

leadership on this effort. He immediately joined alongside me and said: This is a small tweak that can make a big different.

So now, when these events occur off the coast, whether it be anywhere from the east coast to the west coast, to the Gulf of America or beyond, we will be authorized and able to use that wireless alert system, ping the phones in that area, let people know of a dangerous environment, and get more kids, more families, more people to safety.

This honors Lulu, and it honors the spirit in which she has dealt with the unthinkable, which is: How am I going to take what happened to me and positively impact others?

Yesterday, as we stood with Leader SCALISE—and he was so gracious to have her up and to be able to celebrate with her afterward—she said: We are making a difference. We are making a positive impact, and that is what this is all about.

Between that and her foundation that she started—it is Lulu; and you can go Lulu Strong Foundation—she helps kids and others that need help with prosthetics.

She has been remarkable. She was telling us yesterday that she used to play volleyball. Now she plays golf and much better than me—much better than me.

But go look her up. Go be inspired by her faith, by her grit, by her resiliency. She is a 17-year-old Alabamian that is truly changing the world. She took a circumstance that people thought was unthinkable and has made a positive impact that I know is going to change and save lives.

And it was an honor to carry this piece of legislation. I am grateful to Senator SCHATZ. I am grateful to Congressman PALMER, who carried it in the House. And we look forward to standing beside the President and signing this into law in Lulu's honor and to make sure that beach season is safer as a result.

I yield the floor.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I move to proceed to executive session to consider Calendar No. 736.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Kathleen S. Lane, of Montana, to be United States District Judge for the District of Montana.

CLOTURE MOTION

Mr. THUNE. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented

under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 736, Kathleen S. Lane, of Montana, to be United States District Judge for the District of Montana.

John Thune, Ted Budd, Thom Tillis, John Barrasso, Tim Sheehy, Joni Ernst, Jon Husted, Katie Boyd Britt, David McCormick, Mike Rounds, John Boozman, Bill Cassidy, Rick Scott of Florida, Josh Hawley, Cynthia M. Lummis, Kevin Cramer, Steve Daines.

LEGISLATIVE SESSION

Mr. THUNE. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I move to proceed to executive session to consider Calendar No. 743.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Jeffrey M. Kuhlman, of Kansas, to be United States District Judge for the District of Kansas.

CLOTURE MOTION

Mr. THUNE. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 743, Jeffrey M. Kuhlman, of Kansas, to be United States District Judge for the District of Kansas.

John Thune, Tim Sheehy, Pete Ricketts, Mike Rounds, John Barrasso, Ted Budd, Jim Banks, Rick Scott of Florida, Todd Young, David McCormick, Shelley Moore Capito, Jerry Moran, Jon Husted, John Boozman, Mike Crapo, Katie Boyd Britt, Eric Schmitt.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate resume legislative session for a period of

morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

IMPROVING ACCESS TO MEDICARE COVERAGE ACT

Ms. COLLINS. Mr. President, I rise today to introduce the Improving Access to Medicare Coverage Act, to help protect American seniors from high medical costs when they need skilled nursing care after hospitalization. I am pleased to be joined on this bill by my colleague from Vermont Senator WELCH.

Our bill corrects a problem arising from current Medicare policy, which requires beneficiaries to have an "inpatient" hospital stay of at least 3 days before Medicare will cover posthospitalization skilled nursing care. Patients who receive hospital care under "observation status" do not qualify for this benefit, even if their hospital stay lasts longer than 3 days.

Many patients on observation stays may not even realize that they have never been admitted as inpatients. They just know that they are in the hospital. If they are admitted later to a skilled nursing facility for follow-up care, they may be shocked to learn that they will be liable for out-of-pocket costs totaling thousands of dollars. Some Medicare beneficiaries may be foregoing skilled nursing or rehabilitation care altogether because they simply cannot afford to pay the out-of-pocket costs.

The financial consequences of the distinction between an observation stay and inpatient admittance can be severe for seniors.

One example is a Maine Medicare enrollee who was admitted in "observation status" at a hospital in Maine, but who needed and received acute care at that hospital. She was discharged to a skilled nursing care facility, which was also appropriate for her condition, but because of Medicare's 3-day rule and its treatment of "observation status," Medicare refused to pay for her skilled nursing care. She was stuck with a bill of more than \$56,000.00 for care she needed. That is unfair.

In another example, shared with me by Dr. Claudia Geyer, the chief medical officer at Central Maine Medical Center in Lewiston, ME, a 90-year-old man with a fractured pelvis was denied Medicare coverage for skilled nursing care because he was admitted to the hospital under observation status. This gentleman had no way of paying for skilled nursing care on his own, so he had to remain in the hospital, costing Medicare more—and more important—not getting the physical therapy he needed to regain his strength and recover. As a result, he slowly weakened, suffered cognitive declines, and deteriorated to the point where he needed extensive care that may have been avoidable.

Dr. Geyer also cared for a 99-year-old patient who was living independently with the support of her family and had never before required hospitalization. This patient used a walker in her home but suffered a fall and broke her wrist. She was stabilized in the hospital and was expected to make a full recovery, but first she needed high quality skilled rehab, and she could not use her walker while her wrist healed. Despite almost a century of good health and almost no cost to Medicare in her lifetime, she and her family were horrified when they were told that CMS would not cover her skilled nursing expenses due to the hospitalization being deemed an “observation stay.”

During Covid, this 3-day rule was waived to make sure seniors could be discharged from the hospital to skilled nursing homes as soon as it was medically appropriate. That waiver ensured that patients weren’t hospitalized longer than truly necessary and also protected seniors from unexpected and unfair bills. But as soon as the waiver ended in 2023, patients started staying in the hospital longer for no medical reason. In fact, a study published in January by the Brown University School of Public Health showed that Medicare paid for 2,000 more inpatient days in the month following the end of the waiver just because of this rule. If our aim is to improve the quality of care our seniors receive while avoiding unnecessary expenses, allowing this waiver to expire has taken us in the wrong direction.

The bipartisan bill we are reintroducing today effectively codifies the waiver by deeming time spent in observation status as inpatient care for the purpose of Medicare’s 3-day prior hospital stay requirement for skilled nursing care.

I am pleased this bill has the support of the Society of Hospital Medicine, the American Health Care Association, and more than 30 other organizations that represent seniors and their health care needs.

Mr. President, I ask unanimous consent that letters from these organizations be printed in the RECORD immediately following my remarks.

When seniors require hospitalization, their focus should be on their health and getting well, not on how they were admitted. The bill we are reintroducing advances that goal by helping insulate older Americans from undue out-of-pocket costs while ensuring that they get the care they need. I urge my colleagues to support it.

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

APRIL 22, 2026.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the undersigned organizations, we write to thank you for introducing the Senate version of the Improving Access to Medicare Coverage Act of 2025. This bipartisan Legislation would ensure that Medicare bene-

ficiaries can access needed skilled nursing facility (SNF) care by counting time spent in hospital observation status toward the existing three-day hospital stay requirement.

For decades, Medicare has required beneficiaries to have a three-day inpatient hospital stay to qualify for SNF coverage. However, current hospital practices increasingly classify patients under “observation status,” even when they receive the same care as admitted inpatients—often for multiple days. Because observation days do not count toward the qualifying stay, many beneficiaries are denied access to SNF care or face significant and unexpected out-of-pocket costs.

This issue is particularly significant for Maine. In 2024, Maine led the nation with the highest percentage of state residents ages 65 and older (23.5%). Add that to the fact that many of you rural constituents across the state often rely on seamless transitions from hospital to SNF settings, and administrative barriers like the observation status policy can delay care, increase costs, and create unnecessary hardship for patients and their families. Ensuring timely access to SNF services is essential to maintaining continuity of care, especially in areas where provider options may be limited and distances between care settings are greater.

Your legislation offers a common-sense solution by ensuring that all days a patient spends in the hospital—whether classified as inpatient or observation—count toward the three-day requirement. This policy change would better align traditional Medicare with modern care delivery and with existing Medicare Advantage, Accountable Care Organization, and bundled payment models, which already allow greater flexibility in accessing SNF services.

Importantly, evidence demonstrates that this reform would improve beneficiary access to post-acute care without significantly increasing costs to the Medicare program. Analysis estimates a modest net impact on the Medicare Trust Fund—approximately \$191 million over ten years—while expanding access to necessary care for thousands of beneficiaries each year.

This legislation is especially important for vulnerable populations. Beneficiaries who lack access to alternative Medicare models are disproportionately affected by the current policy and may be unable to receive appropriate post-acute care despite medically necessary hospital stays. Research also shows that reinstating the strict three-day inpatient requirement can lead to longer hospital stays without improving patient outcomes, increasing overall costs while creating unnecessary barriers to care.

For Maine’s seniors, families, and providers, this legislation would remove an outdated barrier and support more efficient, patient-centered care transitions—helping ensure that beneficiaries can recover in the most appropriate setting without avoidable financial strain.

Again, we thank you for your introduction of the Improving Access to Medicare Coverage Act and look forward to working with you and other members of the Senate to ensure that Medicare beneficiaries receive timely access to the post-acute care they need.

Thank you for your leadership and consideration.

Sincerely,

ADVION (formerly National; Association for the Support of Long Term Care); Aging Life Care Association; Alliance for Retired Americans; American Academy of Emergency Medicine; American Association of Healthcare, Administrative Management (AAHAM); American Association of Post Acute Care; Nursing (AAPACN); American Case Management Association (ACMA);

American College of Emergency Physicians (ACEP); American College of Physician Advisors (ACPA); American Geriatric Society (AGS); American Health Care Association (AHCA); American Medical Association; American Physical Therapy Association (APTA); Association of Jewish Aging Services (AJAS); Catholic Health Association of the United States (CHA); Center for Medicare Advocacy; The Hartford Institute Geriatric Nursing; The Jewish Federations of North America; Justice in Aging; LeadingAge; Lutheran Services in America; Medicare Rights Center; National Academy of Elder Law Attorneys, Inc. (NAELA); National Association of Benefits and Insurance Professionals (NABIP); National Association County Health Facilities (NACHFA); National Association for State Longterm Care Ombudsman Programs (NASOP); National Center for Assisted Living (NCAL); National Committee to Preserve Social Security & Medicare; The National Consumer Voice for Quality Long-Term Care; National Council on Aging (NCOA); National Transitions of Care Coalition (NTOCC); NJHSA—the Network of Jewish Human Services Agencies; Post-Acute and Long-Term Medical Association; Society of Hospital Medicine (SHM); Special Needs Alliance; USAging.

SOCIETY OF HOSPITAL MEDICINE,

Philadelphia, PA.

Hon. SUSAN COLLINS,
United States Senate,
Washington, DC.

DEAR SENATOR COLLINS: The Society of Hospital Medicine (SHM), representing the nation’s hospitalists, is pleased to offer our support for the reintroduction of the Improving Access to Medicare Coverage Act. This legislation will make days spent in observation count towards Medicare’s three-day stay requirement for skilled nursing facility (SNF) coverage, ensuring Medicare beneficiaries receive the quality care they need without facing exorbitant and unexpected medical bills. This legislation is an important first step to address problems related to observation status and ensure beneficiaries qualify for much-needed care.

Hospitalists are front-line physicians in America’s acute care hospitals. They focus on the general medical care of hospitalized patients and manage the inpatient clinical care of their patients. SHM estimates that hospitalists oversee the vast majority of observation care to hospitalized Medicare patients each year. As a result, our members are uniquely positioned to understand and identify problems related to current observation policies.

Observation care was meant to last fewer than 24 hours and rarely span more than 48 hours; however, the incidence and duration of observation stays has increased significantly over the past fifteen years. While patients admitted into observation receive nearly identical care to those in inpatient care under Medicare Part A, observation is billed as outpatient under Medicare Part B. As such, patients face highly variable out-of-pocket costs (coinsurance), particularly when they need post-acute care.

Time spent under observation does not count toward the three-day inpatient stay requirement for Medicare SNF coverage, observation is considered outpatient care. Patients discharged from observation to SNFs faced with the choice between extremely high, unexpected SNF bills and forgoing necessary follow-up care. Furthermore, beneficiaries in the most disadvantaged communities are more likely to have an observation stay, to have a repeated observation stay within 30 days, and to experience long-term observation. The three-day stay requirement

perpetuates existing healthcare access inequities. This legislation would help address this disparity.

Additionally, the three-day stay waivers issued during the COVID-19 public health emergency (PHE) empowered clinicians to focus on patient needs, rather than an outdated administrative policy. The three-day stay waiver helped facilitate the Society of Hospital Medicine transfer of patients based on their clinical needs, rather than a payment policy, helping patients get the care they needed at the appropriate level. Medicare expenditure data from the Centers for Medicare and Medicaid Services (CMS) during the PHE shows that expanding access to SNF coverage did not dramatically increase spending or utilization. This PHE era policy demonstrates how the current three day stay requirement is an unnecessary impediment to SNF coverage.

The Improving Access to Medicare Coverage Act is an important step to ensuring patient access to postacute care. We need to pass legislation to begin eliminating bureaucratic barriers to necessary medical care.

On behalf of SHM, thank you for reintroducing the Improving Access to Medicare Coverage Act. SHM is pleased to offer our support to help secure the passage of this legislation.

Sincerely,

EFREN C. MANJARREZ, MD, FACP,
SFM,
President.

ADDITIONAL STATEMENTS

TRIBUTE TO BILL WEST

• Ms. BLUNT ROCHESTER. Mr. President, I rise today to congratulate mayor Bill West on his retirement as mayor of Georgetown, DE. During his 12 years as mayor, Bill has remained an unwavering advocate for economic progress and pragmatic problem-solving. The progress made by Mayor West will continue to benefit Georgetown and Sussex County for generations to come.

A native son of Sussex County, Mayor Bill West served his community in both law enforcement and elected leadership during his 47 years as a Georgetown resident. Throughout his career, Bill has championed public safety, including during his 4 years with the Georgetown Police Department and 25 years with the Delaware State Police. First elected to municipal leadership in 2012, Mayor West initially served one term as a member of the Georgetown Town Council before his election as mayor of Georgetown in 2014. A problem-solver and creative thinker, Mayor West's political leadership has resulted in the establishment of numerous economic development projects and community facilities that continue to improve the lives of Georgetown residents every day.

Outside of his political leadership, Bill is a cornerstone of his community. His leadership has been recognized throughout Sussex County and the State of Delaware, notably through his service as president of the Sussex County Association of Towns and as vice president of the Delaware League of Local Governments. Bill's leadership

also supports his fellow law enforcement officers and their families through his participation in the Delaware State Troopers Association and his service on the board of the Delaware State Police Credit Union.

I am personally grateful to Mayor West for his guidance on the issues facing Georgetown and its residents. Whether through visits to small businesses in downtown Georgetown or welcoming me to the Richard Allen Gala, Bill has been a trusted friend and adviser throughout our long relationship. I wish him the best in his retirement and remain confident that he will continue to serve his community for many years to come.

Today, I invite my colleagues to join me and the people of Georgetown, DE, in congratulating Bill West on his retirement as mayor and for an outstanding life of public service.●

RECOGNIZING MOTHER MURPHY'S FLAVORS

• Mr. BUDD. Mr. President, today, I rise in honor of National Small Business Month to recognize North Carolina's 1.1 million small businesses that drive our State's growing workforce and thriving economy across all 100 counties. There is no doubt that our State's small businesses are the reason for North Carolina's ranking as the No. 1 state in the country for doing business. Making up a significant percentage of all businesses across our great State, North Carolina's small businesses represent the very best of American ingenuity, resilience, and determination.

As a small business owner myself, I understand the daily challenges and sacrifices that come with keeping a business on its feet. This National Small Business Month, I want to recognize one of North Carolina's leading small businesses, Mother Murphy's Flavors, a three-generation-owned-and-operated business based in Greensboro, NC. This year, Mother Murphy's Flavors celebrates its 80th year in business, crafting high-quality flavors for food and beverages. The company currently employs over 150 North Carolinians and, over the years, has grown its international footprint, now shipping products to over 30 countries worldwide.

What started as a side business venture for founder Kermit Murphy, Sr., and Dr. Richard Stelling in 1946 has become an internationally recognized company with a steadfast commitment to enhancing the food and beverage industry by creating flavor solutions with quality ingredients that customers can rely on.

From taking orders with pen and paper to becoming a trusted partner for global food corporations and specialty beverage manufacturers, Mother Murphy's Flavors is a testament to what vision, grit, and craftsmanship can build. Over eight decades, this small business with humble beginnings has

grown into a multigenerational success, proving that small business excellence, when passed down with care, becomes a legacy that endures.●

REMEMBERING FIRST SERGEANT CHARLIE BRYANT, JR.

• Mr. KAINÉ. Mr. President, I rise today to honor the life, legacy, and distinguished military service of 1SG Charlie Bryant, Jr., a 34-year veteran of the U.S. Army and the New York Army National Guard, who passed away on March 18, 2026, at the age of 85. Charlie was born on December 31, 1940, in Lumpkin, GA, to the late Sarah Rodgers and Charlie Bryant, Sr. At the age of two, he moved with his mother to the Bronx, NY, where he was raised. At Samuel Gompers High School, Charlie was an avid member of the school's swim team, and that love of the water would lead him to serve as a lifeguard at the YMCA. In 1959, at Edgcombe Park in the Sugar Hill neighborhood of Harlem, a chance meeting brought him face to face with Barbara Porter, the love of his life and his partner of the next 63 years.

Answering his Nation's call, Charlie enlisted in the U.S. Army and rose to the rank of specialist. He reenlisted in 1964 and joined the 82nd Airborne Signal Battalion, serving during the Cuban Missile Crisis and seeing combat in the Dominican Republic, for which he earned the Armed Forces Expeditionary Medal. Charlie was honorably discharged from Active Duty in 1965. In 1968, he returned to the uniform as a member of the New York State National Guard's 719th Transportation Unit, assigned to the historic 369th—the legendary “Harlem Hellfighters”—where he served with distinction as platoon sergeant. In 1991, at the age of 50, Charlie was activated for Operation Desert Storm and served nearly a year in combat operations during the Gulf War. After 34 years of honorable service to our country, he retired in 1992 as first sergeant of the 1569th.

Between tours of duty, Charlie served the people of New York City as a dedicated bus operator for the Metropolitan Transportation Authority from 1967 until 1992—a quiet, daily service to his community that ran in parallel to his service in uniform. He and Barbara were united in marriage on March 10, 1963, and raised three children together: Charlene Lynette, Charles Winford, and Christopher Eric. In 1998, Charlie and Barbara relocated to Suffolk, VA, where they would make their home for the remainder of his life.

A lifelong devotee of Mopar muscle cars—beginning with the 1968 440 Dodge Charger R/T that sparked a decades-long passion—and a loyal companion to his dogs BA, Harley, Max, Smokey, and Bandit, Charlie brought warmth, humor, and a steady presence to every room he entered. Affectionately known as “Uncle Charlie,” he was a guiding presence and father figure to countless young people he considered his adopted