

of consent requests but just a few in number. We have been asked by the White House to hold off on one of those for the next 15 minutes, so we will do that. We have quite a large batch of nominations to clear. We have a hold on them. We thought we had it all worked out, but there is a problem on the other side. That is unfortunate, but that is what seems to happen. I have had a number of conversations with the President's Chief of Staff, and they have had numerous meetings with my people and the President's people. We thought we had everything worked out—and we do on our side—as to what Mr. Bolton wants. But we will wait to see if that can be worked out with the minority, and sometime in the near future.

I have nothing further at this time, Mr. President.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

NOMINATIONS

Mr. MCCONNELL. Mr. President, I am not sure we do have a problem. We are taking a look at it now, and we will be in further consultation with the majority leader.

Mr. REID. Excellent. That is good news.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Pennsylvania is recognized.

KEY PROVISIONS OF H.R. 6331

Mr. CASEY. Mr. President, I rise this morning, prior to our break for the Fourth of July holiday, to talk about Medicare and in particular some of the activity on the floor in the last couple of weeks, but especially last night.

I wanted to highlight some of the provisions of the Medicare Improvements for Patients and Providers Act of 2008 because sometimes, when something gets voted on here, whether it is the bill or a measure to get us to the bill, it can go right by a lot of us and certainly can go right by the American people without enough focus on some of the provisions of the bill and some of the detail. I think it was a real missed opportunity, and I will talk about that

in a moment, but now just some of the highlights.

First of all, with regard to physicians in America, the bill eliminates the pending 10-percent cut in Medicare payments to physicians for the remainder of 2008 and provides a 1.1-percent update in Medicare physician payments for 2009. It provides a 2-percent quality reporting bonus for doctors who report on quality measures through 2010 and provides financial incentives to providers to encourage the use of electronic prescribing technology.

I don't think anyone in America needs to be reminded of how important this is, not just to make sure our Medicare system works well because of the positive impact this could have on doctors, but also anything we can do to encourage the use of information technology or other kinds of technology to make our system more efficient and more safe is critical. So that is one part of the physician section of this bill.

For hospitals in particular and especially in my home State of Pennsylvania, there are so-called section 508 benefits. I will give a quick summary of what that means.

This bill would extend 508 benefits to hospitals so they can continue to pay doctors and other providers in accordance with wages from surrounding areas. For northeastern Pennsylvania especially, this is a critical provision.

Basically, and I am generalizing here, sometimes what happens is you have regions of a State that are categorized or given definitions that don't apply, and the reimbursement level goes down, and therefore the wages are impacted and they have trouble recruiting skilled personnel for positions in those hospitals. So we need a long-term fix for this situation. What this bill would do is continue to extend some help we have given in the past, but we do need a long-term fix, and we are working on that. For now, we need to provide this wage assistance to hospitals—and many hospitals in Pennsylvania have been hit hard by this—so they do not lose critical personnel to surrounding areas. It is a very competitive business, the business of recruiting qualified medical personnel.

That is the physician section.

The second section—and I am going to review just two or three more—the beneficiaries. There is a lot to talk about here, but this bill adds a critical benefit for low-income older citizens, who are among the most vulnerable Medicare beneficiaries. It extends and improves low-income assistance programs for Medicare beneficiaries whose income is below \$14,040. This includes the so-called Qualified Individual Program, which pays Part B premiums for low-income beneficiaries with incomes between \$12,480 and \$14,040. This provision is important to beneficiaries. The bill would increase the amount of assets low-income beneficiaries can have and still qualify for financial help with Medicare costs.

The Presiding Officer knows from his own work in the State of Ohio and the people he represents that as we went through the farm bill, one of the points we focused on with regard to food stamps was that some people who get a benefit from food stamps were adversely affected because things such as childcare expenses—so essential for a family—were being included as part of their assets, and it made it harder for them to get food stamp benefits. The same kind of principle is at stake here, where too often the eligibility determinations for low-income beneficiaries are unfair. This would improve that.

Another area I wish to talk about are pharmacies. The bill requires Medicare to pay pharmacies on time—as they should anyway. Isn't that an interesting provision? These pharmacies have to pay out on prescriptions, and they need reimbursement quickly so they can stay in business. Many of them are the only pharmacies serving their communities in small towns.

When people think of my State, they think of big cities such as Philadelphia or Pittsburgh or Erie or Scranton or Harrisburg or Allentown. But in between, we probably have more small towns than most States in the country. In those smaller communities, that pharmacy is sometimes the only option for many families—and not just rural families but many families who just live in small towns. It is certainly reasonable to expect these pharmacies to be reimbursed within 14 days, and that is what this bill does. It forces the Federal Government to do what it should do, which is to pay pharmacies on time.

Medicare Advantage. That is something we are going to be talking more about, but that is a subject of significant debate in the country. This bill deals with that issue directly. It also deals with rural providers and other beneficiaries.

The bill protects access to care in rural America by extending and building upon expiring provisions, including improving payments for sole community hospitals, critical access hospitals, and ambulances. It extends expiring provisions that preserve payment equity for rural physicians and rural hospitals that run clinical laboratories.

I could go on from there, but I won't. This isn't just about some Medicare concerns we have in our cities, this is about rural America and access to care in rural America. And Pennsylvania has as much of a rural population as virtually any State in the country. We are at least in the top five, at last count.

So all of this is a way to summarize the bill and not do justice necessarily to the detail of the bill. This was a bill that was worked on here, worked on in the Finance Committee for many weeks, and worked on in the House in consultation with the Senate. The chairman of the Finance Committee, MAX BAUCUS, and his team and people

on that committee worked very hard, and I will tell you, to have it stopped, as so many things have been blocked around here—when I look at the total votes, Democrats did their job. We voted, every one of us, in unison to get this legislation moving forward. Yet, if you look at the total, on this vote last night there were eight Republicans who voted to move the bill forward.

When you consider what is at stake—I mean, we listened to the arguments from the other side, but when you talk about making sure physicians are treated fairly so they can treat older citizens in Pennsylvania, Ohio, and across the country; when you talk about reimbursement in the case of hospitals in northeastern Pennsylvania, where they are competing for skilled personnel, yet we are not going to move something forward that can help them on their wages so they can have the best possible care for older citizens—in my home area of northeastern Pennsylvania, we have the highest percentage of people over 65 of anyplace in the country. We need help with this wage index problem to recruit the best personnel.

When you talk about beneficiaries, these are very vulnerable low-income beneficiaries, some of whom do not just have to worry about their Medicare benefits, but they are standing in lines to get food from food pantries. The Presiding Officer has talked about this a lot over the last year. The price of everything in their lives has gone up—gasoline and food, they are worried about Medicare, they are worried about their children and their grandchildren. And we can't vote to move something forward? It is outrageous that we have this split where you get all these Democrats voting for it and only eight Republicans.

Finally, when it comes to pharmacies and rural providers, my goodness, if we can't move legislation forward to make sure the Federal Government pays pharmacies within 14 days, what are we doing? We can't get the votes to move forward.

People across America and families on Medicare are worried. They are worried about Medicare and how it is going to impact their lives. I want them to be aware of what happened here. Democrats voted in unison to move this forward, to make these changes to the Medicare Program. The other side did not. It is a very simple equation. I know we will vote on this again, and I hope our colleagues on the other side, when they consider what is at stake for rural America—for small towns across the country and for very vulnerable people—I hope they would take that into consideration and vote the right way for older citizens and for those families.

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

The ACTING PRESIDENT pro tempore. Will the Senator withhold his request?

Mr. CASEY. I will withhold.

Mr. SESSIONS. Mr. President, may I be recognized?

The ACTING PRESIDENT pro tempore. The Senator from Alabama is recognized.

RURAL HEALTH CARE AND WAGE INDEX PROBLEMS

Mr. SESSIONS. Mr. President, I thank the Senator from Pennsylvania for raising some important issues with regard to the way our Medicare system works—and Medicaid, too, for that matter. In many areas of the country at least half the health care that is provided goes through those programs. I would like to associate myself with what I understood to be one comment that he made about rural health care and wage index problems.

Hospitals in America are reimbursed at different rates. If you are a hospital in a smaller area, the Federal Government calculates how much you should be reimbursed based on what they call a wage index, and that wage index pays substantially less or results in a payment substantially less than is given to hospitals in urban areas for the very same procedure and the very same care.

We tried to make some progress, and did make some progress, a few years ago under the leadership of Senator GRASSLEY. He understood the issue. He believed it was adverse to some of the smaller communities in Iowa. We had some discussion about it. We made some progress, but it is still very dramatic.

Let's say the average is \$100 for a procedure; this is what a hospital would be paid. If your wage index is 80, then you would be paid \$80. If your wage index were 120, you would be paid \$120. If you have two hospitals, one of them with a higher wage index, it gets paid \$120, and a poorer, rural hospital would get paid \$80.

This has some ramifications that go beyond common sense in that the equipment that a rural hospital needs to utilize may be utilized less often, and therefore is more expensive per procedure, than one that will be utilized in a wealthier hospital in a wealthy area. I think this is a big issue.

In response to the concern about the bill, I understand there is a firm view of Members on this side, and the President, that the Medicare Advantage program not be eliminated in this bill. That is basically what has happened. We want to see many, if not all, the reforms in here, or most of these reforms, but there are one or two matters that this side of the aisle feels very strongly about. If we could work those out, I think we could pass that legislation in prompt order.

Some would say it has been blocked by those on this side, and some on this side say it has been blocked by the unwillingness to discuss the concerns that we have, and therefore it is blocked on the other side.

I see our distinguished majority leader.

I yield the floor.

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

THE PEPFAR REAUTHORIZATION

Mr. REID. Mr. President, in 2003, Congress responded to President Bush's call for action by creating the Global HIV/AIDS Program. The goal of that program was to confront the crisis which has killed more than 30 million Africans since 1982. Thousands are dying every day. About 5,000 are dying every day in Africa—every day, weekends, no holidays off. This strongly bipartisan effort to create this legislation has already helped tens of millions of Africans affected by HIV/AIDS. It has been 5 years since we passed that legislation, and now it is time to reauthorize the Global HIV/AIDS Program.

This program was started with bipartisan support, and that support remains today. The House of Representatives passed the reauthorization on a strong bipartisan vote. The Senate Foreign Relations Committee also passed the bill with broad bipartisan support. This legislation has the strong support of Senate Democrats, most of the Senate Republicans, and President Bush.

Unfortunately, as happens often, the legislation has been blocked by a small group of Republican Senators who have placed a hold on this legislation, preventing us from moving forward. That is why several months ago I asked Chairman BIDEN and Ranking Member LUGAR to negotiate a compromise. They worked tirelessly on this challenge. I thank them for their hard work. Also, Senator ENZI, the ranking member of the HELP Committee, in the absence of Senator KENNEDY, has worked very hard to get rid of some of the holds.

Given the importance of this legislation and the overwhelming amount of work we have to do in the Senate, I thought it would be appropriate to set a deadline to get something done, and that deadline was this week for the negotiations to be completed. First, it was Monday, then Tuesday, then Wednesday. Then yesterday I was told by Senator ENZI there was one more person to work it out with and we could clear it tomorrow. That is today—he told me that yesterday.

We thought an agreement had been reached, and we have a final text of the agreement. I thank everyone for their work and their leadership during these negotiations, for their hard work over the past few days to close the deal on the final issues.

Senators COBURN, ENZI, BURR—I indicated, and the White House—have all taken part. I certainly hope my colleagues on the other side will not block this bipartisan agreement.

President Bush will be attending the G-8 conference over the July recess and