The assistant legislative clerk proceeded to call the roll.

Mr. BARRASSO. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. BARRASSO. I ask unanimous consent to speak for up to 15 minutes.

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

EXTENSION OF MORNING BUSINESS

Mr. BARRASSO. I ask unanimous consent that morning business be extended until 4:15 p.m.

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

CRAIG THOMAS RURAL HOSPITAL AND PROVIDER EQUITY ACT

Mr. BARRASSO. Mr. President, it will come as no surprise to many that rural health care issues are near and dear to my heart. Prior to my service in the Senate, I practiced medicine in Casper, WY, for almost a quarter of a century. I have firsthand knowledge of the obstacles families face in obtaining medical care throughout rural America. I also understand the challenges hospitals and providers must overcome in delivering quality care to families in remote areas with limited resources.

To give a snapshot of Wyoming's health care landscape, we have only 26 hospitals spread over nearly 100,000 square miles. With vast distances, complex medical cases, and increased demand for technology and advanced medical care, the rural health care delivery system is not a one-size-fits-all system. I have fought, and will continue to fight each and every day, to protect Wyoming's hospitals, providers, and the patients they serve. This is one of my top legislative priorities. That is why I am an active member of the Senate rural health caucus. For decades the caucus has built a reputation of bipartisan and bicameral collaboration and cooperation. Each Congress we come together to design rural and frontier-specific health care legislation. These efforts have produced incredible results.

For example, when Congress enacted the Medicare Modernization Act of 2003, it included a comprehensive health care package specifically tailored with rural communities, rural hospitals, and rural providers in mind. The Medicare Modernization Act finally put rural providers on a level playing field with other doctors and hospitals across the country.

In Wyoming, that meant hospitals in Worland, Lander, and Torrington could keep their doors open and serve patients as close to home as possible. With the passage of that act, Congress put into place commonsense Medicare payment equity provisions critical to maintaining access to quality health care in isolated and underserved areas. Rural and frontier America achieved a significant victory. There was much to celebrate. But the mission is not complete. Several of the act's rural health provisions have expired, and many are set to expire soon.

That brings us to the Craig Thomas Rural Hospital and Provider Equity Act or R-HoPE. I have joined Senators CONRAD, ROBERTS, and HARKIN in introducing a comprehensive rural health care bill. The legislation is titled the ''Craig Thomas Rural Hospital and Provider Equity Act.'' This bill reauthorizes expiring rural provisions included in the Medicare Modernization Act. It also takes additional steps to address inequities in the Medicare payment system. These inequities continually place rural providers at a disadvantage.

But there are additional challenges. We have a great need for adequate outpatient reimbursement in smaller towns, towns such as Rawlins, Kemmerer, and Laramie. Rural hospitals such as these are more dependent on Medicare payments as part of their total revenue. In fact, Medicare accounts for approximately 70 percent of total revenue for small rural hospitals. Rural hospitals have lower patient volumes. But these same hospitals must compete nationally to recruit doctors and nurses. This is due to an alarming shortage of nurses and other health care professionals across the country. Additional burdens are placed on these hospitals and providers due to higher rates of uninsured and underinsured patients who live in rural areas. Also, seniors living in rural areas have more financial needs and have increased rates of chronic disease. This legislation would preserve achievements in the Medicare Modernization Act and give much needed relief to rural doctors, nurses, and hospitals.

First, this bill equalizes payments that are known as Medicare disproportionate share hospital payments. These are payments that help hospitals cover the extra costs associated with serving a high proportion of low-income and uninsured patients. It is time we bring rural hospital payments in line with the benefits big city hospitals receive when they are providing medical care to the uninsured.

Second, the bill recognizes that low-volume hospitals do have a higher cost per case, which further puts Wyoming's similar hospitals in the red. This bill would give these unique rural hospitals extra payments, payments that will give Wyoming's low-volume hospitals the resources to continue to provide high-quality, lifesaving medical care. There are several hospitals in my State located in Laramie, Rawlins, Kemmerer, and Lander that need this critical provision.

In addition to the Medicare hospital payment provision, this bill also strengthens over 3,500 rural health clinics across the country. Many of these communities depend on these clinics for important preventive health care. Currently, rural health clinics receive an all-inclusive capped payment rate that has not been adjusted, except for inflation, since 1988. That is 21 years. So to recognize the rising cost of health care, this measure would raise the rural health clinic cap from $72 to $92. This increase makes it comparable to the reimbursement urban community health centers currently receive.

Since every small town cannot support a full-service hospital, rural health clinics are a key component to deliver medical care all across Wyoming. To see how critical this program is, all we have to do is visit two towns in northeastern Wyoming: Moorcroft, a population of 807; and Hulett, population of 434. Residents in these ranching and mining towns depend on their rural health clinics to receive primary medical care as close to home as possible.

Finally, the legislation would help rural areas maintain important emergency medical services. Rural EMS providers are primarily volunteers. They have difficulty recruiting, difficulty retaining, and spend additional time educating EMS personnel. These volunteers have day jobs as farmers, ranchers, teachers, and lawyers. They volunteer because the community needs their help.

Not all Wyoming cities and towns have the resources to pay for this service. Even less have the means to buy and upgrade essential lifesaving equipment. This legislation will allow ambulance providers to collect payments for transporting patients to the hospital after they answer a 911 call—regardless of the final diagnosis of the patient.

Wyoming is blessed with pristine landscapes. These landscapes, though, also present significant challenges. Longer distances, bad weather, and other challenges make obtaining and providing quality health care often difficult. Our unique circumstances require us to work together to share resources and to develop networks.

I believe the Federal Government must continue to recognize the important differences between urban and rural health care and respond with appropriate policy. Washington must remember that one payment system does not fit all. Rural providers provide care for their patients under circumstances much different than their urban counterparts.

This legislation is designed to make sure rural hospitals, rural clinics, rural ambulance providers, rural home health agencies, rural mental health providers, rural doctors, and other critical health clinicians are paid accurately and fairly.

I strongly encourage my colleagues with an interest in rural health to cosponsor this legislation.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. NELSON of Florida. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. HAGAN). Without objection, it is so ordered.

EXTENSION OF MORNING BUSINESS

Mr. NELSON of Florida. Madam President, I ask unanimous consent that the period of morning business be extended until 5:45 p.m. under the same conditions as previously ordered.

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

NASA NOMINEES

Mr. NELSON of Florida. Madam President, later on this week, I will talk about the plans we have in the Space and Science Subcommittee of the Senate Commerce Committee to do the hearings on the President's nominee for the NASA Administrator and Deputy Administrator, and I will announce that timetable later, after conferring with Senator ROCKEFELLER, the chairman of the Commerce Committee.

I have a lot to say about the President's nominee, who I think is going to be one of the outstanding Administrators of NASA.

GEN Charlie Bolden will take over at a critical time in NASA's history because NASA is in drift. It is right at the ending of the life of the space shuttle as we finish the next eight missions to further complete the construction of the space station and equip it to be the national laboratory it is designed to be and then to ramp up in the development and testing of the new rocket, a program called Constellation, the rocket Aries, the capsule, hearkening back to some of the similar designs of the old capsule in the Apollo days, this one being called Orion, carrying a crew of up to seven, or should I say a crew of six. All that is now under review by a specially appointed Presidential commission, headed by a very esteemed aerospace expert, former Lockheed Martin CEO, now retired, Norm Augustine.

I will have more to say about this later, but let me congratulate President Obama on such an exceptional appointment. It is needed because our space program is certainly a part of the American character. GEN Charlie Bolden is the right person at the right time to lead this little agency out of the wilderness to the promised land, and that promised land is a robust space program, both human and unmanned, as we explore. That is what we are, we are explorers by nature.

HEALTH CARE REFORM

Mr. NELSON of Florida. Madam President, I wish to talk about health care reform which is just about happening. We have an unprecedented opportunity to reform our health system. It has major flaws. It is one that has left 46 million people in this country without health insurance and millions of others are struggling to afford the cost of health care. It is in need of repair, and that is what this Senate, this Congress is going to try to tackle in the next few months. As a matter of fact, the majority leader has expressed his intention to have such a bill of monumental proportions on this Senate floor for consideration by next month. It is ambitious, but it is necessary. We have no choice but to succeed.

The health care costs are felt by many of our fellow Americans. There are significant economic costs associated with this broken system. Those who lack insurance have few options for care, which means they will delay and delay treatment until the condition worsens to the point that what could have been treated has turned into a full-blown emergency. Guess what happens. Where do they go? They go to the emergency room, and it is the most expensive place. As a result, the cost of that expensive care is borne by all Americans with health insurance by us paying higher premiums for those who do not have any insurance, but they still get the care.

This is a phenomenal statistic. According to research done by Families USA, our families in America with health insurance paid an additional $1,000, on average, last year to cover the care for the uninsured.

One very important component, therefore, of this package that the Senate Finance Committee is going to take up pretty soon and try to pass—I hope we are able to do it—is bipartisanship. We keep hearing it is going to be done in a bipartisan way. I know the chairman and the ranking member of the Finance Committee are committed to trying to do that. But at the end of the day, the proof is going to be in the pudding. Are the Republicans on the Finance Committee going to support a committee approach? Will they support universal health insurance, which is what I described? It is hard to disagree with what I described, insuring all those 46 million so the average family does not pay an additional thousand bucks on their health insurance premiums to care for those who are uninsured. That is hard to disagree with. But somehow the word ''universal'' has some taint on it. That is what it is. So until we have everyone in the system, we are going to continue to see the inefficiencies and the cost shifting I described.

In this system that I think we are going to bring to the floor, those who like what they have are going to be able to keep it. If you are happy with your insurance, with your employer, and it is affordable to you, you can certainly keep it. But for those who cannot afford insurance or those who have the very sad tales we have heard, have a preexisting condition and, therefore, they cannot even get insurance coverage, this insurance reform package is going to mean they are going to have access to insurance that is going to be affordable and that is going to be quality. In this reform system that I hope we are going to be able to pass, insurers are going to have to be prohibited from denying coverage based on a preexisting condition. The needs of those individuals are often the greatest, and they deserve to be met.

We are also going to try something called a health insurance exchange. It would simplify the process of purchasing insurance, and it could be simplified in purchasing it through a Web portal that would present all of the available insurance options in a comprehensive manner and in a comprehendible manner and expedite the enrollment process with a standardized application.

If you are satisfied with your employer's insurance, you stay right there. But all the others who want an alternative or cannot get insurance from an insurance company, they would have this health insurance exchange, participated in by the private insurance companies that would have a series of maybe a half-dozen standardized policies, that then those insurance companies would bid—make available, in other words—competition, get the free market competition going on for those who could offer the best policy at the best price for all those millions of Americans who would want to purchase from that health insurance exchange.

As we do this package, it is also important for us to focus on cost. Health care costs have skyrocketed. They have been increasing at a rate much higher than the average American's paycheck. In addition to placing a prohibitive financial burden on American families, these costs are affecting American businesses as well and their ability to compete in the global marketplace. So health care reform is going to have to be assisting individuals, families, and businesses in managing what has become an overwhelming expense.

As we consider this package, we ought to provide tax credits. We can do tax credits that could help small businesses to offset the cost of providing the insurance to their employees, if that is what they choose, instead of doing it through the health insurance exchange.

Tax credits could also be extended to low-income individuals to assist them in purchasing coverage from that exchange.

Along with those incentives, there would also come the responsibility for insurance coverage that would be shared by individuals and, in some cases, their employers.

Then we always have the question of what should be the eligibility in the Medicaid Program. Medicaid is a joint State-Federal program for the poor and