

“(5) REQUIREMENTS FOR CRITERIA DEVELOPMENT PROCESS.—

“(A) CONSIDERATION OF IMPACTS ON PATIENT AND RURAL ACCESS AND GOVERNMENT OWNED AND OPERATED SERVICE PROVIDERS; REQUIREMENT FOR STAKEHOLDER PARTICIPATION.—In developing accreditation criteria under paragraphs (3) and (4), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration, respectively, shall—

“(i) ensure that such criteria avoid adversely impacting beneficiaries under this title and other patient access to medically necessary and reasonable rotary wing air ambulance services, particularly in rural areas;

“(ii) expressly consider—

“(I) the particular needs and circumstances of suppliers and providers of rural air ambulance services (as defined in subsection 1(14)(C);

“(II) the particular needs and circumstances of those suppliers and providers of air ambulance services that are owned and operated by units of State or local government (including those that utilize a single aircraft for both air ambulance services and public safety purposes);

“(III) the extent to which any such criteria is economically feasible to ensure continued access to rotary wing air ambulance services, particularly in rural areas;

“(IV) the extent to which any such criteria is technically feasible, taking into account the ability of existing aircraft to comply with any such standards, as well as the market availability and future development of equipment and products that can be installed on or carried aboard existing rotary wing aircraft; and

“(V) the incorporation of any such criteria during appropriate implementation timeframes with the goal of transitioning toward higher caliber criteria for beneficiaries under this title over a reasonable period of time and in a manner that does not impede access to rotary wing air ambulance services, particularly in rural areas; and

“(iii) ensure that the process of developing such criteria is undertaken through a transparent process that provides for input from various stakeholders, including organizations representing physicians and other medical professionals, State, or local governments that own and operate air ambulance services, organizations representing air medical suppliers or providers, patient organizations, State emergency medical services, public health officials, and any other stakeholders determined appropriate by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) or the Administrator of the Federal Aviation Administration, respectively.

“(B) REGULAR UPDATING OF CRITERIA.—The Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration shall ensure that the criteria developed under paragraphs (3) and (4), respectively, are reviewed not less than frequently than every 2 years and updated as appropriate to reflect consideration of new medical and aviation standards, technologies, and equipment.

“(6) INCORPORATION OF ACCREDITATION CRITERIA.—

“(A) IN GENERAL.—The Secretary shall combine the criteria developed by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) under paragraph (3) and the criteria developed by the Administrator of the Federal Aviation Administration under paragraph (4) into a single set of final criteria and ensure that accreditation organizations designated

under paragraph (2)(A) apply such set of final criteria as substantive requirements in the accreditation process established under paragraph (1).

“(B) REVIEW.—The Secretary shall review such set of final criteria to ensure that, taken as a whole, such criteria are consistent with the requirements of clauses (i) and (ii) of paragraph (5)(A). If the Secretary determines that such set of final criteria is not consistent with such requirements, the Secretary shall request that the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration modify such criteria in accordance with the process described in paragraphs (3), (4), and (5).

“(7) GRANDFATHER PROTECTION FOR AIRCRAFT PRESENTLY PROVIDING ROTARY WING AIR AMBULANCE SERVICES.—

“(A) IN GENERAL.—Subject to subparagraph (B), the Secretary shall exempt any rotary wing air ambulance listed on a currently valid operating certificate with A021 air ambulance operations specifications pursuant to parts 119 and 135 of title 14, Code of Federal Regulations or any air ambulance for which a contractual obligation to purchase such air ambulance had been entered into prior to the date of enactment of the Patient Protection and Affordable Care Act, from compliance with any accreditation criteria developed under paragraphs (3), (4), and (5) or incorporated under paragraph (6), if, as determined by the Administrator of the Federal Aviation Administration in consultation with the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services), compliance with such criteria would require the replacement of such aircraft or impose an undue economic burden on a supplier or provider of rotary wing air ambulance services with respect to compliance costs.

“(B) LIMITATION.—The exemption authority under subparagraph (A) shall not apply to any new or used aircraft purchased after the date of enactment of the Patient Protection and Affordable Care Act (including aircraft purchased as a replacement for an existing aircraft) unless the supplier or provider was under contractual obligation to purchase such air ambulance prior to such date of enactment.

“(8) RELATIONSHIP TO OTHER LAWS AND AUTHORITIES.—Nothing in this section shall—

“(A) limit the authority of the Federal Aviation Administration over civil aviation or infringe upon any regulations or guidance respecting civil aviation safety;

“(B) affect the provisions of or requirements under section 4713(b) of title 49, United States Code; or

“(C) affect the authority of States to license providers of air ambulance services or medical personnel aboard such air ambulances, except to the extent otherwise prohibited by law, including such section 4713(b).”

EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Veterans' Affairs Committee be discharged from further consideration of H.R. 1377 and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report the bill by title. The bill clerk read as follows:

A bill (H.R. 1377) to amend title 38, United States Code, to expand veteran eligibility for reimbursements by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. AKAKA. Mr. President, today I urge our colleagues to pass legislation that would rightfully correct a deficiency in the law governing emergency health care treatment for veterans.

H.R. 1377, which passed the House in March of this year, would expand veteran eligibility for reimbursement for emergency treatment furnished in a non-Department facility. H.R. 1377 is a companion bill to provisions contained in S. 1963, the Caregiver and Veterans Omnibus Health Services Act of 2009, which passed the Senate just a few weeks ago.

Under current law, originally enacted on November 30, 1999, a veteran who is enrolled in VA's health care system can be reimbursed for emergency treatment received at a non-VA hospital. However, the statute only permits such VA reimbursement if the veteran has no other outside health insurance, no matter how limited that other coverage might be. This means that a veteran who has any insurance is not entitled to reimbursement from VA for emergency medical treatment received at a non-VA facility. This holds true even if the veteran's insurance policy does not cover the full amount owed.

In discussing the importance of this legislation, I mention one particular story that came to the committee's attention. A disabled Vietnam veteran from Illinois was in a serious motorcycle accident which led to emergency medical bills totaling over \$100,000. This veteran had state mandated motorcycle insurance, but it only covered \$10,000 in expenses. Because under current law veterans are personally responsible for any difference between whatever coverage they have and the costs of their emergency care, VA was prohibited from paying for this veteran's care.

H.R. 1377 would modify current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that the outside insurance does not cover the full amount of the emergency care. VA would be authorized to cover the difference between the amount the veteran's insurance will pay and the total cost of care. In essence, VA would become the payer of last resort in such cases. This would keep the veteran from being burdened by medical fees with no insurance with which to pay them. Additionally, this bill would also allow the Secretary of Veterans Affairs to retroactively apply this law to emergency treatment received between the effective date of the current law and the date of enactment of the legislation, thereby ensuring assistance to as many veterans as possible.

Mr. President, I urge passage of H.R. 1377 to rightfully fill this hole in veterans' health care.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The bill (H.R. 1377) was ordered to a third reading, was read the third time, and passed.

RECOGNIZING EFFORTS TO PROVIDE GAME MEAT TO FEED THE HUNGRY

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 230, S. Res. 374.

The ACTING PRESIDENT pro tempore. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 374) recognizing the cooperative efforts of hunters, sportsmen's associations, meat processors, hunger relief organizations, and State wildlife, health, and food safety agencies to establish programs that provide game meat to feed the hungry.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the resolution be printed in the RECORD.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The resolution (S. Res. 374) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 374

Whereas almost every State has a program in which hunters may donate game meat to feed the hungry;

Whereas hunters, sportsmen's associations, meat processors, community hunger organizations, and State wildlife, health, and food safety agencies work together successfully to operate such programs whereby hunters feed the hungry; and

Whereas such programs have brought hundreds of thousands of pounds of game meat to homeless shelters, soup kitchens, and food banks: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the cooperative efforts of hunters, sportsmen's associations, meat processors, hunger relief organizations, and State wildlife, health and food safety agencies to establish programs that provide game meat to feed the hungry across the United States; and

(2) recognizes the contributions of such programs to efforts to decrease hunger and feed individuals in need.

EXPRESSING SYMPATHY FOR CIVILIANS KILLED IN THE PHILIPPINES

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Foreign Relations Committee be discharged from further consideration of H. Con. Res. 218 and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The bill clerk read as follows:

A concurrent resolution (H. Con. Res. 218) expressing sympathy for the 57 civilians who were killed in the southern Philippines on November 23, 2009.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the concurrent resolution be printed in the RECORD.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The concurrent resolution (H. Con. Res. 218) was agreed to.

The preamble was agreed to.

ORDERS FOR SATURDAY, DECEMBER 19, 2009

Mr. MENENDEZ. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 6:45 a.m., Saturday, December 19; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of the House message with respect to H.R. 3326, the Department of Defense Appropriations Act, with the time until 7:20 a.m. equally divided and controlled between the two leaders or their designees, with the final 10 minutes reserved for the two leaders, with the majority leader controlling the final 5 minutes. Finally, I ask that the time during the adjournment and any period of morning business count postcloture.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

PROGRAM

Mr. MENENDEZ. Mr. President, Senators should expect multiple votes to begin at approximately 7:20 a.m. tomorrow.

ADJOURNMENT UNTIL 6:45 A.M. TOMORROW

Mr. MENENDEZ. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 6:52 p.m., adjourned until Saturday, December 19, 2009, at 6:45 a.m.