

gears and dials and gauges that you can get just right to make this economy work. This is a lot about consumer confidence, how do you provide confidence in the future. That is how we begin to expand this economy.

How can people have confidence in the future when they see these unbelievable wild gyrations that are occurring on Wall Street? How can they have confidence in the future when they know what the root of it is? People have been advertising to them that if you are bankrupt, if you have slow credit or no credit, come here, we will give you a loan. How can that engender confidence? And how can people have confidence in an economy where we have a President who says: You know what, we are going to go fight a war and not pay for it; I insist we not pay a penny; I insist that while we fight this war, we are going to charge every single cent, and if you in Congress want to pay for it, I will veto the bill that raises the funds. Is that going to give people confidence? I don't think so.

People have a right to be concerned about an economy that is deep in debt and getting deeper every day and a trade policy that ships our jobs overseas and ends up with a \$700 billion trade deficit every year that will have to be repaid with a lower standard of living in our country. People have a right to be concerned about that.

If you go back to the fundamentals and start putting some of this back together—a fiscal policy that makes sense, a trade policy that stands up for this country's economic interests, and firing the regulators who won't regulate, and put in place new regulations and new regulators who will do the job they are paid to do, and then restore the laws that provided protection so we don't fuse risk with banking—if you start doing those kinds of things and telling the American people we are going to bring back some of those ill-gotten gains, and we are going to stop these outer space incomes of hundreds of millions of dollars a year. In fact, the highest income earner last year was \$3.6 billion. That is a \$300-million-a-month paycheck. Does that seem a little out of line to you? It does to me.

I have covered a lot of ground, and my sense is that we have work to do to give the American people the comfort and the assurance that we are dealing with the fundamentals that will put this country back on better footing. We won't do that by deciding to write a check and offering up a bunch of money. It won't happen. I mean, that is not what is going to provide confidence to the American people. What will provide confidence is effective leadership, leadership that says here are the six or eight things that are wrong, we know they are wrong, we have known for some while, and now we are going to make them right. If we can we can work on those issues together, I think the American people finally will decide there is some leadership that will give us the opportunity for a better future.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

HEALTH CARE SAFETY NET ACT OF 2008

Mr. DORGAN. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of H.R. 1343, and that the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 1343) to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.

There being no objection, the Senate will proceed to consider the bill.

Mr. ENZI. Mr. President, I am pleased to be before this body and congratulate my colleagues on the work they have done to facilitate passage of the Health Care Safety Net Act. I sincerely appreciate the work of Senators KENNEDY and HATCH on this important issue; their leadership has led us to this point. I look forward to sending the bill to the President and seeing it signed into law.

Community health centers are a critical piece of the health care safety net and a vital piece of our health care system. The Community Health Center program has a long history of helping people get the care they need when illness or an emergency presents itself. Congress enacted the health centers program in the 1960s. Since that time, health centers have been regularly providing high quality health care to people living in rural and underserved areas, regardless of their ability to pay. The number of health centers continues to rise, and more people are getting the kind of high quality health care they have come to rely on every day.

A newly added provision in this bill requests the Comptroller General conduct a study on the implications of expanding the Federal Tort Claims Act to cover volunteer health care providers serving at community health centers. I am very supportive of encouraging health care providers to volunteer time serving underserved populations especially at community health centers, and I am interested to see the results of the study. I also have a separate piece of legislation, not included in this bill, that takes a slightly different approach at solving this problem. The Volunteer Health Care Program Act of 2008 provides grants to States that con-

tract with providers who provide charity care as an agent of the State and the State assumes the liability risk. I hope Members will consider this approach next Congress as we look to address the problems volunteers face.

This bill also reauthorizes the National Health Service Corps, the Corps, program for 5 years. The Corps assists health professional shortage areas in all parts of the United States to meet their primary care, oral, and mental health services needs. The bill clarifies that all federally qualified health centers and rural health clinics shall be automatically designated as having a health professional shortage. In my home State of Wyoming, we have a shortage of every type of provider, so I am glad this committee is reauthorizing this important program.

The bill also reauthorizes for 5 years the Rural Health Care Services Outreach program, which increases access to primary health care services for rural Americans. Most of Wyoming is not classified as rural; most of Wyoming is classified as frontier because we have such a geographically large state with so few residents. I am pleased these programs were reauthorized.

Additionally, I appreciate all the help of my friend Senator COLLINS, who championed the provisions reauthorizing the primary dental health workforce programs. This program awards grants to States that develop and implement innovative programs to address dental health workforce shortages. Many States are doing great things with these funds, and I plan to encourage my home State of Wyoming to apply for one of these grants. Improving dental health is a critical part of keeping folks healthy and preventing disease and I commend the work of my friend from Maine.

A new section of the bill promotes greater coordination of primary care providers during emergency situations. I am pleased to say Wyoming is leaps and bounds ahead of the rest of the country with regard to this provision. During Hurricane Katrina, other States sent volunteer providers to Louisiana, but their medical liability protections did not follow them. Wyoming enrolled providers in the Volunteer Medical Reserve Corp Program, which allowed the Wyoming volunteers to have medical liability protections that followed them to Louisiana. I applaud the health care providers in Wyoming who did the right thing by volunteering and the State efforts that ensured that their liability protections followed them to Louisiana. I hope other States will follow in Wyoming's footsteps and enroll volunteers in the Volunteer Medical Reserve Corps.

I also appreciate the leadership of Senators SMITH, BARRASSO, ROBERTS, GRASSLEY and the other members who championed revising the timeframe for recognition of certain designations in certifying rural health clinics under the Medicare Program. Because the

Medicare Program falls under the jurisdiction of the Finance Committee, we worked closely with the Finance Committee members and enlisted their support and expertise in designing this provision. I am pleased we could include this provision that will help rural health clinics continue to provide quality care to their patients.

Finally, I would be remiss if I didn't mention this Community Health Center bill is actually a part of step 9 of my 10-step plan to transform health care in America. Passing this bill puts us one step closer to fixing our health care system. I look forward to passing more of the 10 steps next Congress.

Mr. HATCH. Mr. President, as the lead Republican sponsor of the Health Care Safety Net Act with the chairman of the Senate Health, Education, Labor and Pensions, HELP, Committee, Senator KENNEDY, I am so pleased that the Senate approved this legislation earlier today. Members of the Senate HELP Committee, on both sides of the aisle, worked hard to ensure its passage, and I want to thank, in particular, Senator TED KENNEDY, Senator MIKE ENZI, Senator JUDD GREGG, Senator LAMAR ALLEXANDER, Senator RICHARD BURR, and Senator COBURN for their commitment in getting this legislation through the Senate.

I also want to thank my House colleagues, especially, House Energy and Commerce Committee chairman JOHN DINGELL and its ranking Republican member JOE BARTON for the leadership on this bill. Additionally, the Health Subcommittee chairman FRANK PALLONE and its ranking member NATHAN DEAL, along with Congresswoman DIANA DEGETTE and Congressmen GENE GREEN and BART STUPAK, were extremely helpful during our negotiations on this bill. And while, at times, it was not easy, I appreciate their willingness to work with the Senate on compromise legislation that will improve the lives of millions of uninsured and underinsured Americans.

This bill is expected to be considered by the House of Representatives tomorrow, and once it has been approved by the House, it will be sent to the President to be signed into law.

The health centers program was created over 40 years ago and has been providing health care to those without health coverage and those who are underinsured. These centers provide care to children, their parents, and their grandparents and are an important part of our country's health care safety net.

Community centers have made a tremendous difference for Utahns with insufficient health coverage. In fact, Utah community health centers provide care to close to 85,000 patients. They have not only filled in health coverage gaps, but they have also done an excellent job providing care to those with little or no coverage.

Utah health centers have made a tremendous difference in the lives of many Utahns—66 percent of patients

come from Utah's urban areas and 27 percent are from the rural parts of the State. Ninety-six percent of Utah's health center patients, incomes are below 200 percent of the Federal poverty level. Utah health centers have literally changed their lives—in rural areas, health centers are often the only health care provider.

Our bill will reauthorize the health center program for 5 more years and includes funding levels of \$2,065,000,000 in fiscal year 2008; \$2,213,000,000 in fiscal year 2009; \$2,602,000,000 in fiscal year 2010; \$2,940,000,000 in fiscal year 2011; and \$3,337,000,000 in fiscal year 2012.

H.R. 1343 also contains other important provisions relating to community health centers including a health care quality study conducted by the Department of Health and Human Services, HHS, on efforts to expand and accelerate quality improvement activities in community health centers.

In addition, our bill requires the Government Accountability Office, GAO, to conduct three studies. The first study would review integrated health systems as a model to expand access to primary and preventive services for medically underserved populations and improve care coordination and health care outcomes. The second GAO study would evaluate the economic costs and benefits of school-based health centers and their impact on the health of students. The final study would make recommendations on policy options that would encourage health care practitioners to work as volunteers in health centers.

The Health Care Safety Net Act allows the Secretary of HHS to recognize the unique needs of high poverty areas in awarding grants, something that was important to members representing these parts of the country.

The legislation reauthorizes the National Health Service Corps, NHSC, at \$55 million over 5 years and also makes permanent the automatic health professions shortage area designation that community health centers currently have, allowing them to cut down on the cumbersome paperwork that can delay NHSC placements. The bill requires the NHSC to assist the Corps members in professional development opportunities.

H.R. 1343 also reauthorizes the State Loan Repayment Program through 2012 and makes the District of Columbia and the territories eligible for this program, which is part of the overall strategy to improve access to health care in underserved communities.

Our bill reauthorizes the Primary Dental Workforce and Rural Healthcare Programs, which increases access to dental care in underserved areas by providing matching funds for States to use in training, recruiting, and placing dentists. In addition, the bill reauthorizes the rural health care programs at \$45 million per year through 2012. I would like to thank Senator SUSAN COLLINS for working with us on this important provision.

The legislation improves access to primary care during public health

emergencies by improving coordination between health centers, State and local emergency planners, and existing Federal programs for medical volunteers.

Finally, the bill prevents rural health clinics, RHC, from losing Medicare certification by including a technical fix that aligns Health Resources and Services Administration, HRSA, and the Centers for Medicare and Medicaid Services, CMS, standards so that all RHC shortage area designations are reviewed every 4 years. This provision was extremely important to members of the Senate Rural Health Care Caucus, and I would like to thank Senators PAT ROBERTS, TOM HARKIN, GORDON SMITH, RON WYDEN, KENT CONRAD, and JOHN BARRASSO for bringing this important matter to our attention. I also want to thank Finance Committee chairman MAX BAUCUS and its ranking member CHUCK GRASSLEY for their willingness to include this provision in this bill.

Community health centers have made a huge impact in people's lives. I am pleased and proud that our legislation has been approved by the Senate, and I urge my House colleagues to approve this important bill as quickly as possible. This legislation will not only allow health centers to continue providing people with essential health care services but also will ensure that the health centers will have the funding necessary to provide these important services.

Mr. DORGAN. Mr. President, I ask unanimous consent that a substitute amendment, which is at the desk, be agreed to; the bill, as amended, be read a third time and passed; the motions to reconsider be laid upon the table, with no intervening action or debate; and any statements related to the bill be printed in the RECORD.

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

The amendment (No. 5642) was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill (H.R. 1343), as amended, was read the third time, and passed.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. CARDIN). Without objection, it is so ordered.

The Senator from Pennsylvania is recognized.

COSPONSORSHIP OF S. 334, THE HEALTHY AMERICANS ACT

Mr. SPECTER. Mr. President, I have sought recognition for the purpose of