

also like to extend my thanks to the chairman and ranking member of the HELP Committee, Senator KENNEDY and Senator ENZI, for working with us on this issue. In my 7 years as chairman and ranking member of the Finance Committee, I have worked to preserve the committee's jurisdiction over legislation amending the Social Security Act, as Senator BAUCUS is doing now. In this case, the CMS certification requirement for rural health clinic designations is governed by title XVIII of the Social Security Act, which, as the Chairman has noted, is within the exclusive jurisdiction of the Finance Committee. The Balanced Budget Act of 1997 required that rural health clinics be located in an underserved or shortage area that were designated or updated within the previous 3 years but the 3-year requirement has only been applied to new facilities seeking to be designated as rural health clinics. The Centers for Medicare and Medicaid Services, CMS, recently issued a rule proposing changes in the requirements for rural health clinics. One of the proposed changes would apply the 3-year designation requirement to all rural health clinics and decertify RHCs located in communities where the shortage area designation is more than 3 years old.

The Health Resources and Services Administration, HRSA, and most States update their shortage area designations every 4 years. We need to align the timeframes for HRSA and CMS shortage area designations so that CMS certifications of rural health clinic designations would be valid for a 4-year period, consistent with the 4-year period used for HRSA designations. Otherwise, many rural health clinics in Iowa and other States throughout the country could lose their RHC designation simply because their State is not able to comply with the new CMS 3-year timeframe for certification.

Under the CMS proposal, if an RHC loses its designation or the State has not renewed its shortage area designation within 3 years, the RHC must request an exception within 90 days or it will be decertified 180 days after the 3-year period ends. Unless the statutory 3-year CMS certification period is changed to 4 years, many RHCs could be subject to being decertified in the near future unless they are deemed "essential." Rural health clinics should not be jeopardized with closure because a shortage area designation has not been updated in a timely fashion by the State or Federal Government.

CMS has estimated that approximately 500 of the 3,700 rural health clinics operating today no longer meet the existing location requirements for RHCs, either because they are not in an area designated by the U.S. Census Bureau as "nonurban" or they are not designated by HRSA as being located in an eligible shortage area. Others believe that this estimate is too low. The

National Rural Health Association has estimated that the proposed changes to the location requirements could result in up to 45 percent of RHCs being ineligible to continue in the program unless they are granted an exception. If this estimate holds true for RHCs throughout the country, over 1,600 RHCs could be decertified. This would severely impact access to health care for those in rural and medically underserved areas where rural health clinics provide the only access to critical medical services.

We are most appreciative of the efforts of our colleagues, Senator KENNEDY and Senator ENZI, to amend H.R. 3343 to change the CMS certification period for shortage area designations from 3 to 4 years in order to align the CMS certification period for shortage area designations with HRSA's designation review period.

#### HEALTH INSURANCE

Mr. GRASSLEY. Mr. President, I am here today to talk about health insurance. A year ago, in the spirit of bipartisanship, I joined Senator WYDEN and Senator BENNETT in cosponsoring the Healthy Americans Act. The Wyden-Bennett bipartisan legislation offers elements that are consistent with a "patient-driven" approach to improving our health care system. A "patient-driven" approach means people can shop for their own health insurance in a competitive marketplace, which will allow them to choose the type of health care coverage that meets their needs. Many in the Democratic Party, including the Democratic Presidential candidate, want a Government-controlled system that is not "patient-driven." This is a non-starter and is bad policy. And the majority of Americans do not want the Government making their health care decisions for them.

I continue to be interested in exploring ways to reform the health care system through the Tax Code. I am interested in examining whether Congress should offer Americans a choice between a tax credit and a deduction for health insurance. The Wyden-Bennett bill raises some tough questions that we need to explore as we look at health care reform. We need to determine the future role of Medicaid and SCHIP in our system over the long haul. We need to explore better ways to make the market work to hold down the rising costs of health care. And we need to find better ways to make health coverage more affordable and secure. This "patient-driven" approach—with insurance reforms and changes in the tax treatment of health insurance—should make health insurance more affordable for everyone. The goal should also be, if people are happy with their current health care coverage, they can keep it.

During my tenure in the Senate, I have sought to build bridges between Republicans and Democrats. I believe that there are times where Republicans

and Democrats need to come together to produce results. Health care reform cannot be successful if it is not bipartisan. I commend Senators WYDEN and BENNETT for forging the only bipartisan effort in Congress to date.

As I did last year, I want to make clear that my cosponsorship of the Wyden-Bennett bill is not an endorsement of all that the bill proposes. Instead, I am cosponsoring this bill to add my voice to those who are calling for people to work across party lines to find innovative solutions that can work. While I support the "patient-driven" approaches in the bill, I have serious concerns about a number of the provisions of the Healthy Americans Act. For example, this bill would require all individuals to buy health insurance. I support accessibility to private insurance and differ with my colleagues on this point. Also, Senator WYDEN's approach envisions a bigger role for Government than I would prefer. In addition, I certainly am not endorsing the repeal of the non-interference clause in Medicare Part D. That is not going to be on the table for me.

I also need to address a concern about the Wyden-Bennett bill I have seen pop up lately. These accusations are particularly troubling because I don't think they are accurate. It is true that the Joint Committee on Taxation has estimated the gross cost of the bill to be about \$1.4 trillion annually by the year 2014. It is also true that the Joint Committee on Taxation estimated that the bill is fully paid for so the net cost to the Federal Government is zero. I have also read a concern that the Wyden-Bennett bill does not do enough regarding mandated benefits. The Wyden-Bennett bill reduces the impact of the myriad State mandates so that there will only be a much more limited set of requirements of a health plan much more consistent with what is already provided to Federal employees today.

Finally, I want to refute one particular charge regarding coverage of abortion services. The Wyden bill does not mandate that every American buy a health insurance plan that covers abortion services. This Senator supports legislation that protects life, and one only needs to point to my record in this area for evidence of that fact. I would not support a bill that requires individuals to purchase health insurance that covers abortion, or legislation that encourages women to seek abortion. And, while I agree that Americans deserve similar health care options that Members of Congress enjoy, I don't agree that Washington should mandate coverage of procedures that purposely end human life. Should this bill move forward, I will work with my colleagues to make sure abortion coverage is not made mandatory.

So my cosponsorship is not an endorsement of all provisions of the bill. Instead, I have cosponsored the Healthy Americans Act to add my

voice to the bipartisan call for significant changes in our health care system. This is only one step in the process of the public discussion of ideas for improving our health care system. I also intend to continue working with Chairman BAUCUS and members of the Senate Finance Committee on his health care reform agenda.

We have serious problems, and we need to solve them. So it's time to get to work.

#### SUPPORT FOR VULNERABLE AND DISPLACED IRAQIS ACT

Mr. CASEY. Mr. President, I rise today to highlight a bill my distinguished colleague, Senator CARDIN of Maryland and I introduced last week. S. 3509 addresses the ongoing humanitarian crisis in Iraq and potential security breakdown resulting from the mass displacement of Iraqis inside Iraq and as refugees into neighboring countries.

If passed, this bill will help the United States address the needs of millions of Iraqis who have been forced to flee from their homes. The heart of the bill requires the Secretary of State to develop a comprehensive regional strategy to address this humanitarian crisis. Senator CARDIN and I are joined in this effort by our colleagues, Senators BINGAMAN and VOINOVICH, who have cosponsored the bill.

Unfortunately, we were not able to reach agreement to have this legislation placed on the Foreign Relations Committee business agenda this week. We may not have enough time left this year to bring this bill to the floor. I hope that is not the case—and if so, it is my hope that the State Department recognizes the need to formulate a strategy and take prompt action itself.

It has been 5 years since the fall of Baghdad, and although this administration refuses to acknowledge it, Iraq and her neighbors are in the midst of a humanitarian crisis that threatens to undermine the stability of the Middle East. Wherever one stands on the future of the U.S. combat presence in Iraq, we have a moral responsibility to those innocent Iraqis who have been driven from their homes and fear for their lives and their children's lives every day.

As I noted during my floor statement marking World Refugee Day this past June, Iraqis are now one of the largest displaced populations in the world. According to host countries hosting Iraqi refugees, up to 2 million Iraqis have fled their homes for neighboring country in order to avoid sectarian and other violence. According to the U.N. High Commissioner for Refugees, UNHCR, there are over 2.7 million internally displaced persons in Iraq.

Iraqi refugees are overwhelming the basic infrastructure of Iraq's neighbors, especially in Jordan, Syria, and Lebanon. This raises troubling concerns about the region's stability and shifting sectarian balances. No one in

the region, and I must stress this, no one including host countries and refugees themselves expect Iraqi refugees to return anytime soon. This means we will be dealing with the exodus of displaced Iraqis for some time to come. Despite this administration's position that security conditions are improving in Iraq and life is normalizing, there are no signs of imminent return.

I saw firsthand the humanitarian and security implications of this crisis during my trip to the region last year. Beyond the obvious humanitarian and moral dimensions, this crisis has grave implications for our national security interests in the Middle East.

We often talk about our military surge in Iraq. What has been missing for far too long now has been our humanitarian surge to address basic needs—access to food, health care, shelter, drinking water, and education. This needs to be at the heart of any campaign to win “hearts and minds.” Strong U.S. leadership is critical in bringing the Iraqi Government, regional neighbors, and the international community to the table to discuss and implement concrete measures.

To date, Congress has not passed any comprehensive legislation addressing this humanitarian crisis. My bill, S. 3509, would prompt the next administration to act quickly and make the displacement of millions of Iraqis an urgent foreign policy priority. The heart of the bill requires the Secretary of State to develop a comprehensive regional strategy that addresses the mass displacement of Iraqis. The strategy would: address the serious challenges facing Iraqi refugees; address the responsibility of the Iraqi Government to help meet the urgent needs of its citizens in the region; include an assessment of how much assistance is needed to help meet these needs; include an assessment of what conditions are necessary for the voluntary, safe, sustainable return of displaced Iraqis; include a description of the steps the U.S. Government has taken and will take to engage the international community to implement the strategy; and include plans to assess the impact of the strategy.

S. 3509 also includes reporting requirements from the State Department and the Government Accountability Office so that Congress is informed on how the administration is moving forward on the Iraqi humanitarian crisis.

Mr. President, I believe this bill will help define a roadmap for the United States and the international community on how we are meeting our basic obligations towards helping vulnerable Iraqis displaced as a result of the 2003 war. It will once again promote responsible American leadership abroad.

I want to thank the following groups who have supported S. 3509 thus far:

America's Development Foundation; Campaign for Innocent Victims in conflict, CIVIC; CARE; Catholic Relief Services; CHF International; Church World Service, Immigration and Ref-

ugee Program; EPIC: Promoting a Free & Secure Iraq; Friends Committee on National Legislation; International Medical Corps; International Relief and Development; International Rescue Committee; Leadership Conference of Women Religious; Maryknoll Office for Global Concerns; Mercy Corps; NETWORK; Presbyterian Church, USA, Washington Office; Refugees International; Save the Children; U.S. Committee for Refugees and Immigrants; and U.S. Conference of Catholic Bishops.

#### IDAHOANS SPEAK OUT ON HIGH ENERGY PRICES

Mr. CRAPO. Mr. President, in mid-June, I asked Idahoans to share with me how high energy prices are affecting their lives, and they responded by the hundreds. The stories, numbering well over 1,000, are heartbreaking and touching. To respect their efforts, I am submitting every e-mail sent to me through an address set up specifically for this purpose to the CONGRESSIONAL RECORD. This is not an issue that will be easily resolved, but it is one that deserves immediate and serious attention, and Idahoans deserve to be heard. Their stories not only detail their struggles to meet everyday expenses, but also have suggestions and recommendations as to what Congress can do now to tackle this problem and find solutions that last beyond today. I ask unanimous consent to have today's letters printed in the RECORD.

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

In response to your request for stories reflecting rising energy prices, I would offer the following: It is not unique to my family, but it affects everyone, everywhere, and as an elected official, I would advise you to keep it foremost in your mind when debating the need for renewable energy resources.

Our dependence on foreign oil has the effect of spilling our blood on foreign sands in wars that we sure should not be sticking our noses into. It is causing the rest of the world to see us as imperialists, rather than as the beacon of freedom, and it is edging our nation toward facism, as the wealthy have no qualms about sacrificing the poor to make sure the oil keeps flowing from these sources.

And, in the end, we the people lose. How can we call ourselves an independent nation if we are to rely on foreign energy? And how can we call ourselves a free people if we cannot afford basic necessities? We the people are seeing prices skyrocket, and our wages decline, despite what the annual reports say, as they do not account for the devaluation of the dollar.

WILLIAM.

P.S. Thank you for actually doing something about this mess.

Per your request, I am sending an e-mail in regard to my concern for the rising costs of fuel and the impact it is having upon me and my family.

As you know, Idaho is, to a great extent, a rural state. Most of our employment involves traveling to or from our job sites in automobiles. Since we aren't privileged enough to have a rapid transit system or bus