violence against women and girls in each country is negatively affecting goals of improving the health, education, economic, democracy and civic participation, criminal justice, and internally displaced persons and refugee management sectors in such country and its region;

“(4) assess the efforts of the government in each country to prevent and respond to violence against women and girls and assess the potential capacity of each country to manage 2 or more of the gender violence-based program activities identified under subsection (d);

“(5)(A) describe the programs to be undertaken in cooperation with the governments

of each country in specific areas for progress in preventing and responding to violence against women and girls;

“(B) identify resources to help implement programs; and

“(C) encourage development of national action plans;

“(6) for each country, identify 2 or more of the program activities listed in subsection (d) and describe how the selected programs will prevent and respond to the problem of violence against women and girls, including—

“(A) increasing legal and judicial protections;

“(B) enhancing the capacity of the health sector to respond to such violence;

“(C) increasing opportunities for women and girls in education and economic development; or

“(D) promoting societal awareness and changing social norms;

“(7) include, as appropriate, strategies designed to accommodate the needs of stateless, internally displaced, refugee, or religious or ethnic minority women and girls;

“(8) project general levels of resources needed on an annual basis to achieve the stated objective in each country, taking into account activities and funding provided by other donor country governments and other multilateral institutions and leveraging private sector resources;

“(9) include potential coordination with existing programs, initiatives, and expertise on preventing and responding to violence against women and girls that exist within nongovernmental organizations, including in-country, civil society organizations, particularly women’s organizations and community-based groups;

“(10) identify the Federal departments and agencies involved in the execution of the relevant program activities; and

“(11) describe the monitoring and evaluation mechanisms established for each country and how they will be used to assess overall progress in preventing and responding to violence against women and girls.

“(d) PROGRAM ACTIVITIES SUPPORTED.—Assistance provided under this section shall be used to carry out, in each of the countries identified in the strategy required pursuant to subsection (a), 2 or more of the following program activities:

“(1) Increasing legal and judicial protections by—

“(A) supporting programs that strengthen a coordinated community response to violence against women and girls, including through coordination between judges, police, prosecutors, and legal advocates to enhance prospects for perpetrator accountability;

“(B) supporting efforts and providing resources to provide training and technical assistance to police, prosecutors, forensic physicians, lawyers, corrections officers, judges, and judicial officials, and where appropriate, to nonlawyer advocates and traditional community authorities on violence against women and girls;

“(C) supporting efforts to reform and revise criminal and civil laws to prohibit violence against women and girls and create accountability for perpetrators;

“(D) enhancing the capacity of the justice sector, including keeping official records of all complaints, collecting and safeguarding evidence, systematizing and tracking data on cases of violence against women and girls, and undertaking investigations and evidence gathering expeditiously;

“(E) helping women and girls who are victims of violence gain access to the justice sector and supporting them throughout the legal process, including establishing victim and witness units for courts and promoting

support for survivor services, including hotlines and shelters;

“(F) promoting civil remedies in cases of domestic violence that—

“(i) prioritize victim safety and confidentiality and offender accountability;

“(ii) grant women and children restraining, protection, or removal orders with appropriate criminal sanctions for violations against perpetrators of violence;

“(iii) strengthen and promote women’s custodial rights over children and protect children; and

“(iv) grant courts authority to provide specific relief pursuant to a restraining or removal order, including restitution, spousal maintenance, child support, payment of debt, or return or equitable distribution of property;

“(G) reducing the incidence of violence against women and girls committed by government officials by developing confidential mechanisms for reporting violence against women and girls committed by government officials and institutions and developing laws to punish the perpetrators and remove immunity from state officials;

“(H) promoting broader legal protection for women and girls against all forms of violence against women and girls, such as female infanticide and female genital mutilation, and practices that are associated with higher rates of violence against women and girls, such as child and forced marriage; and

“(I) increasing the number of women advocates trained to respond to violence against women and girls at police stations, including the creation of domestic violence units and increasing the number of women police.

“(2) Carrying out health care initiatives, including—

“(A) promoting the integration of programs to prevent and respond to violence against women and girls into existing programs addressing child survival, women’s health, family planning, mental health, and HIV/AIDS prevention, care, and treatment;

“(B) training of health care providers, including traditional birth attendants, on methods to safely and confidentially assess women and girls seeking health services for intimate partner, family, and sexual violence;

“(C) developing and enforcing national and operational women’s health, children’s health, and HIV/AIDS policies that prevent and respond to violence against women and girls, with accompanying resources, including through cooperative efforts with ministries of health;

“(D) developing information gathering systems within the health care sector that, consistent with safety and confidentiality concerns, collect and compile data on the type of violence experienced by women and girls, access to care, age of victims, and relationship of victims to perpetrators;

“(E) working with governments to develop partnerships with civil society organizations to create referral networks systems for psychosocial, legal, economic, or other support services; and

“(F) integrating screening and assessment for gender-based violence into HIV/AIDS programming and other health programming into all country operation plans, and increasing women’s access to information, strategies, and services to protect themselves from HIV/AIDS.

“(3) Conducting public awareness programs to change social norms and attitudes, including—

“(A) supporting women survivors of violence to educate their communities on the impacts of violence;

“(B) engaging men, including faith and traditional leaders;

“(C) providing funding and programmatic support for mass media social change campaigns; and

“(D) supporting community efforts to change attitudes about harmful traditional practices, including child marriage, female genital mutilation, and so-called ‘honor killings’.

“(4) Improving economic opportunities for women and girls, including—

“(A) supporting programs to help women meet their economic needs and to increase their economic opportunities, in both rural and urban areas, including through support for—

“(i) the establishment and development of businesses (micro, small, and medium-sized enterprises) through access to financial and nonfinancial services; and

“(ii) education, literacy, and numeracy programs, leadership development and job skills training, especially in nontraditional fields and expected growth sectors;

“(B) supporting programs to help increase property rights, social security, and home ownership and land tenure security for women by—

“(i) promoting equitable extension of property and inheritance rights, particularly rights to familial and marital property;

“(ii) promoting legal literacy, including among faith and traditional leaders, about women’s property rights; and

“(iii) helping women to make land claims and protecting women’s existing claims and advocating for equitable land titling and registration for women, including safeguards for women title-holders in the case of domestic violence disputes;

“(C) integrating activities to prevent and respond to violence against women and girls into existing economic opportunity programs by—

“(i) integrating education on violence against women and girls into women’s microfinance, microenterprise, and job skills training programs; and

“(ii) training providers of economic opportunity services and programs in sensitivity to violence against women and girls; and

“(D) addressing violence against women and girls in the workplace.

“(5) Improving educational opportunities for women and girls, including—

“(A) supporting efforts and providing resources to provide training for all teachers and school administrators on school-related violence, in particular increasing awareness of violence against women and girls, and to improve reporting, referral, and implementation of codes of conduct;

“(B) working to ensure the safety of girls during their travel to and from school and on school grounds;

“(C) including programs for girls and boys on the unacceptability of violence against women and girls; and

“(D) conducting national and baseline surveys to collect data on school-related violence against women and girls.

**“SEC. 300H. ASSISTANCE TO REDUCE INTERNATIONAL VIOLENCE AGAINST WOMEN AND GIRLS INTERNATIONALLY.**

“(a) **COORDINATING EXISTING AID PROGRAMS.**—The Coordinator of the Women’s Global Initiatives, working with the Director of the Office of Women’s Global Development, shall ensure that existing programs, contracts, grants, agreements, and foreign assistance under the Foreign Assistance Act of 1961 (22 U.S.C. 2166 et seq.), the Migration and Refugee Assistance Act of 1962 (22 U.S.C. 2601 et seq.), the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.), the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (22 U.S.C. 7601 et seq.), the Support for East Eu-

ropean Democracy (SEED) Act of 1989 (22 U.S.C. 5401 et seq.), the FREEDOM Support Act (22 U.S.C. 5851 et seq.), and other Acts authorizing foreign assistance incorporate, as applicable, measures to prevent and respond to violence against women and girls.

“(b) **AUTHORITY.**—To implement and execute the comprehensive international strategy developed pursuant to section 300G, the President is authorized to provide assistance to nongovernmental organizations, multilateral institutions, and foreign countries for program activities described in section 300G(d).

“(c) **ALLOCATE NEW FUNDING.**—The Coordinator of the Office of Women’s Global Initiatives is authorized to allocate funds to implement and execute the comprehensive international strategy developed pursuant to section 300G.

“(d) **USE OF FUNDS.**—Any funds made available under this section to nongovernmental organizations must be designated to organizations that have demonstrated expertise regarding violence against women and girls internationally, or that are in partnership with such organizations and that have demonstrated capabilities or expertise in a particular program activity described in subsection 300G(d).

“(e) **GRANTS TO WOMEN’S NONGOVERNMENTAL ORGANIZATIONS AND COMMUNITY-BASED ORGANIZATIONS.**—Not less than 10 percent of the funds awarded in a fiscal year under this section shall be awarded to women’s nongovernmental organizations and community-based organizations.

“(f) **AWARD PROCESS.**—Funds awarded under this section shall be provided through an open, competitive, and transparent process where possible.

“(g) **CONDITIONS.**—Entities receiving funds awarded through the grant program established under this section—

“(1) should include the collection of data and the evaluation of program effectiveness;

“(2) should be responsible for developing and reporting on outcomes related to preventing and responding to violence against women and girls;

“(3) should gather input from women’s nongovernmental organizations or community-based organizations, including organizations with expertise in preventing and responding to violence against women and girls; and

“(4) shall consider the safety of women and girls as a primary concern in deciding how to design, implement, monitor, and evaluate programs.

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—

“(1) **IN GENERAL.**—There is authorized to be appropriated to the Office of Women’s Global Initiatives \$175,000,000 for each of the fiscal years 2008 through 2012 to carry out this section and section 300G.

“(2) **AVAILABILITY OF FUNDS.**—Amounts appropriated pursuant to paragraph (1) shall remain available until expended.

“(3) **NONSUPPLANTATION.**—Funds authorized and appropriated under this Act shall supplement, not supplant, existing funds otherwise available for activities under this title.

**“SEC. 300I. ANNUAL REPORT ON UNITED STATES EFFORTS TO END INTERNATIONAL VIOLENCE AGAINST WOMEN AND GIRLS.**

“(a) **IN GENERAL.**—Not later than 1 year after the submission of the comprehensive international strategy developed under section 300G, and annually thereafter, the Secretary of State, assisted by the Coordinator of Women’s Global Initiatives, shall submit to Congress a report to be entitled the ‘Report on International Violence Against Women and Girls’.

“(b) **CONTENT.**—The report required under subsection (a) shall include the following:

“(1) The goals and objectives of the comprehensive international strategy developed under section 300G(a).

“(2) The specific criteria used to determine the effectiveness of the strategy.

“(3) A description of the coordination of all United States Government resources and international activities to prevent and respond to the problem of violence against women and girls, including—

“(A) an identification of the Federal agencies involved;

“(B) a description of the coordination between Federal agencies and departments, including those acting in the eligible countries; and

“(C) a description of the coordination with non-United States Government entities, including the governments of eligible countries, multilateral organizations and institutions, and nongovernmental organizations.

“(4) A description of the relationship between efforts to prevent and respond to violence against women and girls internationally and other United States assistance strategies in developing countries and diplomatic relationships.

“(5) A description of efforts to include gender-based violence in United States diplomatic and peacemaking initiatives.

“(6) A description of any significant efforts by bilateral and multilateral donors in support of preventing and responding to international violence against women and girls.

“(7) A description of the implementation of the agency-specific guidelines described in section 300B(d)(3)(H).

“(8) A description of the activities of, and funding provided for programs that prevent and respond to violence against women and girls in humanitarian relief, conflict and post-conflict operations, including violence perpetrated by humanitarian workers.

“(9) A description of United States training of foreign military and police forces, judicial officials, and humanitarian relief grantees to prevent and respond to violence against women and girls.

“(10) A description of data collection efforts conducted under this title.

“(11) Identification of all contractors, subcontractors, grantees, and subgrantees receiving United States funds for preventing and responding to violence against women and girls.

“(12) Recommendations related to best practices, effective strategies, and suggested improvements to enhance the impact of efforts to prevent and respond to violence against women and girls.

“(13) A description of efforts to evaluate the accountability and efficacy of the programs funded pursuant to section 300H(g).

“(14) A compilation of the descriptions on the nature and extent of violence against women and girls included in the annual Human Rights Reports required under section 116(d) of the Foreign Assistance Act of 1961, as amended by this Act.

“(15) The identification of countries or regions with critical outbreaks of violence against women and girls described in subsection 300L(h), including—

“(A) an analysis of the situations, including the factors driving the violence, the role of government, militia, rebel, or other armed forces in the violence; and

“(B) an analysis of United States and other multilateral, bilateral, or governmental efforts to prevent or respond to the violence, assist survivors, or hold the perpetrators accountable.

“(16) A description of United States resources that are being used—

“(A) to assist in efforts to prevent or respond to the critical outbreaks of violence described in section 300L(h);

“(B) assist survivors of such violence;

“(C) hold perpetrators accountable for such violence; and

“(D) encourage all parties to the armed conflict to protect women and girls from violence.

“(C) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of State to meet the reporting requirements under this section—

“(1) \$2,500,000 for fiscal year 2008; and

“(2) \$500,000 for each of the fiscal years 2009 through 2012.

**“SEC. 300J. DATA COLLECTION.**

“(a) IN GENERAL.—The Coordinator of Women’s Global Initiatives, assisted by the Administrator of the United States Agency for International Development and the Director of the Women in Development Office, shall be responsible for researching, collecting, monitoring, and evaluating data related to efforts to prevent and respond to violence against women and girls internationally.

“(b) USE OF FUNDS.—Funds made available under this section may be used for the following purposes:

“(1) To collect and analyze data on the scope and extent of all forms of violence against women and girls, including underdocumented forms of violence and violence against marginalized groups. This work may include original research or analysis of existing data sets.

“(2) To help governments of countries systematically collect and analyze data on violence against women and girls, including both national surveys and data collected by service providers.

“(3) To use internationally comparable indicators, norms, and methodologies for measuring the scope, prevalence, and incidence of violence against women and girls.

“(4) To include data on violence against women and girls in national and international data collection efforts, including those administered and funded by the United States Agency for International Development, the Millennium Challenge Corporation, and the Centers for Disease Control and Prevention.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$20,000,000 for each of the fiscal years 2008 through 2012 to carry out the activities under this section.

**“SEC. 300K. ENHANCING UNITED STATES TRAINING OF FOREIGN MILITARY AND POLICE FORCES ON VIOLENCE AGAINST WOMEN AND GIRLS.**

“(a) PURPOSE.—The purpose of this section is to ensure that United States programs to train foreign military and police forces and judicial officials include instruction on preventing and responding to violence against women and girls internationally.

“(b) COVERED PROGRAMS.—The programs covered under this section include—

“(1) activities authorized under the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.); and

“(2) activities under section 1206 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163; 119 Stat. 3456) to build the capacity of foreign military and police forces to conduct counterterrorist operations or support military and stability operations in which the United States is participating.

“(c) AUTHORIZATION.—The Secretary of State and the Secretary of Defense, in consultation with the Coordinator of Women’s Global Initiatives, shall—

“(1) incorporate training on how to prevent and respond to violence against women and girls into the basic training curricula of foreign military and police forces and judicial officials; and

“(2) ensure that United States assistance to units involved in regional or multilateral

peacekeeping operations includes training on preventing and responding to violence against women and girls internationally.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$8,000,000 for each of the fiscal years 2008 through 2012 to carry out the activities under this section.

**“SEC. 300L. ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS IN HUMANITARIAN RELIEF, PEACEKEEPING, CONFLICT, AND POST-CONFLICT OPERATIONS.**

“(a) DEFINITIONS.—In this section, the term ‘Inter-Agency Standing Committee’ means the committee established in response to United Nations General Assembly Resolution 46/182 (1991).

“(b) ACTIVITIES OF THE DEPARTMENT OF STATE THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.—The Secretary of State and the Administrator of the United States Agency for International Development shall—

“(1) in consultation with the Coordinator of Women’s Global Initiatives, provide assistance to programs that prevent and respond to violence against women and girls in all humanitarian relief, conflict, and post-conflict operations, including—

“(A) building the capacity of nongovernmental organizations to address the special protection needs of women and children affected by humanitarian, conflict, or post-conflict operations;

“(B) supporting local and international nongovernmental initiatives to prevent, detect, and report violence against women and girls;

“(C) conducting protection and security assessments for refugees and internally displaced persons in camps or in communities to improve the design and security of camps, with special emphasis on the security of women and girls;

“(D) supporting efforts to reintegrate survivors of a humanitarian relief, conflict, or post-conflict operation through education, psychosocial assistance, trauma counseling, family and community reinsertion and reunification, and medical assistance; and

“(E) providing legal services for women and girls who are victims of violence during a humanitarian relief, conflict or post-conflict operation, including the collection of evidence for war crime tribunals and advocacy for legal reform; and

“(2) require that all grantees deployed in humanitarian relief, conflict, and post-conflict operations—

“(A) comply with the Inter-Agency Standing Committee’s Six Core Principles Relating to Sexual Exploitation and Abuse;

“(B) train all humanitarian workers in preventing and responding to violence against women and girls, including in the use of mechanisms to report violence against women and girls;

“(C) conduct appropriate public outreach to make known to the host community the mechanisms to report violence against women and girls; and

“(D) promptly and appropriately respond to reports of violence against women and girls and treat survivors in accordance with best practices regarding confidentiality.

“(c) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to the Department of State and the United States Agency for International Development \$40,000,000 for each of the fiscal years 2008 through 2010 for programs described in subsection (b)(1) that prevent and respond to violence against women and girls in humanitarian relief, conflict, and post-conflict operations, in addition to amounts otherwise available for such purposes.

“(2) FUNDING NOT AT EXPENSE OF OTHER HUMANITARIAN PROGRAMS.—Any amounts appro-

priated pursuant to paragraph (1) may not be provided at the expense of other humanitarian programs.

“(d) ACTIVITIES OF THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.—The Administrator of the United States Agency for International Development, in consultation with the Coordinator of Women’s Global Initiatives, shall designate and deploy, as appropriate, protection officers as an integral part of Disaster Assistance Response Teams to ensure that programs to prevent and address violence against women and girls are integrated into humanitarian relief, conflict, and post-conflict operations.

“(e) ACTIVITIES OF THE DEPARTMENT OF STATE.—Not later than 180 days after the date of the enactment of this title, the Secretary of State shall submit a report to Congress on efforts to—

“(1) require that all private military contracting firms hired by the Department of State for humanitarian relief, conflict, and post-conflict operations—

“(A) demonstrate a commitment to expanding the number and roles of women in such operations;

“(B) train all contractors who will be deployed to humanitarian relief, conflict, or post-conflict operations in preventing and responding to violence against women and girls, including in the use of mechanisms to report violence against women and girls;

“(C) conduct appropriate public outreach to make known to the host community the mechanisms to report violence against women and girls; and

“(D) promptly and appropriately respond to reports of violence against women and girls and treat survivors in accordance with best practices regarding confidentiality; and

“(2) assist women and girls formally involved in, or associated with, fighting forces as part of any multilateral or bilateral Disarmament, Demobilization, Rehabilitation and Reintegration efforts by providing—

“(A) protection and suitable separate facilities for women and girls in demobilization and transit centers;

“(B) equitable reintegration activities and opportunities to women and girls, including access to schooling, vocational training, employment, and childcare; and

“(C) essential medical care and psychosocial support for women and girls who are victims of gender-based violence.

“(f) ACTIVITIES OF THE DEPARTMENT OF DEFENSE.—The Secretary of Defense shall—

“(1) in consultation with the Coordinator of Women’s Global Initiatives and the Director of the Office of Military Affairs of the Bureau of Democracy, Conflict and Humanitarian Assistance of the United States Agency for International Development, provide training in preventing and responding to violence against civilian women and girls to all United States military personnel, military contractors, military observers, and military police forces who will be deployed to humanitarian relief, conflict, and post-conflict operations;

“(2) in consultation with the Coordinator of Women’s Global Initiatives and the Director of the Office of Military Affairs of the Bureau of Democracy, Conflict and Humanitarian Assistance, establish mechanisms for reporting incidences of violence against civilian women and girls by United States military personnel, military contractors, military observers, and police forces participating in humanitarian relief, peacekeeping, and post-conflict operations; and

“(3) establish appropriate public outreach to notify the civilian population of the mechanisms for reporting incidences of violence against civilian women and girls by United States military personnel, military

contractors, military observers, and police forces.

“(g) ADDRESSING VIOLENCE AGAINST CIVILIAN WOMEN AND GIRLS BY UNITED NATIONS PEACEKEEPERS.—

“(1) DEPARTMENT OF STATE ACTIVITIES.—The Secretary of State shall encourage member states of the United Nations—

“(A) to support expanding the number and roles of female officers in all United Nations peacekeeping missions, whether as military forces, civilian police, or military observers; and

“(B) to routinely put forward the names of qualified female candidates for senior United Nations military and civilian management positions, particularly for overseas missions.

“(2) SENSE OF CONGRESS REGARDING ACTIONS OF UNITED NATIONS PEACEKEEPERS.—It is the sense of Congress that the Secretary-General of the United Nations should continue to strengthen the existing ability of the United Nations Department of Peacekeeping Operations and the Department of Field Support to prevent and respond to violence against women and girls by United Nations military and civilian personnel by—

“(A) requiring that troop contributing countries properly train all soldiers on the United Nations guidelines regarding appropriate conduct towards civilians, in particular those guidelines that address violence against women and girls, before participation in United Nations peacekeeping missions;

“(B) supporting the expansion of the role and number of female officers in all United Nations peacekeeping missions, whether as military forces, civilian police, or military observers;

“(C) strongly encouraging all United Nations member states to routinely put forward the names of qualified female candidates for senior United Nations military and civilian management positions, particularly for overseas missions;

“(D) ensuring appropriate mechanisms are in place for individuals to safely bring allegations of violence against women and girls to the attention of United Nations peacekeeping mission commanders and the United Nations Office of Internal Oversight;

“(E) ensuring the capability and capacity for the United Nations Office of Internal Oversight to investigate all credible allegations of violence against women and girls timely and efficiently, and in a manner that protects the whistleblower;

“(F) improving informational programs for all United Nations personnel on their responsibility to prevent violence against women and girls and not to engage in acts of violence against women and girls;

“(G) demanding that troop contributing countries—

“(i) thoroughly investigate allegations of their nationals engaging in violence against women and girls while serving on United Nations peacekeeping missions; and

“(ii) punish those found guilty of such misconduct; and

“(H) continuing to permanently exclude individuals found to have engaged in violence against women and girls as well as troop contingent commanders and civilian managerial personnel complicit in such behavior, from participating in future United Nations peacekeeping missions.

“(h) EMERGENCY MEASURES FOR CRITICAL OUTBREAKS OF VIOLENCE DURING CONFLICT OR POST-CONFLICT OPERATIONS.—

“(1) EMERGENCY RESPONSE TO CRITICAL OUTBREAKS.—The Secretary of State, in consultation with the Coordinator of Women’s Global Initiatives, the Director of National Intelligence, and the Secretary of Defense, shall identify and take emergency measures to respond to critical outbreaks of violence

against women and girls in situations of armed conflict when it is determined that the violence is being used as a weapon of intimidation and abuse.

“(2) DETERMINATION.—Violence against women and girls shall be determined to be a ‘critical outbreak’ if—

“(A) a United States Government report, allied government information, or credible non-governmental or media accounts depict a widespread pattern of violence against women or girls, particularly rape and other forms of sexual abuse, that is escalating in the number of victims or brutality of attacks and that takes place in an environment of relative impunity; or

“(B) escalating violence against women or girls is part of an organized campaign by governmental or rebel forces or militias.

“(3) EMERGENCY MEASURES.—Not later than 180 days after the identification of a critical outbreak, the Secretary of State, in consultation with the Coordinator of Women’s Global Initiatives, the Director of National Intelligence, and the Secretary of Defense, shall develop emergency measures to respond to the outbreak identified under paragraph (1).

“(4) CONSULTATION.—In developing emergency measures under paragraph (1), the Secretary of State, with the assistance of the Coordinator, shall consult with—

“(A) nongovernmental organizations with demonstrated expertise working on preventing and addressing systematic violence against women and girls as a weapon of intimidation and abuse in situations of conflict and war; and

“(B) international organizations, such as the United Nations and its subsidiary funds, agencies, and programs, which are preventing and addressing systematic violence against women and girls as a weapon of intimidation and abuse in situations of conflict and war.

“(5) CONTENT.—The emergency measures developed under paragraph (1) shall include a description of—

“(A) the bilateral and multilateral diplomatic efforts that the Secretary of State will take to address the critical outbreak, including—

“(i) efforts with the government in which the violence is occurring, governments of the region in which the violence is occurring, and other allied governments; and

“(ii) efforts in international fora, such as the United Nations and its subsidiary agencies, funds and programs, including in the United Nations Security Council, as appropriate; and

“(B) the efforts by the United States Government to—

“(i) protect women and girls at risk in a critical outbreak region;

“(ii) urge all parties to the armed conflict to protect women and girls; and

“(iii) facilitate the prosecution of those responsible for the violence in a critical outbreak area.

“(6) NOTICE.—The Secretary of State shall notify Congress of efforts to respond to critical outbreaks, including a description of the bilateral and multilateral diplomatic efforts of the Department of State.

“(i) AUTHORIZATION OF APPROPRIATIONS.—In addition to amounts authorized to be appropriated under subsection (c), there is authorized to be appropriated such sums as may be necessary for emergency measures, including the expansion of reporting mechanisms and programs, for each critical outbreak of violence identified under this section.”.

### SEC. 103. INCLUSION OF INFORMATION ON VIOLENCE AGAINST WOMEN AND GIRLS IN HUMAN RIGHTS REPORTS.

Section 116(d) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151n(d)) is amended—

(1) in paragraph (10), by striking “; and” and inserting a semicolon;

(2) in paragraph (11)(C), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(12) wherever applicable, the nature and extent of violence against women and girls.”.

### TITLE II—OTHER PROVISIONS

#### SEC. 201. AMENDMENTS TO FOREIGN SERVICE ACT OF 1980.

(a) PERFORMANCE PAY.—Section 405 of the Foreign Service Act of 1980 (22 U.S.C. 3965) is amended by adding at the end the following:

“(f) PROMOTION OF HUMAN RIGHTS.—Service in the promotion of internationally recognized human rights, including preventing and responding to violence against women and girls, shall serve as a basis for the award of performance pay.”.

(b) FOREIGN SERVICE AWARDS.—Section 614 of the Foreign Service Act of 1980 (22 U.S.C. 4013) is amended by inserting “and preventing and responding to violence against women and girls” after “religion”.

(c) FOREIGN SERVICE TRAINING.—Chapter 2 of title I of the Foreign Service Act of 1980 is amended by adding at the end the following:

#### “SEC. 212. TRAINING FOR FOREIGN SERVICE OFFICERS.

“The Secretary of State, assisted by the Coordinator of Women’s Global Initiatives, shall include, as part of the standard training provided for officers of the Service (including chiefs of mission), instruction on international violence against women and girls, including domestic and sexual violence against women and girls in humanitarian relief, conflict, and post-conflict operations.”.

#### SEC. 202. SUPPORT FOR MULTILATERAL EFFORTS TO END VIOLENCE AGAINST WOMEN AND GIRLS.

There is authorized to be appropriated to the International Organizations and Programs Account \$5,000,000 for each of fiscal years 2008 through 2012 to support the United Nations Development Fund for Women Trust Fund in Support of Actions to Eliminate Violence Against Women.

#### SECTION-BY-SECTION SUMMARY OF THE INTERNATIONAL VIOLENCE AGAINST WOMEN ACT OF 2007

Sec. 1. Short Title.

Sec. 2. Table of Contents.

Sec. 3. Findings.—This section details the magnitude of the problem of violence against women and girls in families, communities, and countries around the world.

Sec. 4. Statement of Policy.—This section states that it is U.S. policy to promote women’s political, economic, educational, social, cultural, civil, and human rights and opportunities throughout the world and to prevent and respond to violence against women and girls.

Sec. 5. Definitions.—This section defines “violence against women as “any act of gender-based violence against women or girls committed because of their gender that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life.” (Identical to the widely-used, internationally-accepted definition.)

#### TITLE I: COORDINATION AND POLICY PLANNING

Sec. 101. Official Positions and Institutional Changes.—This section amends chapter 2, part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2166 et seq) by adding the following new title: “Title XIII—International

Prevention of Violence Against Women and Girls”.

Sec. 300A. Violence Against Women and Girls Defined.—“Violence against women” is defined in section 5 of the International Violence Against Women Act of 2007.

SUBTITLE A—OFFICIAL POSITIONS AND INSTITUTIONAL CHANGES

Sec. 300B. Office of Women’s Global Initiatives.—This section establishes an “Office of Women’s Global Initiatives” in the immediate office of the Secretary of State. The Coordinator of the Office of Women’s Global Initiatives (the “Coordinator”) will be appointed by the President with the advice and consent of the Senate and with the rank and status of Ambassador at Large. The Coordinator will design, oversee, and coordinate activities of the U.S. Government related to international women’s issues, including violence against women and girls, and will develop the comprehensive international strategy as provided in this bill. The Coordinator will integrate efforts to reduce violence against women into existing U.S. Government assistance programs; allocate new funding to new programs; design, integrate, and implement new programs; and monitor and evaluate all programs. This section authorizes the appropriation of \$15,000,000 for each of the fiscal years 2008–2012 to perform these office functions.

Sec. 300C. Women’s Global Development Office.—This section establishes the Office of Women’s Global Development within the United States Agency for International Development (USAID). The head of the office will be the Director of Women’s Global Development (the “Director”), who will be appointed by the President with the advice and consent of the Senate and will report directly to the Administrator. The Director will consult regularly with the Coordinator of the Office of Women’s Global Initiatives. The Director will integrate gender into USAID programs and activities and will ensure that efforts to prevent and respond to violence against women and girls are integrated into U.S. Government assistance programs. This section authorizes the appropriation of \$15,000,000 for each of the fiscal years 2008–2012 to perform these office functions.

Sec. 300D. Advisory Commission on International Violence Against Women and Girls.—This section establishes an Advisory Commission on International Violence Against Women in the Department of State. The Advisory Commission will be composed of the Coordinator of Women’s Global Initiatives, the Director of the Women’s Global Development Office, eight members appointed by the President, three members appointed by the President pro tempore of the Senate, and three members appointed by the Speaker of the House of Representatives. Members will have expertise in the issue of violence against women and girls internationally and will include representatives of nongovernmental organizations (NGOs), and academics. This section authorizes the appropriation of \$300,000 for each of fiscal years 2008–2012 to carry out the Commission’s activities.

Sec. 102. Policy and Programs.—This section adds the new subtitle: “Subtitle B—Policy and Programs”.

Sec. 300G. Comprehensive International Strategy to Reduce and Prevent Violence Against Women and Girls.—This section mandates the President, with the assistance of the Coordinator of Women’s Global Initiatives and the Director of the Women’s Global Development Office, within one year of the enactment of the Act, to submit to Congress a 5-year, comprehensive strategy to combat violence against women internationally.

The strategy will identify 10–20 low to middle income countries that have severe levels of gender-based violence. The strategy will describe the violence problems in each country and how the domestic and/or sexual violence is preventing sustainable progress in meeting humanitarian and/or development goals. The strategy will assess each country’s capacity for change and the necessary collaboration. For each country, the strategy will describe two or more new programs that will be implemented to address the gender-based violence. The strategy will explain the coordination with existing country programs, experts and organizations and will identify what U.S. government agencies will be involved for each country initiative. Finally, the strategy mandates monitoring, assessment and accountability mechanisms for each country’s programs.

As mentioned, the strategy will designate two or more programs to be implemented in each of the selected countries. This section sets forth a menu of possible, new gender-based violence program activities within five different sectors—legal reform and judicial protection, health care initiatives, public awareness campaigns, economic improvements and increasing educational opportunities.

Sec. 300H. Assistance to Reduce Violence Against Women and Girls Internationally.—This section authorizes the Coordinator to incorporate measures combating violence against women into existing acts and government legislation. It gives the Coordinator authority to provide annually \$175 million of new funding to federal agencies, NGOs, community-based organizations, foreign governments, and multilateral institutions seeking to prevent and to reduce violence against women through the activities described in the international strategy.

Sec. 300I. Annual Report on International Violence Against Women and Girls.—This section determines that, not more than one year after the enactment of this Act, the Secretary, with the assistance of the Coordinator and the Director, will submit an annual report to Congress on the U.S. progress to end international violence against women and girls. The report will incorporate the comprehensive international strategy and detail the progress of the grant programs, the collaboration with multinational organizations, the training administered to humanitarian and military forces on gender-based violence, and the status of best practices developed to address the violence. This section authorizes the appropriation of \$2,500,000 for the year 2008 and \$500,000 for each of fiscal years 2009–2012 to generate the report.

Sec. 300J. Data Collection, Research, Monitoring, and Evaluation.—This section states that the Coordinator, with the assistance of the Administrator of USAID and the Director of the Women’s Global Development Office, is responsible for researching, collecting, monitoring, and evaluating data on the effectiveness of programs designed as part of the global strategy to address violence against women and girls. Funds will be used to conduct national surveys and original research, and to monitor the effectiveness of new and existing programs. This section authorizes the appropriation of \$20,000,000 to carry out the activities listed.

Sec. 300K. Enhancing United States Training of Foreign Military and Police Forces on Violence Against Women and Girls.—This section mandates that the Secretary of State and the Secretary of Defense report to Congress on efforts to incorporate instruction on preventing and responding to violence against women and girls in all basic training curricula of foreign military and police forces and judicial officials, and that such training shall be a component of all U.S. as-

sistance to regional or multilateral peacekeeping units. Under this section, \$8,000,000 is authorized for each of fiscal years 2008–2012 to carry out such training activities.

Sec. 300L. Addressing Violence Against Women and Girls in Humanitarian Relief, Peacekeeping, Conflict, and Post-Conflict Operations.—This section increases the ability of the United States Agency for International Development, the Department of State and the Department of Defense to prevent and address violence against women and girls in humanitarian relief, peacekeeping, conflict and post-conflict operations.

Programs and grantee training.—Under this section, the Secretary of State and Administrator of USAID shall include programs to prevent and respond to violence against women and girls in all humanitarian relief, conflict, and post-conflict operations under their authority. There is authorized to be appropriated \$40,000,000 for each of fiscal years 2008–2012 to carry out such activities.

The Secretary of State and Administrator of USAID shall also require that all grantees that are deployed in such operations comply with the Inter-Agency Standing Committee Guidelines for Gender-Based Violence, and train all humanitarian workers in preventing and responding to violence against women and girls. Such training shall include the use of mechanisms to report violence against women and girls. Grantees shall be required to conduct public outreach campaigns to make known to the host community the mechanisms to report incidents of violence against women and girls, promptly respond to reports of such violence, and treat survivors confidentially.

Disaster Assistance Response Teams (DARTS).—This section also mandates that the Administrator of USAID deploy, as appropriate, protection officers as part of Disaster Assistance Response Teams (DART) to implement programs to prevent and address violence against women and girls.

State Department Report on Private Military Contractors and DDR efforts.—Under this section, the Secretary of State is required to submit a report outlining the Department’s efforts to require that all private military contracting firms hired for humanitarian relief, conflict, and post-conflict operations demonstrate a commitment to expanding the number and role of women, and train all contractors in preventing and responding to violence against women and girls, including in the use of mechanisms to report such violence.

The report shall also include information on the Department’s efforts to establish programs to assist women and girls as part of any multilateral or bilateral Disarmament, Demobilization, Rehabilitation and Reintegration [DDRR] programs.

Emergency Measures to respond to violence in Armed Conflict.—This section requires the Secretary of State to take emergency measures to identify and respond to “critical outbreaks” of violence against women and girls being used as a weapon of intimidation and abuse in situations of conflict and war, and shall notify Congress with a description, including bilateral and multilateral efforts with the government in which the violence is occurring, and governments of the surrounding region.

Department of Defense Training.—This section requires the Secretary of Defense to provide training in preventing and responding to violence against civilian women and girls to all United States military personnel and contractors who will be deployed to humanitarian relief, conflict, and post-conflict operations. The training must include mechanisms for reporting incidences of violence, as well as public outreach to make known to the civilian population the mechanisms.

Sense of the Senate Concerning U.N. Peacekeepers.—This section expresses the Sense of the Senate that the UN Secretary General should strengthen the United Nations' capability to prevent and respond to violence against civilian women and girls by United Nations Peacekeepers.

Sec. 104. Inclusion of Information on Violence Against Women and Girls in Human Rights Reports.—This section amends Section 116(d) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151n) to include a description of the nature and extent of violence against women in the Department of State's annual Human Rights Report.

TITLE II: OTHER PROVISIONS

Sec. 201. Amendments to Foreign Service Act of 1980.—This section amends Section 405 of the Foreign Service Act of 1980 (22 U.S.C. 3965) to provide that service in the promotion of human rights, including the rights of women and girls, will serve as a basis for performance pay.

Sec. 212. Training for Foreign Service Officers.—This section amends Chapter 2 of title I of the Foreign Service Act of 1980 to provide for training for foreign service officers on international violence against women.

Sec. 202. Support For Multilateral Efforts to End Violence Against Women and Girls.—This section authorizes the appropriation of \$5,000,000 for each of fiscal years 2008–2012 to the United Nations Development Fund for Women (UNIFEM) Trust Fund in Support of Actions to Eliminate Violence Against Women.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 361—TO PERMIT THE COLLECTION OF DONATIONS IN SENATE BUILDINGS TO BE SENT TO UNITED STATES MILITARY PERSONNEL ON ACTIVE DUTY OVERSEAS PARTICIPATING IN OR IN SUPPORT OF OPERATION IRAQI FREEDOM, OPERATION ENDURING FREEDOM, AND THE WAR ON TERRORISM

Mr. McCONNELL (for himself, Mr. REID, and Mr. BENNETT) submitted the following resolution; which was considered and agreed to:

S. RES. 361

Resolved,

SECTION 1. COLLECTION OF DONATIONS TO UNITED STATES MILITARY PERSONNEL.

(a) IN GENERAL.—Notwithstanding any other provision of the rules or regulations of the Senate—

(1) a Senator, officer, or employee of the Senate may collect from another Senator, officer, or employee of the Senate within Senate buildings nonmonetary donations to be sent to United States military personnel on active duty overseas participating in or in support of Operation Iraqi Freedom, Operation Enduring Freedom, and the war on terrorism; and

(2) a Senator, officer, or employee of the Senate may work with a nonprofit organization with respect to the delivery of donations that are collected as described in paragraph (1).

(b) EFFECTIVE PERIOD.—This resolution shall be in effect until December 31, 2007.

SENATE RESOLUTION 362—RECOGNIZING 2007 AS THE YEAR OF THE 100TH ANNIVERSARY OF THE AMERICAN SOCIETY OF AGRONOMY

Mr. HARKIN (for himself and Mr. CHAMBLISS) submitted the following resolution; which was considered and agreed to:

S. RES. 362

Whereas the American Society of Agronomy was founded on December 31, 1907, with Mark A. Carleton as the first President of the Society;

Whereas the American Society of Agronomy is one of the premier scientific societies in the world, as demonstrated by first-class journals, international and regional meetings, and development of a broad range of educational opportunities;

Whereas the science and scholarship of the American Society of Agronomy are mission-directed, and seek to foster exploration and application of agronomic science, with the goal of increasing and disseminating knowledge concerning the nature, use, improvement, and interrelationships of plants, soil, water, and the environment;

Whereas the American Society of Agronomy strives to obtain that goal by promoting effective research, disseminating scientific information, facilitating technology transfer, fostering high standards of education, striving to maintain high standards of ethics, promoting advancements in the agronomy profession, and cooperating with other organizations with similar objectives;

Whereas the American Society of Agronomy significantly contributes to the scientific and technical knowledge necessary to protect and sustain natural resources in the United States;

Whereas the American Society of Agronomy has a critical international role in developing sustainable agricultural management standards for the protection of land resources;

Whereas the mission of the American Society of Agronomy continues to expand, from the development of sustainable production of food, fiber, and forage, to the production of renewable energy and biobased industrial products;

Whereas the American Society of Agronomy certifies a body of professional Certified Crop Advisors and Certified Professional Agronomists who work closely with agricultural producers to develop nutrient management plans that are designed to minimize environmental risk in production agriculture;

Whereas, in industry, extension, and basic research, the American Society of Agronomy has fostered a dedicated professional and scientific community that, in 2007, includes more than 8,015 members and 13,015 certified crop advisor professionals; and

Whereas the American Society of Agronomy was the parent society that led to the formation of both the Crop Science Society of America and the Soil Science Society of America and later fostered the common overall management of these 3 related societies: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes 2007 as the 100th anniversary year of the American Society of Agronomy;

(2) commends the American Society of Agronomy for 100 years of dedicated service to advance the science and practice of agronomy; and

(3) acknowledges the promise of the American Society of Agronomy to continue to enrich the lives of all citizens, by improving stewardship of the environment, combating world hunger, and enhancing the quality of life for the next 100 years and beyond.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3491. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table.

SA 3492. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, supra; which was ordered to lie on the table.

SA 3493. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, supra; which was ordered to lie on the table.

SA 3494. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, supra; which was ordered to lie on the table.

SA 3495. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, supra; which was ordered to lie on the table.

SA 3496. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 3963, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3491. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 3963, to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

TITLE \_\_\_—HEALTH CARE CHOICE

SEC. 01. SHORT TITLE.

This title may be cited as "Health Care Choice Act of 2007".

SEC. 02. SPECIFICATION OF CONSTITUTIONAL AUTHORITY FOR ENACTMENT OF LAW.

This title is enacted pursuant to the power granted Congress under article I, section 8, clause 3, of the United States Constitution.

SEC. 03. FINDINGS.

Congress finds the following:

(1) The application of numerous and significant variations in State law impacts the ability of insurers to offer, and individuals to obtain, affordable individual health insurance coverage, thereby impeding commerce in individual health insurance coverage.

(2) Individual health insurance coverage is increasingly offered through the Internet, other electronic means, and by mail, all of which are inherently part of interstate commerce.

(3) In response to these issues, it is appropriate to encourage increased efficiency in the offering of individual health insurance coverage through a collaborative approach by the States in regulating this coverage.

(4) The establishment of risk-retention groups has provided a successful model for the sale of insurance across State lines, as the acts establishing those groups allow insurance to be sold in multiple States but regulated by a single State.

SEC. 04. COOPERATIVE GOVERNING OF INDIVIDUAL HEALTH INSURANCE COVERAGE.

(a) IN GENERAL.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended by adding at the end the following new part: