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## HIGHER EDUCATION AMENDMENTS OF 2007 -- (Senate - July 23, 2007)

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I suggest the absence of a quorum and allocate the time to the amendment.

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The PRESIDING OFFICER (Mr. *Whitehouse*). Without objection, it is so ordered. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

AMENDMENT NO. 2328

Mr. REID. Mr. President, I ask the pending amendment be set aside and, as one of the Democratic amendments, I call up amendment No. 2328.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The bill clerk read as follows:

The Senator from Nevada [Mr. *Reid*] proposes an amendment numbered 2328.

Mr. REID. I ask unanimous consent the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide for campus-based digital theft prevention)

At the end of the bill, add the following:

**SEC. 802. CAMPUS-BASED DIGITAL THEFT PREVENTION.**

Part G of title IV (20 U.S.C. 1088 et seq.) is amended by adding at the end the following:

**``SEC. 494. CAMPUS-BASED DIGITAL THEFT PREVENTION.**

``(a) *In General.*--Each eligible institution participating in any program under this title which is among those identified during the prior calendar year by the Secretary pursuant to subsection (b)(2), shall--

``(1) provide evidence to the Secretary that the institution has notified students on its policies and procedures related to the illegal downloading and distribution of copyrighted materials by students as required under section 485(a)(1)(P);

``(2) undertake a review, which shall be submitted to the Secretary, of its procedures and plans related to preventing illegal downloading and distribution to determine the program's effectiveness and implement changes to the program if the changes are needed; and

``(3) provide evidence to the Secretary that the institution has developed a plan for implementing a technology-based deterrent to prevent the illegal downloading or peer-to-peer distribution of intellectual property.

``(b) *Identification.*--For purposes of carrying out the requirements of subsection (a), the Secretary shall, on an annual basis, identify--

``(1) the 25 institutions of higher education participating in programs under this title, which have received during the previous calendar year the highest number of written notices from copyright owners, or persons authorized to act on behalf of copyright owners, alleging infringement of copyright by users of the institution's information technology systems, where such notices identify with specificity the

works alleged to be infringed, or a representative list of works alleged to be infringed, the date and time of the alleged infringing conduct together with information sufficient to identify the infringing user, and information sufficient to contact the copyright owner or its authorized representative; and

((2) from among the 25 institutions described in paragraph (1), those that have received during the previous calendar year not less than 100 notices alleging infringement of copyright by users of the institution's information technology systems, as described in paragraph (1))."

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### AMENDMENT NO. 2328, AS MODIFIED

Mr. REID. Mr. President, I have an amendment pending, No. 2328, and I send a modification to the desk and ask unanimous consent I be allowed to modify this amendment.

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

The amendment, as modified, is as follows:

At the end of the bill, add the following:

#### **SEC. 802. CAMPUS-BASED DIGITAL THEFT PREVENTION.**

Part G of title IV (20 U.S.C. 1088 et seq.) is amended by adding at the end the following:

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required under section 485(a)(1)(P);

“(2) undertake a review, which shall be submitted to the Secretary, of its procedures and plans related to preventing illegal downloading and distribution to determine the program's effectiveness and implement changes to the program if the changes are needed; and

“(3) provide evidence to the Secretary that the institution has developed a plan for implementing a technology-based deterrent to the illegal downloading or peer-to-peer distribution of intellectual property.

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“(2) from among the 25 institutions described in paragraph (1), those that have received during the previous calendar year not less than 100 notices alleging infringement of copyright by users of the institution's information technology systems, as described in paragraph (1).”.

(c) The Secretary shall not find any of the 25 institutions of higher education described in paragraph (b) (1) to be ineligible for continued participation in a program authorized under this subchapter because of failure to comply with this section.

Mr. REID. Mr. President, I suggest the absence of a quorum and ask unanimous consent that it be charged how it was being charged before.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

AMENDMENT NO. 2374

Mr. SESSIONS. Mr. President, for several years I have been looking at the question of student loans and the abuse that often exists in that process. Also, another issue that has concerned me is America's lack of physicians in numbers sufficient to meet our current demands and the demands we may have in the future. So I have an amendment today that, hopefully, the bill managers, Senators *Kennedy* and *Enzi*, might feel comfortable supporting. It deals with both of those issues, I think, in a way that takes us in a positive direction.

The Association of American **Medical** Colleges, after the recommendation of Dr. Jordan Cohen, their president a couple years ago, recently stated it is their official policy that **medical** school enrollment should be increased by 30 percent. Most American **medical schools** are now already beginning to increase enrollment, some at about the rate of 15 percent, which can be done in most colleges without great expense. But as you get closer to a one-third increase, it actually begins to put a bite on people's programs.

They have to have faculty, perhaps buildings, and other capabilities that may incur substantial costs.

One of the things that has concerned me--and I am not sure most Americans are fully aware of it--is that a shortage of physicians is being filled by an increasing number of graduates from foreign **medical schools**. Many of these are offshore **schools** in the Caribbean--for-profit **schools**. Many of them don't require test scores to get in, and they are not up to the standard of American **schools**. That is a fact. We have the finest, most magnificent **medical schools** in the world. We have a tremendous teaching and training program. We have some of the best equipment any **schools** could imagine in our country. So it is a special thing.

But I have been concerned that perhaps we have been too tough on enrollment, requiring too high of test scores, sometimes denying good people with good leadership skills, such as class presidents and captains of the football team, who scored a little bit below someone who had a higher physics or

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chemistry score, and they don't get in. So I think we need to expand the number of people who come into **medical** school, and we ought to be open to qualities that are proven to further **medical** success, frankly. So I am concerned about that.

The interesting development I have discovered that goes to the question of our Federal dollars and how we are supporting **medical** education is indicated by this chart. It deals with the number of loans certified for U.S. residents who are attending foreign **schools**. In general, whether you are going for a semester abroad to Italy or Brazil or England or wherever, this shows that during the 1993-1994 academic year, there were under 4,600 loans, and ten years later there were over 13,000 loans. That might make one think this is a good thing, that more Americans are taking a semester abroad, as is common in a lot of **schools**. They encourage students to take a semester abroad, and it is an enriching experience--maybe

even a year abroad. One might think that is what that issue deals with. But let's show what is happening here.

Look at this chart. Of the 13,000 students who attend foreign **schools**, about 9,000 of those are attending foreign **medical schools**. About 75 percent of the total study abroad loan volume of 2003, or about \$170 million--and I am sure that number has gone up--is now for loans to students who attend foreign **medical schools**. That is a rather shocking number and a dramatic number. It comes from a GAO report, dated July of 2003. That is a matter I would call attention to.

What about these loans? Are these people attending top Paris **medical schools** or what? Look at them in terms of the volume of loans, first. Let's look at No. 1, the No. 1 school in the world where students receive U.S. Federal loan money is a **medical** school in Dominica. They only have one **medical** school on that island in the Caribbean, and they receive \$35 million in loan volume, with 1,700-plus students receiving loans to go to that school.

The next one in volume is Grenada. Remember during President Reagan's presidency, when we had an invasion of Grenada, where we had American **medical** students and their safety was of great concern to us when that invasion took place. Grenada has one **medical** school. It gets \$30 million and has 1,500 students attending.

The third country to receive Federal loan money for **medical** school is Mexico. They have 11 **schools** and they get \$27 million. England is fourth. They have 182 **schools** in England, but they only get \$25 million in student loans, and they have quite an advanced **medical** program there.

The next school on the list--the next country is the Dominican Republic, another island school. The Dominican Republic has six **schools**, and they receive \$20 million in student loans each year. The next one is St. Maarten, another Caribbean island, \$16 million. Next is Canada. We would think that would be up there at the top, would we not? Canada, our neighbor. Canada has 108 **schools** and they get only \$15 million. The next one is another island school in the Caribbean, St. Kitts, they have two **schools** and they get \$14 million.

I think that begins to show the problem we are dealing with. I would suggest we need to take some real interest in it.

So I have offered an amendment that would deal with it. I send my amendment to the desk, as modified, and ask for its consideration.

The PRESIDING OFFICER (Mr. *Webb*). The clerk will report.

The legislative clerk read as follows:

The Senator from Alabama [Mr. *Sessions*] proposes an amendment numbered 2374.

Mr. SESSIONS. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To amend the provisions of the Higher Education Act of 1965 regarding graduate **medical schools** located outside of the United States)

At the end of title I, add the following:

**SEC. 114. FOREIGN **MEDICAL SCHOOLS** .**

(a) *Percentage Pass Rate.*--

(1) **IN GENERAL.**--Section 102(a)(2)(A)(i)(I)(bb) (20 U.S.C. 1002(a)(2)(A)(i)(I)(bb)) is amended by striking ``60" and inserting ``75".

(2) **EFFECTIVE DATE.**--The amendment made by paragraph (1) shall take effect on July 1, 2010.

(b) *Study.*--

(1) **IN GENERAL.**--Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall--

(A) complete a study that shall examine American students receiving Federal financial aid to attend graduate **medical schools** located outside of the United States; and

(B) submit to Congress a report setting forth the conclusions of the study.

(2) **CONTENTS.**--The study conducted under this subsection shall include the following:

(A) The amount of Federal student financial aid dollars that are being spent on graduate **medical schools** located outside of the United States every year, and the percentage of overall student aid such amount represents.

(B) The percentage of students of such **medical schools** who pass the examinations administered by the Educational Commission for Foreign **Medical** Graduates the first time.

(C) The percentage of students of such **medical schools** who pass the examinations administered by the Educational Commission for Foreign **Medical** Graduates after taking such examinations multiple times, disaggregated by how many times the students had to take the examinations to pass.

(D) The percentage of recent graduates of such **medical schools** practicing medicine in the United States, and a description of where the students are practicing and what types of medicine the students are practicing.

(E) The rate of graduates of such **medical schools** who lose malpractice lawsuits or have the graduates' **medical** licenses revoked, as compared to graduates of graduate **medical schools** located in the United States.

(F) Recommendations regarding the percentage passing rate of the examinations administered by the Educational Commission for Foreign **Medical** Graduates that the United States should require of graduate **medical schools** located outside of the United States for Federal financial aid purposes.

Mr. SESSIONS. So to briefly summarize what the amendment does, it attempts to deal with this issue in a balanced but effective way. It seeks to protect taxpayers' dollars from subsidizing foreign **medical schools** that are failing to show positive results, and we have a way to determine which ones are showing results. Currently, in order to qualify for student financial aid, we have a rule in effect. That rule is that the foreign **medical** school must show 60 percent of its graduates pass the Educational Commission for Foreign **Medical** Graduates' Examination. This is a test you have to take after you graduate to become licensed to practice medicine in the United States. So, currently, that rule is 60 percent. This amendment would raise the bar from 60 to 75 percent, to be implemented in 2 years' time. It would give them 2 years to prepare for this.

I believe it is a reasonable change because approximately 90 percent of U.S. **medical** school graduates pass **medical** licensing examinations on their first attempt. That is a big difference. It is indisputable that the test failure rate is indicative of the quality of the instruction that one receives at a school.

During the next 2 years, prior to implementation of the new 75-percent standard, the amendment also requires the Government Accountability Office to conduct a study on the amount of Federal aid going to offshore **medical schools**, the percentage of foreign **medical** graduates who pass the examination on the first try or after multiple attempts, the percentage of recent foreign **medical** school graduates practicing medicine in the United States, and a description of where and what type of medicine they are practicing and asking for recommendations for the examination passage rate the United States should require of foreign **medical schools** who wish to qualify so that they can receive U.S. Federal student aid.

I am also modifying the amendment by adding a portion of the study to examine the rate of malpractice lawsuits and of lost or revoked **medical** licenses from graduates of foreign **medical schools** as compared to graduates of U.S. **medical schools**.

Now, the study we have, the GAO report, would involve this. It would examine what is happening with students of foreign **medical schools** after they leave in order to determine how effective the **schools** are. While many of these **schools** likely do a pretty good job, and some I think do, there is no way to know for sure, as they are not licensed or accredited by any American entity.

Many foreign **medical schools** do not use cadavers--do not use cadavers--but instead have students perform procedures that would be done, preferably on

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## HIGHER EDUCATION AMENDMENTS OF 2007 -- (Senate - July 23, 2007)

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But I have been concerned that perhaps we have been too tough on enrollment, requiring too high of test scores, sometimes denying good people with good leadership skills, such as class presidents and captains of the football team, who scored a little bit below someone who had a higher physics or

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I think that begins to show the problem we are dealing with. I would suggest we need to take some real interest in it.

So I have offered an amendment that would deal with it. I send my amendment to the desk, as modified, and ask for its consideration.

The PRESIDING OFFICER (Mr. *Webb*). The clerk will report.

The legislative clerk read as follows:

The Senator from Alabama [Mr. *Sessions*] proposes an amendment numbered 2374.

Mr. SESSIONS. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To amend the provisions of the Higher Education Act of 1965 regarding graduate **medical schools** located outside of the United States)

At the end of title I, add the following:

**SEC. 114. FOREIGN **MEDICAL SCHOOLS** .**

(a) *Percentage Pass Rate.*--

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practicing.

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Many foreign **medical schools** do not use cadavers--do not use cadavers--but instead have students

perform procedures that would be done, preferably on

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cadavers, by simulation on a computer. I don't know about you, but I don't want a doctor operating on me who has been practicing using a mouse and a keyboard.

In fact, an article in the Pittsburgh Tribune Review earlier this year quoted Dr. Cameron Wilkinson, **medical** director of Joseph N. France Hospital in St. Kitts and supervisor of clinical rotations for two **medical schools** on the island as saying this--this is at St. Kitts in the hospital there, the training **school**, and he said this: "No **medical school** here would have a cadaver."

He said: "It would be great," but he explained the **schools** in the islands aren't equipped to work with them. This was in reference to a **school** on the island that was actually found to have cadavers for clinical instruction, but they kept them in black bags in an unsterile, unlocked, air-conditioned room. They were not following protocol for the use of cadavers and lacked the necessary documents to have them shipped from the United States. They also did not smell like formaldehyde, which is one reason I didn't go to **medical school**, having gone into a place where something was kept in formaldehyde. But that is a great concern, as formaldehyde preservation is standard procedure for institutions that utilize cadavers in **medical** research. Thus, this **school** was handling cadavers inappropriately.

But this story also makes clear that **schools** on the island, for the most part, never use cadavers. Many of these **schools** do not even require that students take the MCAT; that is, the **Medical** College Admission Test. Standards at some of these **schools** are much lower than standards at American **medical schools** in regard to MCAT scores and GPAs--grade point averages--if they have those requirements at all.

The Association of American **Medical** Colleges states that about--get this--this is the Association of American **Medical** Colleges. They have found that about one in four physicians practicing in the United States today, and about one in four physicians in training in the United States today, are foreign **medical** graduates. This is a remarkable statistic, when we have this magnificent **medical school** system in our country. We have gotten out of sync.

These foreign **medical school** graduates are, in many ways, needed to fill the gaps that currently exist in the American **medical school** education system. In June of 2006, as I said, the Association of American **Medical** Colleges recognized this shortfall and formally recommended a 30-percent increase in **medical school** graduates by 2015. That expansion would allow for 5,000 new **medical** students each year beginning in 2015.

The PRESIDING OFFICER. The Senator has used the 15 minutes provided for him under the order for the amendment.

Mr. SESSIONS. I thank the Chair. I ask unanimous consent for 1 additional minute.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SESSIONS. Mr. President, I would note that the U.S. population is increasing by 25 million each decade. The number of people over 65 will double by 2030. We expect more and more out of health care. We must have additional **medical** physicians, and we need to increase our own system and reduce the amount of money, taxpayer money, going to **medical schools** that are below par.

This bill would make changes and move us in that direction. I ask our leaders to consider that.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. Mr. President, I am going to urge that the Senate accept the Senator's amendment. It has been a number of years since our HELP Committee got into looking at the foreign **medical schools**, as the Senator pointed out. I think there are a number that are exceptional and incredibly good. Others are moderately good, and there are others that don't pass muster. It is, I think, useful to get that kind of information. We have a health care crisis. Personnel is a key aspect of the health care crisis. We have a concern about what the specialties are in different areas in this country. The amendment the Senator is offering is going to help us understand what is happening with these foreign **medical schools**. The amount of financial aid they receive--we ought to be updated on that. We ought to know the percentage of students that are going to pass that exam. We ought to know what specialties they are moving into and where they are practicing, the types of medicine they are practicing; that is exceedingly important and useful.

The Senator has other references in here, too, in terms of the number of times to take the exam and **medical** licenses that are revoked. I think it would provide important information, certainly, for our committee. We ought to have an update of information on what is happening. Also, I think it is important for the American taxpayer to understand what is happening as well, in terms of this kind of investment, so I thank the Senator. This is an important area. We have, as the Senator knows, programs to provide **medical** personnel--this is related but not directly on subject--in underserved areas in the United States, which has worked quite well. That is not the target of this particular program. But it is important that we have this kind of information. It will be useful for our HELP Committee to have it. So I hope the Senate will accept it. I thank the Senator for raising this issue. I think it is useful and important. We hope we can persuade our House Members to accept it at the appropriate time as well.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to the amendment.

The amendment (No. 2374) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mr. ENZI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KENNEDY. Mr. President, I think we are prepared to accept the Akaka amendment, if there is no further debate.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to amendment No. 2372.

The amendment (No. 2372) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mr. ENZI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. ENZI. Mr. President, I think we are prepared to move on with the Burr amendment as well. That is next.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to amendment No. 2373.

The amendment (No. 2373) was agreed to.

Mr. ENZI. Mr. President, I move to reconsider the vote.

Mr. KENNEDY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KENNEDY. Mr. President, we have remaining time on the amendments we have dealt with previously. I believe we have 15 minutes. I am glad to yield it to the Senator from Oregon. He wants to talk on another subject.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

CHIP

Mr. WYDEN. Mr. President, I thank the Senator from Massachusetts and the Senator from Wyoming for their thoughtfulness.

This is especially appropriate, since Chairman *Kennedy* and the distinguished ranking minority member are on the floor. Both of them have great interest and involvement in health care. I thought it would be appropriate to talk for a few minutes about the upcoming CHIP legislation, the legislation that deals with the Children's Health Insurance Program, which is so important to America's youngsters.

There was a markup in the Senate Finance Committee last week and it passed out overwhelmingly, to a great extent because of the very important and laborious work done by Chairman *Baucus*, Senator *Rockefeller*, and also the senior Republicans on the committee, Senators *Grassley* and *Hatch*. I commend them greatly for their toil.

I wish to take a couple of minutes today to talk about the issue because the administration has indicated that at this point they would veto the legislation, which came from the Senate Finance Committee by a 17-to-4 vote. I

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am very hopeful they will choose not to veto this legislation because I felt it was striking in the Finance Committee last week that Senator after Senator on both sides of the aisle, including Senator *Conrad* and Senator *Lott*, for example--leaders of their respective parties on economic issues--they concurred that the system in this country is broken. The health care system cannot control the costs. Millions fall between the cracks. Administrative expenses are soaring. We have largely sick care rather than health care. This is something Democrats and Republicans alike agree on.

The administration has the view that one of the key changes that needs to be made is the Federal tax rules as they relate to health care. I share their view that these rules are a mess. But it is not going to be possible to get to the question of broader reform until you first get bipartisan cooperation on the urgent and immediate needs of this country's youngsters.

Frankly, I came out of the markup last week very encouraged about the Senate's interest and desire, on a bipartisan basis, to move ahead to fix health care. I think the clear feeling in the Senate Finance Committee is that this country cannot afford to wait to fix health care. I know there are a lot of people, particularly in the media, think tanks, and others who think: Let's wait a couple of years for another Presidential election. Let's wait 2, 3 more years.

That is sort of the way it goes for the political class. But for people who are hurting in this country and

businesses that are struggling to meet the health needs of their workers and are dying to offer them coverage and cannot afford it, I don't think it is acceptable to say let's wait around a couple more years. It strikes me as pretty callous to say let's wait for another election, when we have all those needs of workers and businesses in parts of the country where there have been tremendous layoffs. They say: Well, they can wait a couple more years before anybody talks about fixing health care.

That is not what I heard in the Senate Finance Committee last week. I heard Senator after Senator--not just Senators *Conrad* and *Lott* but Senators *Crapo*, *Salazar*, and

other colleagues on both sides of the aisle--making it clear they share my view that the health care system is broken. Now, for the first time in more than 13 years, the Senate has an opportunity to work in a bipartisan way to fix health care.

Senator *Bennett*, a member of the Republican leadership, has joined me in legislation--the Healthy Americans Act--that has been able to pick up support of labor and business. We have structured it so all our citizens can get health care coverage, such as their Member of Congress does, through the private sector, at no greater cost than we are spending as a nation today. The bill has been put together so workers and employers win with the very first paychecks that are offered. I don't see why America should wait any longer to fix health care. What we should be doing is building on the important work of Chairman *Baucus* and Senator *Grassley*, Senators **HATCH** and **ROCKEFELLER** and move to get CHIP passed in a bipartisan way and meet the immediate needs of this country's youngsters and then move on to do what I have heard members on both sides of the aisle on the Finance Committee call for last week and that is to fix American health care.

The reality is--and you and I have had a chance to talk a bit about it, Mr. President--the system we have today was largely designed more than 70 years ago. It was set up after World War II. There were wage and price controls. Our troops were coming home. We wanted them to get good benefits. So we put it off essentially on the employer, and the Tax Code would change to make that possible. Well, a system designed for the 1940s surely doesn't make sense for 2007, when the typical worker changes jobs seven times by the time they are age 35.

The current Tax Code is regressive and it promotes inefficiency. If you are a high-flying CEO, you can get a designer smile put on your face and write off the cost of that operation on your taxes. But if you are a hard-working woman in a furniture store and your company has no health plan, you get practically nothing.

Now, my sense is, when the administration talks about changing the tax rules for health care and you look at what Senators were saying in the Senate Finance Committee about the system being broken, there is a pretty good opportunity to work in a cooperative way--not 2 or 3 years from now but to move forward in this session of Congress. To make that possible, it is going to be essential for the Bush administration to back off from this threat of vetoing the children's health program and to work with Members on both sides of the aisle so that this legislation can get passed, and it would be possible, on a

bipartisan basis, to move on to fix our health care system.

We have a lot to work with. Certainly, we have seen great interest at the State level. A number of States are already moving forward with innovative programs. Mr. President, as you and I have discussed, no State can fix problems they didn't cause. No State can deal with the regressivity and inefficiency of the Federal tax rules on health care. No State can deal with Medicare. No State can deal with what is called the ERISA Program, the Employee Retirement Income and Security Act, with respect to large employers and multiemployer programs. No State can deal with that. We are going to have to have bipartisan action at the Federal level.

I have been very pleased that Senator *Bennett* has joined me in this bipartisan effort. My sense is there is something of an ideological truce coming on health care. We see a lot of bipartisan cooperation. Today, in fact, the distinguished Senator from Wyoming, Senator *Enzi*, and Chairman *Kennedy* are cooperating on issue after issue.

Senator *Bennett* and I have said on health care that Republicans have moved a long way on coverage. We recognized that to fix health care, the people who are uninsured cannot just keep passing the bills on to people who are insured. We have to cover everybody, and Republicans have acknowledged that fact.

Democrats, on the other hand, have been making it clear that they do not think we can just turn it all over to Government. We cannot turn everything in health care over to Government and expect everything to come out well. We have to have some private choices, choices in a fixed market, where insurance companies cannot cherry-pick and just take healthy people and send sick people over to Government programs more fragile than they are.

We have to fix the private marketplace, but there ought to be choices in the private sector. That, too, is an opportunity for Democrats and Republicans in the Senate to work with the Bush administration once we get beyond the question of the children's health program.

I am convinced that we are right on the cusp of being able to move forward on health care in a bipartisan way. In the other body, the Healthy Americans Act that Senator *Bennett* and I have been working for in the Senate will be introduced this week on a bipartisan basis. So that would then mean the Healthy Americans Act would be the first bipartisan, bicameral piece of legislation to fix American health care in more than 13 years.

Colleagues are going home every time there is a recess and talking with folks at home about health care. People are saying we know the system is broken and it is not enough to try to just take one small part. We really need to step back and make changes, for example, in the employer-based system which is hurting the competitiveness of so many of our companies. We need to have some health care rather than sick care because the system is biased against prevention. We clearly need to help those who are falling between the cracks.

Above all, we have to contain the costs. The costs are rising, according to PricewaterhouseCoopers, at far in excess of inflation, estimated to be about 12 percent this year. There is no way that is sustainable. It is not sustainable when we look at today's population trends and costs and the disadvantages our employers face.

I was very pleased last week that not only was the Senate Finance Committee able to pass the CHIP legislation on a 17-to-4 basis through the hard work of our bipartisan leadership, but I was impressed because so many Senators on both sides of the aisle said

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## HIGHER EDUCATION AMENDMENTS OF 2007 -- (Senate - July 23, 2007)

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Many foreign **medical schools** do not use cadavers--do not use cadavers--but instead have students perform procedures that would be done, preferably on

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cadavers, by simulation on a computer. I don't know about you, but I don't want a doctor operating on me who has been practicing using a mouse and a keyboard.

In fact, an article in the Pittsburgh Tribune Review earlier this year quoted Dr. Cameron Wilkinson, **medical** director of Joseph N. France Hospital in St. Kitts and supervisor of clinical rotations for two **medical schools** on the island as saying this--this is at St. Kitts in the hospital there, the training school, and he said this: ``No **medical** school here would have a cadaver."

He said: ``It would be great," but he explained the **schools** in the islands aren't equipped to work with them. This was in reference to a school on the island that was actually found to have cadavers for clinical instruction, but they kept them in black bags in an unsterile, unlocked, air-conditioned room. They were not following protocol for the use of cadavers and lacked the necessary documents to have them shipped from the United States. They also did not smell like formaldehyde, which is one reason I didn't go to **medical** school, having gone into a place where something was kept in formaldehyde. But that is a great concern, as formaldehyde preservation is standard procedure for institutions that utilize cadavers in **medical** research. Thus, this school was handling cadavers inappropriately.

But this story also makes clear that **schools** on the island, for the most part, never use cadavers. Many

of these **schools** do not even require that students take the MCAT; that is, the **Medical** College Admission Test. Standards at some of these **schools** are much lower than standards at American **medical schools** in regard to MCAT scores and GPAs--grade point averages--if they have those requirements at all.

The Association of American **Medical** Colleges states that about--get this--this is the Association of American **Medical** Colleges. They have found that about one in four physicians practicing in the United States today, and about one in four physicians in training in the United States today, are foreign **medical** graduates. This is a remarkable statistic, when we have this magnificent **medical** school system in our country. We have gotten out of sync.

These foreign **medical** school graduates are, in many ways, needed to fill the gaps that currently exist in the American **medical** school education system. In June of 2006, as I said, the Association of American **Medical** Colleges recognized this shortfall and formally recommended a 30-percent increase in **medical** school graduates by 2015. That expansion would allow for 5,000 new **medical** students each year beginning in 2015.

The PRESIDING OFFICER. The Senator has used the 15 minutes provided for him under the order for the amendment.

Mr. SESSIONS. I thank the Chair. I ask unanimous consent for 1 additional minute.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SESSIONS. Mr. President, I would note that the U.S. population is increasing by 25 million each decade. The number of people over 65 will double by 2030. We expect more and more out of health care. We must have additional **medical** physicians, and we need to increase our own system and reduce the amount of money, taxpayer money, going to **medical schools** that are below par.

This bill would make changes and move us in that direction. I ask our leaders to consider that.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. Mr. President, I am going to urge that the Senate accept the Senator's amendment. It has been a number of years since our HELP Committee got into looking at the foreign **medical schools**, as the Senator pointed out. I think there are a number that are exceptional and incredibly good. Others are moderately good, and there are others that don't pass muster. It is, I think, useful to get that kind of information. We have a health care crisis. Personnel is a key aspect of the health care crisis. We have a

concern about what the specialties are in different areas in this country. The amendment the Senator is offering is going to help us understand what is happening with these foreign **medical schools**. The amount of financial aid they receive--we ought to be updated on that. We ought to know the percentage of students that are going to pass that exam. We ought to know what specialties they are moving into and where they are practicing, the types of medicine they are practicing; that is exceedingly important and useful.

The Senator has other references in here, too, in terms of the number of times to take the exam and **medical** licenses that are revoked. I think it would provide important information, certainly, for our committee. We ought to have an update of information on what is happening. Also, I think it is important for the American taxpayer to understand what is happening as well, in terms of this kind of investment, so I thank the Senator. This is an important area. We have, as the Senator knows, programs to provide **medical** personnel--this is related but not directly on subject--in underserved areas in the United States, which has worked quite well. That is not the target of this particular program. But it is important that we have this kind of information. It will be useful for our HELP Committee to have it. So I hope the Senate will accept it. I thank the Senator for raising this issue. I think it is useful and important. We hope we can persuade our House Members to accept it at the appropriate time as well.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to the amendment.

The amendment (No. 2374) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mr. ENZI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KENNEDY. Mr. President, I think we are prepared to accept the Akaka amendment, if there is no further debate.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to amendment No. 2372.

The amendment (No. 2372) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mr. ENZI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. ENZI. Mr. President, I think we are prepared to move on with the Burr amendment as well. That is next.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to amendment No. 2373.

The amendment (No. 2373) was agreed to.

Mr. ENZI. Mr. President, I move to reconsider the vote.

Mr. KENNEDY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KENNEDY. Mr. President, we have remaining time on the amendments we have dealt with previously. I believe we have 15 minutes. I am glad to yield it to the Senator from Oregon. He wants to talk on another subject.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

CHIP

Mr. WYDEN. Mr. President, I thank the Senator from Massachusetts and the Senator from Wyoming for their thoughtfulness.

This is especially appropriate, since Chairman *Kennedy* and the distinguished ranking minority member are on the floor. Both of them have great interest and involvement in health care. I thought it would be appropriate to talk for a few minutes about the upcoming CHIP legislation, the legislation that deals with the Children's Health Insurance Program, which is so important to America's youngsters.

There was a markup in the Senate Finance Committee last week and it passed out overwhelmingly, to a great extent because of the very important and laborious work done by Chairman *Baucus*, Senator *Rockefeller*, and also the senior Republicans on the committee, Senators *Grassley* and *Hatch*. I commend them greatly for their toil.

I wish to take a couple of minutes today to talk about the issue because the administration has indicated that at this point they would veto the legislation, which came from the Senate Finance Committee by a 17-to-4 vote. I

am very hopeful they will choose not to veto this legislation because I felt it was striking in the Finance Committee last week that Senator after Senator on both sides of the aisle, including Senator *Conrad* and Senator *Lott*, for example--leaders of their respective parties on economic issues--they concurred that the system in this country is broken. The health care system cannot control the costs. Millions fall between the cracks. Administrative expenses are soaring. We have largely sick care rather than health care. This is something Democrats and Republicans alike agree on.

The administration has the view that one of the key changes that needs to be made is the Federal tax rules as they relate to health care. I share their view that these rules are a mess. But it is not going to be possible to get to the question of broader reform until you first get bipartisan cooperation on the urgent and immediate needs of this country's youngsters.

Frankly, I came out of the markup last week very encouraged about the Senate's interest and desire, on a bipartisan basis, to move ahead to fix health care. I think the clear feeling in the Senate Finance Committee is that this country cannot afford to wait to fix health care. I know there are a lot of people, particularly in the media, think tanks, and others who think: Let's wait a couple of years for another Presidential election. Let's wait 2, 3 more years.

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other colleagues on both sides of the aisle--making it clear they share my view that the health care system is broken. Now, for the first time in more than 13 years, the Senate has an opportunity to work in a bipartisan way to fix health care.

Senator *Bennett*, a member of the Republican leadership, has joined me in legislation--the Healthy Americans Act--that has been able to pick up support of labor and business. We have structured it so all our citizens can get health care coverage, such as their Member of Congress does, through the private sector, at no greater cost than we are spending as a nation today. The bill has been put together so workers and employers win with the very first paychecks that are offered. I don't see why America should wait any longer to fix health care. What we should be doing is building on the important work of Chairman *Baucus* and Senator *Grassley*, Senators **HATCH** and **ROCKEFELLER** and move to get CHIP passed in a bipartisan way and meet the immediate needs of this country's youngsters and then move on to do what I have heard members on both sides of the aisle on the Finance Committee call for last week and that is to fix American health care.

The reality is--and you and I have had a chance to talk a bit about it, Mr. President--the system we have today was largely designed more than 70 years ago. It was set up after World War II. There were wage and price controls. Our troops were coming home. We wanted them to get good benefits. So we put it off essentially on the employer, and the Tax Code would change to make that possible. Well, a system designed for the 1940s surely doesn't make sense for 2007, when the typical worker changes jobs seven times by the time they are age 35.

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We have a lot to work with. Certainly, we have seen great interest at the State level. A number of States are already moving forward with innovative programs. Mr. President, as you and I have discussed, no State can fix problems they didn't cause. No State can deal with the regressivity and inefficiency of the Federal tax rules on health care. No State can deal with Medicare. No State can deal with what is called the ERISA Program, the Employee Retirement Income and Security Act, with respect to large employers and multiemployer programs. No State can deal with that. We are going to have to have bipartisan action at the Federal level.

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I was very pleased last week that not only was the Senate Finance Committee able to pass the CHIP legislation on a 17-to-4 basis through the hard work of our bipartisan leadership, but I was impressed because so many Senators on both sides of the aisle said

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they want to go further and to fix a broken health care system. To do that, we are going to have to work in a bipartisan way. We are interested in working with the Bush administration on that issue.

I and others have said we can have differences of opinion with respect to how we straighten out this mess of a Tax Code as it relates to health care, but by and large, the administration is onto the key issue. To do this, we are going to have to recognize, first, that America cannot afford to wait any longer to fix health care. It is not enough to say let's just deal with it after the next election. That is not enough for people who are hurting in Virginia and Oregon and Wyoming. They want to see action in this session. That is what they give us an election certificate to do, to act on big issues and not just put them off for another 2 or 3 years.

So let us work together, Democrats and Republicans, in this body with the administration to pass the

children's health program and then to continue that spirit of bipartisanship and fix American health care in this Congress.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. KENNEDY. Mr. President, we have made very good progress during the morning and early afternoon on the reauthorization of the Higher Education Act. We have a pretty good idea now of the remaining amendments. We are getting in touch with our colleagues who intend to offer those amendments. I expect we will have votes, as the leader indicated, in the early evening, and this probably will necessitate that we will have a few votes in the morning tomorrow. But we will wind up this higher education reauthorization bill, which is really the good news.

Mr. President, how much time remains?

The PRESIDING OFFICER. The Senator has 8 1/2 minutes remaining on the bill.

Mr. KENNEDY. Mr. President, I ask the Chair to advise when I have 1 minute left.

Finally, Mr. President, I want to review again exactly where we are on the two pieces of legislation, one of which we passed on Thursday night, which is the historic increase in the need-based grant aid, the largest increase in grant aid since the GI bill after World War II. We have also assisted in the management of these loans, the indebtedness, by offering loan forgiveness and by putting a limit on loan payments at 15 percent of the discretionary income. Discretionary income also takes into consideration if there are children and, obviously, that reduces the discretionary income.

We have the loan forgiveness for borrowers who work in the public service jobs. If you become a teacher and work with special needs children, or work with the disabled or the elderly, and you do that over a 10-year period, you will not pay more than 15 percent and qualify for the loan forgiveness.

The bill also protects working students, so that if they work hard and gain some money to be able to buy some books, that they are not going to break through these caps, need-based caps, and they are going to be able to buy the books and use those earnings. This is a realistic and important aspect of the legislation.

So this is assistance to the neediest students, assistance for those students from working families with middle income, and assistance for idealistic students who want to work in public service. All of that is going to be possible under this legislation.

Under the reauthorization, the other part which we are now on the floor of the Senate debating, we are also making sure that the student loan system is going to meet the ethical requirements and is going to ensure that the best interest of the students and the loan system is going to be protected.

We have had too many stories of inappropriate kinds of actions in the development of the loan system, which makes it more difficult for the students and, obviously, compromises the colleges and universities. So we have addressed that issue in this part of the program.

We are publicizing the cost information so that parents will understand and get real information as to what the cost is for the **schools**. We are going to also publicize what the States are providing. If they cut back, as they have in my own State, which has meant the fees have gone up, parents will know who is responsible. We hope this will make a difference in terms of the total cost of education.

The application itself, what they call the FAFSA, we have simplified that so it will no longer be a discouraging document. It will be one that will be easier to read and be easier to utilize, particularly for those students who don't have the kind of support systems that help them fill out those forms.

Finally, we have helped in the areas of the GEAR UP and TRIO programs to help improve preparation for higher education. For one reason or another, some students need a helping hand to continue their education and succeed in school. That has been true for the TRIO and GEAR UP programs and other programs that work with children who come from economically disadvantaged backgrounds but are talented and hard working students. This helps provide an outreach for those students.

Lastly, we have the programs to support higher quality teacher preparation. We understand at the end of the day the teacher in the classroom is the one who makes all the difference. Each and every one of us in this Chamber can all remember our favorite teachers, the one who inspired us, helped us, coached us, and really encouraged us to move ahead and grasp the opportunities of furthering our education.

Mr. President, this is a very meaningful piece of legislation. It represents the best judgment of Republicans and Democrats alike. We are enormously indebted to our Republican and Democratic colleagues and all of the staffs who have worked very long and hard on this legislation.

We are going to have more to say on these particular amendments, but I think it is useful to just give a summary of what this legislation is all about. We have added to this legislation over the course of the day in some very useful and meaningful ways. So we are going to look forward to getting a good vote on the final passage.

Mr. President, I believe my time is up.

The PRESIDING OFFICER. The Senator's time has expired.

AMENDMENT NO. 2375

Mr. ENZI. Mr. President, I send an amendment to the desk on behalf of Senator *Burr*.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. *Enzi*], for Mr. *Burr*, proposes an amendment numbered 2375.

Mr. ENZI. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To amend the Higher Education Act of 1965 with respect to teacher development)

After section 205 of the Higher Education Act of 1965 (as amended by section 201 of the Higher Education Amendments of 2007), insert the following:

**``SEC. 205A. TEACHER DEVELOPMENT.**

``(a) *Annual Goals*.--As a condition of receiving assistance under title IV, each institution of higher education that conducts a traditional teacher preparation program or alternative routes to State certification or licensure program and that enrolls students receiving Federal assistance under this Act shall set annual quantifiable goals for--

``(1) increasing the number of prospective teachers trained in teacher shortage areas designated by the Secretary, including mathematics, science, special education, and instruction of limited English proficient students; and

``(2) more closely linking the training provided by the institution with the needs of **schools** and the instructional decisions new teachers face in the classroom.

``(b) *Assurance*.--As a condition of receiving assistance under title IV, each institution described in

subsection (a) shall provide an assurance to the Secretary that--

“(1) training provided to prospective teachers responds to the identified needs of the local educational agencies or States where the institution's graduates are likely to

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