health coverage. At a time when our Nation's uninsured rate continues to climb above 40 million, it makes little sense to be reducing much needed Medicaid DSH payments to safety net hospitals.

Hospitals in Rhode Island will absorb approximately $400 million in reductions as a result of changes made to the Medicare and Medicaid programs in the BBA. Nine out of fifteen hospitals in my State had operating loses in Fiscal Year 2002. After the BBA was enacted, it was predicted that cuts in Federal Medicare and Medicaid payments would cost hospitals in Rhode Island $220 million over five years; however, this estimate has proven to be about $180 million off the mark. Every other State is experiencing similar problems. According to the American Hospital Association, hospitals lost almost $10 million on Medicaid and uninsured patients in 2000. This translates into an estimated loss of more than $42 million over five years. Clearly, more needs to be done to keep our vulnerable safety net hospitals from continuing on this downward spiral.

This legislation represents a common-sense approach that will help prevent the further weakening of our Nation's safety net hospitals and the long-term viability of our health care system.

I urge my colleagues to join me in supporting this important legislation, and ask unanimous consent that the text of legislation be printed in the RECORD.

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

S. 652

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 ''Access to Hospitals Act of 2003''.

SEC. 2. CONTINUATION OF MEDICAID DSH ALLOTMENT ADJUSTMENTS UNDER BIPA 2000.

(a) IN GENERAL.—Section 1923(f) of the Social Security Act (42 U.S.C. 1396r–4(f))—

(1) in paragraph (2)—

(A) in the heading, by striking ''THROUGH 2002'' and inserting ''THROUGH 2000'';

(B) by striking ''ending with fiscal year 2002'' and inserting ''ending with fiscal year 2000''; and

(C) in the table in such paragraph, by striking the columns labeled ''FY 01'' and ''FY02'';

(2) in paragraph (3)(A), by striking ''paragraph (2)'' and inserting ''paragraph (4)''; and

(3) in paragraph (4), as added by section 701(a)(1) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as enacted into law by section 1(a)(6) of Public Law 106–554)—

(A) by striking ''FOR FISCAL YEARS 2001 AND 2002'' in the heading;

(B) in subparagraph (A), by striking ''Notwithstanding paragraph (2), the'' and inserting ''The'';

(C) in subparagraph (C)—

(i) by striking ''NO APPLICATION'' and inserting ''APPLICATION''; and

(ii) by striking ''without regard to'' and inserting ''taking into account''.

(b) INCREASE IN MEDICAID DSH ALLOTMENT FOR THE DISTRICT OF COLUMBIA.—

(1) IN GENERAL.—Effective for DSH allotments beginning with fiscal year 2003, the item in the table contained in section 1923(f)(2) of the Social Security Act (42 U.S.C. 1396r–4(f)(2)) for the District of Columbia for the DSH allotment for FY 00 (fiscal year 2000) is amended by striking ''32'' and inserting ''49''.

(2) CONSTRUCTION.—Nothing in paragraph (1) shall be construed as preventing the application of section 1923(f)(4) of the Social Security Act (as amended by subsection (a)) to the District of Columbia for fiscal year 2003 and subsequent fiscal years.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to DSH allotments for fiscal years beginning with fiscal year 2003.

By Ms. SNOWE (for herself, Mr. BINGAMAN, Mr. BOND, and Mr. HOLLINGS):

S. 654. A bill to amend title XVIII of the Social Security Act to enhance the access of medicare beneficiaries who live in medically underserved areas to critical primary and preventive health care benefits, to improve the Medicare+Choice program, and for other purposes; to the Committee on Finance.

Ms. SNOWE. Mr. President, I rise today to introduce the ''Medicare Safety Net Act of 2003.'' I am particularly pleased to introduce this bill with my good friend and colleague, Senator BINGAMAN. Last year we worked together on this bill, and I am confident that with the modifications that we made to the legislation, we will be able to get it enacted into law.

This legislation will improve Medicare beneficiaries' access to primary care services and preventative treatments by increasing access to Community Health Centers. Community Health Centers, also known as federally qualified health centers, provide care to more than 1 million medically underserved Medicare beneficiaries. In many cases, Community Health Centers are the only source of primary and preventive services to which Medicare beneficiaries have access. This is especially true for people living in America's rural medically underserved areas.

In Maine, nearly 20 percent of all Community Health Center patients are on Medicare, and this figure is expected to rise dramatically in the coming years as 25 percent of health center patients will be aging into Medicare in the upcoming decades.

Besides primary and preventive care services, Community Health Centers provide other crucial services to seniors and the disabled, including treatment of chronic diseases, like diabetes and hypertension, mental health services and prescribed medications. Community Health Centers also provide transportation services or arrange for transportation that allows seniors to access health care in the absence of public transportation or a personal vehicle. In short, Community Health Centers provide the ease of ''one-stop health care shopping,'' meaning that seniors, instead of moving from location to location to receive comprehensive primary health services, typically can receive all of their essential primary care in one place.

The Medicare Safety Net Access Act makes four changes to the Medicare program to ensure that Community Health Centers can fully participate in the Medicare program and provide seniors with the vital services. Ensuring that Medicare pays its fair share is important to the stability of Community Health Centers. While one in five of all Health Center patients in Maine are Medicare beneficiaries, Medicare represents only 17 percent of total Health Center revenues. For Health Centers to remain a viable part of the health care delivery system, we must make changes.

Because Medicare currently does not reimburse health centers for the full cost of providing many vital services, like mammograms, nutrition assistance, laboratory and x-rays, health centers must utilize federal grant funding intended to serve the uninsured to cover these costs. This bill will require that Medicare, like state Medicaid programs, allow health centers to provide all Medicare-covered ambulatory services to Medicare beneficiaries in their communities.

Further, Community Health Centers face many challenges in their fight to remain in business and serve their communities. In rural communities that have Community Health Centers, the health center physicians often continue treating patients when they enter long-term care facilities, such as a nursing home. And while Congress took steps to ensure that the new SNF prospective payment system did not adversely affect this relationship, it was not successful in identifying all of the services that are provided. This bill will add health centers to the current list of providers that can bill for services provided to patients in a hospital or nursing home.

Given the role that Health Centers play in serving low-income and uninsured members of the community, providers often are willing to establish special arrangements with the Health Centers to provide additional assistance to these clients. An example of this type of arrangement is offering a reduced price for laboratory work for clients of a Community Health Center. However, under Federal anti-kickback laws this and other arrangements could be deemed illegal. Given the importance of developing community support for Health Centers and the need to encourage private-public partnerships to ensure that community financial support exists to care for low-income and uninsured individuals, this bill creates a safe harbor under the anti-kickback statute.

The final step that this legislation takes to improve access to primary and preventative services for Medicare beneficiaries is to ensure that Medicare covers a Community Health Center's cost of providing care to

Medicare+Choice beneficiaries. While the federal government requires Medicare, under the traditional fee-for-service program, to reimburse health centers for their cost to deliver care to beneficiaries, the same requirement does not exist for Medicare+Choice plans. This bill would require Medicare, like the Medicaid program, to provide wrap-around payments covering the difference between the amount paid to the health center under the managed care arrangement and the amount the health center would have received under traditional Medicare.

By making these four straightforward changes, we will be able to enhance the care that all Medicare beneficiaries receive, especially those living in underserved communities. And we will ensure that Medicare patients are not diluting federal funding intended to help the 41 million Americans that were uninsured in 2001.

By Mr. KENNEDY (for himself, Mrs. MURRAY, Ms. CANTWELL, Mr. CORZINE, Mr. DAYTON, Mr. DODD, Mr. KERRY, Mr. LIEBERMAN, Mr. SCHUMER, Ms. STABENOW, Mrs. CLINTON, Mr. DURBIN, Ms. LANDRIEU, Mr. HARKIN, Mr. FEINGOLD, Mr. SARBANES, Ms. MIKULSKI, Mrs. FEINSTEIN, and Mrs. BOXER):

S.J. Res. 11. A joint resolution proposing an amendment to the Constitution of the United States relative to equal rights for women and men; to the Committee on the Judiciary.

Mr. KENNEDY. Mr. President, today, Senators MURRAY, CANTWELL, CORZINE, DAYTON, DODD, KERRY, LIEBERMAN, SCHUMER, STABENOW, CLINTON, DURBIN, LANDRIEU, HARKIN, FEINGOLD, SARBANES, MIKULSKI, FEINSTEIN, BOXER and I are re-introducing the Equal Rights Amendment to the Constitution. In doing so, we reaffirm our strong commitment to equal rights for men and women.

Adoption of the ERA is essential to guarantee that the freedoms protected by our Constitution apply equally to men and women. From the beginning of our history as a Nation, women have had to wage long and difficult battles to win the rights that men possess automatically because they are male. In 1920, we amended the Constitution to guarantee women the right to vote, and we must do so again to eliminate discrimination against women. A constitutional amendment is necessary to do so, because existing statutory prohibitions against discrimination have clearly failed to give women the assurance of equality with men.

Despite passage of the Equal Pay Act and the Civil Rights Act in the 1960s, discrimination against women continues to permeate the workforce and the vast majority of areas of the economy. Today, women earn less than 75 cents for each dollar earned by men, and the gap is even greater for women of color. In the year 2000, African American women earned just 64 percent of the earnings of white men, and Hispanic women earned only 52 percent. Women with college and professional degrees have achieved advances in a number of professional and managerial occupations in recent years—yet more than 60 percent of working women are still clustered in a narrow range of traditionally female, traditionally low-paying occupations, and female-headed households continue to dominate the bottom rungs of the economic ladder.

The routine discrimination that so many women so often face proves that there is still a need for the ERA today. A bolder effort is clearly needed to enable Congress and the States to live up to our commitment of full equality. The ERA alone cannot remedy all discrimination, but it will clearly strengthen the ongoing efforts of women across the country to obtain equal treatment.

We know from the failed ratification experiences of the past that achieving the ERA's adoption will not be easy. But its extraordinary significance requires us to continue the battle. I urge my colleagues to approve the ERA in this Congress, and join the battle for ratification in the States. Women have waited long enough for full recognition of their equal rights by the Constitution.

I ask unanimous consent that the text of our joint resolution be printed in the RECORD.

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

S.J. RES. 11

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the following article is proposed as an amendment to the Constitution of the United States, which shall be valid to all intents and purposes as part of the Constitution when ratified by the legislatures of three-fourths of the several States:

''ARTICLE—

''SECTION 1. Equality of rights under the law shall not be denied or abridged by the United States or by any State on account of sex.

''SECTION 2. Congress shall have the power to enforce this article by appropriate legislation.

''SECTION 3. This article shall take effect two years after the date of ratification.''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 92—DESIGNATING SEPTEMBER 17, 2003 AS ''CONSTITUTION DAY''

Mr. DEWINE submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 92

Whereas the Constitution of the United States of America was signed on September 17, 1787, by 39 delegates from 12 States;

Whereas the Constitution was subsequently ratified by each of the original 13 States;

Whereas the Constitution was drafted in order to form a more perfect Union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty for the citizens of the United States;

Whereas the Constitution has provided the means and structure for this Nation and its citizens to achieve a level of prosperity, liberty, security, and justice that is unparalleled among nations;

Whereas the Constitution's contributions to the welfare of the human race reach far beyond the borders of the United States;

Whereas the Senate continues to strive to preserve and strengthen the values and rights bestowed by the Constitution upon the United States of America and its citizens;

Whereas the preservation of such values and rights in the hearts and minds of American citizens would be advanced by official recognition of the signing of the Constitution: Now, therefore, be it

Resolved, That the Senate:

(1) designates September 17, 2003, as ''Constitution Day''; and

(2) calls upon the people of the United States to observe the day with appropriate ceremonies and respect.

SENATE RESOLUTION 93—COMMENDING JERI THOMSON FOR HER SERVICE TO THE UNITED STATES SENATE

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

S. RES. 93

Whereas Jeri Thomson was elected the thirtieth Secretary of the Senate on July 12, 2001;

Whereas Jeri Thomson served the Senate during a truly historic time and ensured that the Senate continued its work for the country despite experiencing the longest dislocation in the history of the Senate due to the largest bioterrorism attack in our Nation's history;

Whereas Jeri Thomson's dedicated service enabled the Senate to break ground for a new Capitol Visitor Center, ensuring future generations will continue to have safe access to ''The People's House''; and

Whereas, as an elected officer, Jeri Thomson has continuously upheld the highest standards of professionalism and, in the tradition of the Senate, has extended her exemplary service to all Members of the Senate and their families: Now, therefore, be it

Resolved, That the Senate—

(1) commends Jeri Thomson for her extraordinary contributions to the Senate and her country; and

(2) expresses its deep appreciation for her continuing service.

SEC. 2. The Secretary of the Senate shall transmit a copy of this resolution to Jeri Thomson.

SENATE RESOLUTION 94—COMMENDING ALFONSO C. LENHARDT FOR HIS SERVICE TO THE UNITED STATES SENATE

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

S. RES. 94

Whereas Alfonso C. Lenhardt (''Al'') was elected the thirty-sixth Sergeant at Arms and Doorkeeper for the United States Senate and began his service on September 4, 2001;