study child participants; to the Committee on Finance.

By Mr. AKAKA (for himself, Mr. BURR, Mr. ROCKEFELLER, Mrs. MURRAY, Mr. SANDERS, Mr. BROWN, Mr. WEBB, Mr. TESTER, Mr. BEGICH, Mr. BURRIS, Mr. SPECTER, Mr. ISAKSON, Mr. WICKER, Mr. JOHANNS, and Mr. GRAHAM):

S. 407. A bill to increase, effective as of December 1, 2009, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. INOUYE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. CONRAD, Mr. DORGAN, and Mr. AKAKA):

S. 408. A bill to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children; to the Committee on Health, Education, Labor, and Pensions.

By Mr. LEAHY (for himself, Mr. COCHRAN, and Mr. DODD):

S.J. Res. 8. A joint resolution providing for the appointment of David M. Rubenstein as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on Rules and Administration.

By Mr. LEAHY (for himself, Mr. COCHRAN, and Mr. DODD):

S.J. Res. 9. A joint resolution providing for the appointment of France A. Cordova as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on Rules and Administration.

ADDITIONAL COSPONSORS

S. 213

At the request of Mrs. BOXER, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 213, a bill to amend title 49, United States Code, to ensure air passengers have access to necessary services while on a grounded air carrier, and for other purposes.

S. 332

At the request of Mr. BROWNBACK, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 332, a bill to establish a comprehensive interagency response to reduce lung cancer mortality in a timely manner.

S. 371

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 BENNET) was withdrawn as a cosponsor of S. 371, a bill to amend chapter 44 of title 18, United States Code, to allow citizens who have concealed carry permits from the State in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

S. 388

At the request of Ms. MIKULSKI, the names of the Senator from Hawaii (Mr. INOUYE), the Senator from South Dakota (Mr. THUNE), and the Senator from Louisiana (Ms. LANDRIEU) were added as cosponsors of S. 388, a bill to extend the termination date for the exemption of returning workers from the numerical limitations for temporary workers.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. SNOWE (for herself, Mr. BAUCUS, Mrs. LINCOLN, Mr. BURR, and Ms. COLLINS):

S. 402. A bill to improve the lives of our Nation's veterans and their families and provide them with the opportunity to achieve the American dream; to the Committee on Veterans' Affairs.

Ms. SNOWE. Mr. President, I rise today with Senator BAUCUS, Senator LINCOLN, Senator BURR, and Senator COLLINS to introduce the Keeping Our Promise to America's Military Veterans Act. Quite simply, my colleagues and I strongly believe that Congress must remain focused on fully supporting our veterans and their families in the 111th Congress. As we begin this new Congress, our legislative priorities should reflect the unending gratitude of the American people for the sacrifices of our veterans and their families in defending the Nation and our way of life.

To date, the war on terrorism has already generated nearly 1 million discharged veterans and their ranks will grow with nearly 300,000 new veterans per year. The Congress must not waver in our commitment of support for their service, as well as the service and sacrifices of each of our citizens who have taken that extra step and donned the uniform of this great Nation. The bill that we are introducing would express the sense of Congress that legislation should be enacted in the 111th Congress to improve the lives of our Nation's veterans and their families and provide them with the opportunity to achieve the American dream, including legislation to assure funding for medical care and for timely and accurate adjudication of all benefit claims, to assure accesses to high quality treatment for PTSD and TBI conditions, and to assure a seamless transition for veterans and their families from military to civilian life.

As we consider legislation for this Congress, I point out, for example, the problem of providing the VA health care system with funding in a timely and predictable manner. With the exception of last year, VA appropriations have historically not met this simple standard. To correct this problem, I have supported, and will continue to support measures to make VA appropriations mandatory, or to provide advance appropriations to the VA. Neither are new budget concepts, but rather a means of achieving timely, predictable, and sufficient funding of VA health care via the current annual appropriations process. I joined with a number of senators in the last Congress, including then-Senator Barack Obama, on legislation to provide advance appropriations to the VA, and will continue to work to this end in the 111th.

Of the many challenges on which this Congress must act in the weeks and months ahead, we believe that it is imperative that we not waver in our support for our Nation's veterans and their families. I sincerely hope that my colleagues will join Senator BAUCUS, Senator LINCOLN, Senator BURR, Senator COLLINS, and me and offer their support for this important legislation.

By Mr. AKAKA (for himself and Mr. BURRIS):

S. 404. A bill to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, today I introduce legislation to correct a deficiency in the law governing health care for veterans. Under current law, originally enacted on November 30, 1999, a veteran who is enrolled in VA's health care system can be reimbursed for emergency treatment received at a non-VA hospital. However, the statute only permits such VA reimbursement if the veteran has no other outside health insurance, no matter how limited that other coverage might be.

This sole payor provision means that a veteran who has any insurance is not entitled to reimbursement from VA for emergency medical treatment received at a non-VA facility. This is true even if the veteran's insurance policy does not cover the full amount owed.

The bill I am introducing would amend current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that any outside insurance does not cover the full amount of the emergency care. VA would be authorized to cover the difference between the amount the veteran's insurance will pay and the total cost of care. In essence, VA would become the payor of last resort in such cases. This would keep the veteran from being burdened by exorbitant medical fees with no insurance with which to pay them.

In addition to amending current law in a prospective manner, this legislation would also allow the Secretary of Veterans Affairs to retroactively apply this law to emergency treatment received between the effective date of the current law and the date of enactment of the legislation I am introducing today.

One example of the sort of case to which this discretionary authority might apply is one that came to the Committee's attention involving a disabled Vietnam veteran who was in a serious motorcycle accident which led to a medical bill for emergency room care of over $100,000. This veteran, who lived in Illinois, had state mandated auto insurance which included a medical benefit of $10,000. Since he had this other insurance, VA was precluded from paying for his care and the veteran was personally responsible for the difference between the amount covered by his state-required policy and the total charge for his care. Had this veteran

had no insurance at all, VA would have paid the entire amount.

I urge our colleagues to cosponsor this legislation and to work with me and the other members of the Veterans' Affairs Committee to address this gap in VA benefits.

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. 404

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 ''Veterans' Emergency Care Fairness Act of 2009''.

SEC. 2. EXPANSION OF VETERAN ELIGIBILITY FOR REIMBURSEMENT BY SECRETARY OF VETERANS AFFAIRS FOR EMERGENCY TREATMENT FURNISHED IN A NON-DEPARTMENT FACILITY.

(a) EXPANSION OF ELIGIBILITY.—Subsection (b)(3)(C) of section 1725 of title 38, United States Code, is amended by striking '', in whole or in part,''.

(b) LIMITATIONS ON REIMBURSEMENT.—Such section 1725 is further amended—

(1) in subsection (c), by adding at the end the following new paragraph:

''(4)(A) If the veteran has contractual or legal recourse against a third party that would, in part, extinguish the veteran's liability to the provider of the emergency treatment and payment for the treatment may be made both under subsection (a) and by the third party, the amount payable for such treatment under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount payable or paid by the third party, except that the amount payable may not exceed the maximum amount payable established under paragraph (1)(A).

''(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

''(C) A payment in the amount payable under subparagraph (A) shall be considered payment in full and shall extinguish the veteran's liability to the provider.

''(D) The Secretary may not reimburse a veteran under this section for any copayment or similar payment that the veteran owes the third party or for which the veteran is responsible under a health-plan contract.''; and

(2) in subsection (f)(3)—

(A) in subparagraph (A), by inserting before the period at the end the following: '', including the Secretary of Health and Human Services with respect to the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.)''; and

(B) in subparagraph (B), by inserting before the period at the end the following: '', including a State Medicaid agency with respect to payments made under a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.)''.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act, and shall apply with respect to emergency treatment furnished on or after the date of the enactment of this Act.

(2) REIMBURSEMENT FOR TREATMENT BEFORE EFFECTIVE DATE.—The Secretary may provide reimbursement under section 1725 of title 38, United States Code, as amended by subsection (a) and (b) for emergency treatment furnished before the date of the enactment of this Act if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.

By Mr. LEAHY (for himself, Mr. BENNETT, Mr. BAYH, Mrs. BOXER, Mr. BROWN, Mr. COCHRAN, Mr. DODD, Mr. DURBIN, Mr. JOHNSON, Mr. KENNEDY, Mr. SANDERS, Mr. SCHUMER, and Mr. WHITEHOUSE):

S. 405. A bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor; to the Committee on Finance.

Mr. LEAHY. Mr. President, today we reintroduce the Artist-Museum Partnership Act, and once again, I am pleased to be joined in this effort by my good friend Senator BENNETT from Utah.

This bipartisan legislation would enable our country to keep cherished art works in the United States and to preserve them in our public institutions. At the same time, this legislation will erase an inequity in our tax code that currently serves as a disincentive for artists to donate their works to museums and libraries. We have introduced this same bill in each of the past five Congresses, and I am hopeful that this will be our year. In the past, our bill has been included in the Senate-passed version of the 2001 tax reconciliation bill, the Senate-passed version of the 2003 Charity Aid, Recovery, and Empowerment Act, and the Senate-passed version of the 2005 tax reconciliation bill. I would like to thank Senators BAYH, BOXER, BROWN, COCHRAN, DODD, DURBIN, JOHNSON, KENNEDY, SANDERS, SCHUMER, and WHITEHOUSE for cosponsoring this non-partisan bill.

Our bill is sensible and straightforward. It would allow artists, writers, and composers to take a tax deduction equal to the fair market value of the works they donate to museums and libraries. This is something that collectors who make similar donations are already able to do. Under current law, artists who donate self-created works are only able to deduct the cost of supplies such as canvas, pen, paper and ink, which does not even come close to their true value. This is unfair to artists, and it hurts museums and libraries large and small that are dedicated to preserving works for posterity. If we as a nation want to ensure that works of art created by living artists are available to the public in the future for study and for pleasure this is something that artists should be allowed to do.

In my State of Vermont, we are incredibly proud of the great works produced by hundreds of local artists who choose to live and work in the Green Mountain State. Displaying their creations in museums and libraries helps develop a sense of pride among Vermonters, and strengthens a bond with Vermont, its landscape, its beauty, and its cultural heritage. Anyone who has contemplated a painting in a museum or examined an original manuscript or composition, and has gained a greater understanding of both the artist and the subject as a result, knows the tremendous value of these works. I would like to see more of them, not fewer, preserved in Vermont and across the country.

Prior to 1969, artists and collectors alike were able to take a deduction equivalent to the fair market value of a work, but Congress changed the law with respect to artists in the Tax Reform Act of 1969. Since then, fewer and fewer artists have donated their works to museums and cultural institutions. For example, prior to the enactment of the 1969 law, Igor Stravinsky planned to donate his papers to the Music Division of the Library of Congress. But after the law passed, his papers were sold instead to a private foundation in Switzerland. We can no longer afford this massive loss to our cultural heritage. Losses to the public like this are an unintended consequence of the 1969 tax bill that should be corrected.

Congress changed the law for artists more than 30 years ago in response to the perception that some taxpayers were taking advantage of the law by inflating the market value of self-created works. Since that time, however, the government has cut down significantly on the abuse of fair market value determinations.

Under our legislation, artists who donate their own paintings, manuscripts, compositions, or scholarly compositions would be subject to the same new rules that all taxpayer/collectors who donate such works must now follow. This includes providing relevant information as to the value of the gift, providing appraisals by qualified appraisers, and, in some cases, subjecting them to review by the Internal Revenue Service's Art Advisory Panel.

In addition, donated works must be accepted by museums and libraries, which often have strict criteria in place for works they intend to display. The institution must certify that it intends to put the work to a use that is related to the institution's tax exempt status. For example, a painting contributed to an educational institution must be used by that organization for educational purposes and could not be sold by the institution for profit. Similarly, a work could not be donated to a hospital or other charitable institution that did not intend to use the work in a manner related to the function constituting the recipient's exemption under Section 501 of the tax code. Finally, the fair market value of the work could only be deducted from the portion of the artist's income that has come from the sale of similar works or related activities.

This bill would also correct another disparity in the tax treatment of self-created works—how the same work is treated before and after an artist's death. While living artists may only deduct the material costs of donations, donations of those same works after death are deductible from estate taxes at the fair market value of the work. In addition, when an artist dies, works that are part of his or her estate are taxed on the fair market value.

I want to thank my colleagues again for cosponsoring this bipartisan legislation. The time has come for us to correct an unintended consequence of the 1969 law and encourage rather than discourage the donations of art works by their creators. This bill will make a crucial difference in an artist's decision to donate his or her work, rather than sell it to a private party where it may become lost to the public forever.

Mr. President, I ask unanimous cnsent 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. 405

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 ''Artist-Museum Partnership Act''.

SEC. 2. CHARITABLE CONTRIBUTIONS OF CERTAIN ITEMS CREATED BY THE TAXPAYER.

(a) IN GENERAL.—Subsection (e) of section 170 of the Internal Revenue Code of 1986 (relating to certain contributions of ordinary income and capital gain property) is amended by adding at the end the following new paragraph:

''(8) SPECIAL RULE FOR CERTAIN CONTRIBUTIONS OF LITERARY, MUSICAL, OR ARTISTIC COMPOSITIONS.—

''(A) IN GENERAL.—In the case of a qualified artistic charitable contribution—

''(i) the amount of such contribution shall be the fair market value of the property contributed (determined at the time of such contribution), and

''(ii) no reduction in the amount of such contribution shall be made under paragraph (1).

''(B) QUALIFIED ARTISTIC CHARITABLE CONTRIBUTION.—For purposes of this paragraph, the term 'qualified artistic charitable contribution' means a charitable contribution of any literary, musical, artistic, or scholarly composition, or similar property, or the copyright thereon (or both), but only if—

''(i) such property was created by the personal efforts of the taxpayer making such contribution no less than 18 months prior to such contribution,

''(ii) the taxpayer—

''(I) has received a qualified appraisal of the fair market value of such property in accordance with the regulations under this section, and

''(II) attaches to the taxpayer's income tax return for the taxable year in which such contribution was made a copy of such appraisal,

''(iii) the donee is an organization described in subsection (b)(1)(A),

''(iv) the use of such property by the donee is related to the purpose or function constituting the basis for the donee's exemption under section 501 (or, in the case of a governmental unit, to any purpose or function described under subsection (c)),

''(v) the taxpayer receives from the donee a written statement representing that the donee's use of the property will be in accordance with the provisions of clause (iv), and

''(vi) the written appraisal referred to in clause (ii) includes evidence of the extent (if any) to which property created by the personal efforts of the taxpayer and of the same type as the donated property is or has been—

''(I) owned, maintained, and displayed by organizations described in subsection (b)(1)(A), and

''(II) sold to or exchanged by persons other than the taxpayer, donee, or any related person (as defined in section 465(b)(3)(C)).

''(C) MAXIMUM DOLLAR LIMITATION; NO CARRYOVER OF INCREASED DEDUCTION.—The increase in the deduction under this section by reason of this paragraph for any taxable year—

''(i) shall not exceed the artistic adjusted gross income of the taxpayer for such taxable year, and

''(ii) shall not be taken into account in determining the amount which may be carried from such taxable year under subsection (d).

''(D) ARTISTIC ADJUSTED GROSS INCOME.—For purposes of this paragraph, the term 'artistic adjusted gross income' means that portion of the adjusted gross income of the taxpayer for the taxable year attributable to—

''(i) income from the sale or use of property created by the personal efforts of the taxpayer which is of the same type as the donated property, and

''(ii) income from teaching, lecturing, performing, or similar activity with respect to property described in clause (i).

''(E) PARAGRAPH NOT TO APPLY TO CERTAIN CONTRIBUTIONS.—Subparagraph (A) shall not apply to any charitable contribution of any letter, memorandum, or similar property which was written, prepared, or produced by or for an individual while the individual is an officer or employee of any person (including any government agency or instrumentality) unless such letter, memorandum, or similar property is entirely personal.

''(F) COPYRIGHT TREATED AS SEPARATE PROPERTY FOR PARTIAL INTEREST RULE.—In the case of a qualified artistic charitable contribution, the tangible literary, musical, artistic, or scholarly composition, or similar property and the copyright on such work shall be treated as separate properties for purposes of this paragraph and subsection (f)(3).''.

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

Mr. BENNETT. Mr. President, I am proud to join the Senator from Vermont today to introduce the Artist-Museum Partnership Act. He and I have introduced this legislation in the past, and we hope that our colleagues will see this bill for what it is: a reasonable solution to an unintentional inequity in our Tax Code.

This legislation would allow living artists to deduct the fair-market value of their art work when they contribute their work to museums or other public institutions. As the Tax Code is currently written, art collectors are able to deduct the fair market value of any piece of art they donate to a museum, but the artist who created the work is only able to deduct the material cost, which may be nothing more than a canvas, a tube of paint, and a wooden frame, if he or she donated their art to a museum. Thus, there exists a disincentive for artists to donate their work to museums. The solution is simple: treat collectors and artists the same way. This bill would do just that.

Certainly, this bill would benefit artists, but more importantly, the beneficiaries would be the museums that would receive the artwork and the general public who would be able to view it in a timely manner. This change in the Tax Code would increase the number of original pieces donated to public institutions, giving scholars greater access to an artist's work during the lifetime of that artist, as well as provide for an increase in the public display of such work.

I would like to thank Senator LEAHY for his work on this bill. I urge my colleagues to support this commonsense legislation. The benefit of the Artist-Museum Partnership Act to our Nation's cultural and artistic heritage cannot be overstated. This minor correction to the Tax Code is long overdue, and the Senate should act on this legislation to remedy the problem.

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

S. 406. A bill to amend title XIX of the Social Security Act to provide Medicaid coverage of drugs prescribed for certain research study child participants; to the Committee on Finance.

Mr. SPECTER. Mr. President, I have sought recognition today to introduce Nino's Act, to provide for the continuance of successful treatment for children who are required to leave National Institutes of Health, NIH, research studies. The NIH provides the greatest medical research in the world on innumerable diseases, including cancer, Alzheimer's, Parkinson's. The NIH also conducts excellent research on diseases that affect children. To conduct that research many brave children must partake in research studies including observational, or natural history, studies and clinical trials to test experimental therapies. This participation is critical to understanding diseases and ultimately finding cures at the NIH.

To participate in the trials and studies, children and their families often make considerable sacrifices. Families will travel great distances to receive treatment that may provide relief from the child's illness. In many cases, parents and doctors will have tried many treatments for the child's disease about which little may be known or understood. The NIH studies represent an opportunity for both the medical community to learn more about the disease and the child to be studied and potentially treated by the best researchers in the world.

When the experimental treatments are successful, it is cause for great celebration for the child. The joy, however, can end quickly as the studies come to end but the children who have been part of them continue to be stricken by these terrible illnesses.

Nino's Act seeks to transition children out of the NIH studies as they end so they don't experience a gap in their important treatment. This legislation continues the successful treatment initiated in NIH studies by providing access to the same prescription drugs for children who are required to leave NIH clinical studies due to the studies ending, researcher leaving, or other reason. Often drugs that are used successfully in these studies have not yet been approved by the Food and Drug Administration or have not been approved for treatment of the child's specific disease. As such, it is nearly impossible for children to get access or insurance coverage for these drugs. This bill makes that access possible by requiring Medicaid to cover the cost of treatment in the event that the children's health insurance does not.

On occasion, insurers will cover the cost of the treatment for these children if they have adequate insurance and the FDA has approved the drug for off-label uses. More often than not, however, children do not have health insurance, or have insufficient insurance to obtain these drugs. As a result, children suffer their diseases without relief from the treatment as established in the clinical NIH studies. To ensure that these children have access to successful care post-study, Nino's Act requires Medicaid to cover the cost of treatment for these children. While Medicaid access is traditionally based on income, due to the importance of these drugs to the child's well-being the income component will be waived. To ensure Medicaid is not unnecessarily covering medication, Nino's Act requires the physicians participating in the research to certify the treatment as successful and essential.

This important issue was introduced to me by Lori Todaro of Newville, PA. Lori's son Nino suffers from Undifferentiated Auto-Inflammatory Periodic Fever Syndrome. This disease takes a devastating toll on those who suffer from it. The auto-inflammatory disease can cause joint inflammation arthritis, Crohns, colitis, irritable bowel syndrome, and cyclical high fevers. Treatment for Periodic Fever Syndrome is experimental at best; Lori and Nino have visited a number of doctors and tried many medications in an effort to control the disease.

In 2003, Nino was fortunate to be selected to take part in an observational study at NIH in Bethesda, Maryland for Undifferentiated Auto-Inflammatory Periodic Fever Syndrome. During the course of the study, Nino was given a new medication and his condition greatly improved. Before he participated in the study he was being fitted for wheelchairs and was home schooled because his symptoms were so disruptive and unpredictable. The NIH treatment allowed him to resume a normal life and enabled him to attend school and play soccer. While Nino's treatment was successful he could not remain part of the study indefinitely and was encouraged to seek coverage for his treatments through his private insurer. Initially, the Todaro's insurer would not agree to cover the cost of the experimental drug and only after an intense lobbying effort by Lori, did the insurer agree to cover Nino's prescriptions.

Nino's story is a successful one, but also serves to highlight the issue that children and their families are facing as they transition out of NIH studies. For many, NIH trials are a source of hope for relief from the worst diseases known to man. The excellent doctors and research teams at NIH make invaluable contributions to our understanding of complex and debilitating diseases. This legislation seeks to amplify the NIH's contributions by allowing America's sickest children to continue their successful treatment under Medicaid coverage. I encourage my colleagues to work with Senator CASEY and me to move this legislation forward promptly.

By Mr. AKAKA (for himself, Mr. BURR, Mr. ROCKEFELLER, Mrs. MURRAY, Mr. SANDERS, Mr. BROWN, Mr. WEBB, Mr. TESTER, Mr. BEGICH, Mr. BURRIS, Mr. SPECTER, Mr. ISAKSON, Mr. WICKER, Mr. JOHANNS, and Mr. GRAHAM):

S. 407. A bill to increase, effective as of December 1, 2009, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, today, as Chairman of the Senate Committee on Veterans' Affairs, I introduce the Veterans' Compensation Cost-of-Living Adjustment Act of 2009. This measure would direct the Secretary of Veterans Affairs to increase, effective December 1, 2009, the rates of veterans' compensation to keep pace with the rising cost-of-living in this country. The rate adjustment is equal to that provided on an annual basis to Social Security recipients and is based on the Consumer Price Index.

All of my colleagues on the Committee on Veterans' Affairs, including Senators BURR, ROCKEFELLER, MURRAY, SANDERS, BROWN, WEBB, TESTER, BEGICH, BURRIS, SPECTER, ISAKSON, WICKER, JOHANNS, and GRAHAM join me in introducing this important legislation. I appreciate their continued support of our nation's veterans.

Congress regularly enacts an annual cost-of-living adjustment for veterans' compensation in order to ensure that inflation does not erode the purchasing power of the veterans and their families who depend upon this income to meet their daily needs. This past year Congress passed, and the President signed into law, Public Law 110–324, which resulted in a COLA increase of 5.8 percent for 2009. The 2010 COLA has not yet been determined.

The COLA affects, among other benefits, veterans' disability compensation and dependency and indemnity compensation for surviving spouses and children. Many of the more than 3 million recipients of those benefits depend upon these tax-free payments not only to provide for their own basic needs, but those of their spouses and children as well. Without an annual COLA increase, these veterans and their families would see the value of their hard-earned benefits slowly diminish, and we, as a Congress, would be neglecting our duty to ensure that those who sacrificed so much for this country receive the benefits and services to which they are entitled.

It is important that we view veterans' compensation, including the annual COLA, and indeed all benefits earned by veterans, as a continuing cost of war. It is clear that the ongoing conflicts in Iraq and Afghanistan will continue to result in injuries and disabilities that will yield an increase in claims for compensation. Currently, there are nearly 3 million veterans in receipt of VA disability compensation.

Disbursement of disability compensation to our nation's veterans constitutes one of the central missions of the Department of Veterans Affairs. It is a necessary measure of appreciation afforded to those veterans whose lives were forever altered by their service to this country.

I urge our colleagues to support passage of this COLA increase. I also ask our colleagues for their continued support for our nation's veterans.

Mr. BURR. Mr. President, I rise today to talk about the Veterans' Compensation Cost-of-Living Adjustment Act of 2009. As the Ranking Member of the Senate Committee on Veterans' Affairs, I am pleased to join the Chairman of the Committee, Senator AKAKA, and all of the Committee's members in introducing this important bill.

As part of its mission to ''care for him who shall have borne the battle, and for his widow, and his orphan,'' the Department of Veterans Affairs, VA, provides a range of benefits to veterans and their families. These benefits include disability compensation for veterans who suffer from disabilities incurred in or aggravated by their military service and dependency and indemnity compensation for the spouses or children of disabled or deceased veterans. Although we can never fully repay them for their service or sacrifices, these payments may help ease their financial burdens and improve the quality of their lives.

The bill we are introducing today will ensure that more than 3 million veterans and their family members—including more than 130,000 in my home state of North Carolina—will receive a cost-of-living increase in their VA benefits this year. These annual increases help ensure that the value of the benefits provided by a grateful nation will not decline over time as a result of inflation.

Last year, I was proud to support the enactment of the Veterans' Compensation Cost-of-Living Adjustment Act of 2008, which resulted in a 5.8 percent increase in VA benefits. Under this bill, the amount of the increase for 2009 would be the same as that provided to Social Security recipients, which will be announced later this year.

By Mr. INOUYE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. CONRAD, Mr. DORGAN, and Mr. AKAKA):

S. 408. A bill to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children; to the committee on Health, Education, Labor, and Pensions.

Mr. INOUYE. Mr. President. Today, along with my colleagues, Senators HATCH, KENNEDY, CONRAD, DORGAN, and AKAKA, I introduce The Wakefield Act, also known as the Emergency Medical Services for Children Act of 2009. Since Senator HATCH and I worked toward authorization of EMSC in 1984, this program has become the impetus for improving children's emergency services nationwide. From specialized training for emergency care providers to ensuring ambulances and emergency departments have state-of-the-art pediatric sized equipment, EMSC has served as the vehicle for improving survival of our smallest and most vulnerable citizens when accidents or medical emergencies threatened their lives.

It remains no secret that children present unique anatomic, physiologic, emotional and developmental challenges to our primarily adult-oriented emergency medical system. As has been said many times before, children are not little adults. Evaluation and treatment must take into account their special needs, or we risk letting them fall through the gap between adult and pediatric care. The EMSC has bridged that gap while fostering collaborative relationships among emergency medical technicians, paramedics, nurses, emergency physicians, surgeons, and pediatricians.

The Institute of Medicine's recently released study on Emergency Care for Children indicated that our Nation is not as well prepared as once we thought. Only 6 percent of all emergency departments have the essential pediatric supplies and equipment necessary to manage pediatric emergencies. Many of the providers of emergency care have received fragmented and limited training in the skills necessary to resuscitate this specialized population. Even our disaster preparedness plans have not fully addressed the unique needs posed by children injured in such events.

EMSC remains the only federal program dedicated to examining the best ways to deliver various forms of care to children in emergency settings. Reauthorization of EMSC will ensure that children's needs will be given the due attention they deserve and that coordination and expansion of services for victims of life-threatening illnesses and injuries will be available throughout the United States.

I look forward to reauthorization of this important legislation and the continued advances in our emergency healthcare delivery system.

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. 408

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 ''Wakefield Act''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) There are 31,000,000 child and adolescent visits to the Nation's emergency departments every year.

(2) Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are the other common pediatric emergencies, followed by cardiac arrest and severe trauma.

(4) Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia.

(5) Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

(6) Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

(7) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(8) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w–9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(9) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(10) The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

(11) The Institute of Medicine stated in its 2006 report, ''Emergency Care for Children: Growing Pains'', that the EMSC Program ''boasts many accomplishments ... and the work of the program continues to be relevant and vital''.

(12) The EMSC Program is celebrating its 25th anniversary, marking a quarter-century of driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w–9) is amended—

(1) in subsection (a), by striking ''3-year period (with an optional 4th year'' and inserting ''4-year period (with an optional 5th year''; and

(2) in subsection (d)—

(A) by striking ''and such sums'' and inserting ''such sums''; and

(B) by inserting before the period the following: '', $25,000,000 for fiscal year 2010, $26,250,000 for fiscal year 2011, $27,562,500 for fiscal year 2012, $28,940,625 for fiscal year 2013, and $30,387,656 for fiscal year 2014''.

AMENDMENTS SUBMITTED AND PROPOSED

SA 572. Mr. BAUCUS submitted an amendment intended to be proposed to amendment SA 570 proposed by Mr. REID (for Ms. COLLINS (for herself and Mr. NELSON of Nebraska)) to the bill H.R. 1, making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for fiscal year ending September 30, 2009, and for other purposes; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 572. Mr. BAUCUS submitted an amendment intended to be proposed to amendment SA 570 proposed by Mr. REID (for Ms. COLLINS (for herself and Mr. NELSON of Nebraska)) to the bill H.R. 1, making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for fiscal year ending September 30, 2009, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 421, line 16, strike all through page 422, line 13, and insert the following:

''(d) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

''(1) ELIGIBLE INDIVIDUAL.—

''(A) IN GENERAL.—The term 'eligible individual' means any individual other than—

''(i) any nonresident alien individual,

''(ii) any individual with respect to whom a deduction under section 151 is allowable to another taxpayer for a taxable year beginning in the calendar year in which the individual's taxable year begins, and