

(The remarks of Mr. McCONNELL and Mrs. FEINSTEIN pertaining to the introduction of S.J. Res. 16 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CREATING LONG-TERM ENERGY ALTERNATIVES FOR THE NATION ACT OF 2007

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 6, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (H.R. 6) to reduce our Nation's dependency on foreign oil by investing in clean, renewable, and alternative energy resources, promoting new emerging energy technologies, developing greater efficiency, and creating a Strategic Energy Efficiency and Renewables Reserve to invest in alternative energy, and for other purposes.

Pending:

Reid amendment No. 1502, in the nature of a substitute.

Reid (for Bingaman) amendment No. 1537 (to amendment No. 1502), to provide for a renewable portfolio standard.

McConnell (for Domenici) amendment No. 1538 (to amendment No. 1537), to provide for the establishment of a Federal clean portfolio standard.

The ACTING PRESIDENT pro tempore. The Senator from Kansas.

Mr. ROBERTS. I ask unanimous consent that I may be recognized for 10 minutes as in morning business.

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

CRAIG THOMAS RURAL HOSPITAL AND PROVIDER EQUITY ACT

Mr. ROBERTS. Mr. President, today I am very proud and honored to cosponsor legislation along with my colleagues, Senators CONRAD, HARKIN, and several Members of the Senate Rural Health Care Caucus, to honor Senator Craig Thomas.

The bill is the Craig Thomas Rural Hospital and Provider Equity Act. As we all know, last week the Senate lost a steady hand and man who has done much for his State of Wyoming. Craig was dependable in the finest sense of the word. He was the epitome of what I believe a Senator should be.

On a personal note, he was not only a colleague but a dear friend, and I will cherish that always. He was also a fellow marine. In this case, *Semper Fidelis*, "always faithful," is always appropriate. If anyone faced trouble in their life, the one person they would want by their side riding shotgun would be Craig Thomas. The people of

Wyoming and all of Craig's colleagues knew that he fought for rural America and always put the needs of his State above all else.

On the health care front, Craig was truly a champion for strengthening our rural health care delivery system and provided much needed relief to our hospitals and other providers in our rural areas. He served for 10 years as the co-chair of the Senate Rural Health Care Caucus. He actually took the reins over as cochair after my fellow Kansan, Senator Bob Dole, retired from the Senate. As I know personally, certainly, it is hard to follow in the footsteps of Senator Dole. But Craig Thomas did this with great ease and with great pride. His steady leadership put the caucus on the map, and he made great strides in showing all of our colleagues the true needs of rural health care. I know the members of the caucus will miss him and his leadership greatly.

One of the biggest accomplishments for Craig in the Rural Health Care Caucus was passage of the Medicare Modernization Act of 2003, which provided a big boost to our rural hospitals and our providers. Never before have I seen such recognition and support for our colleagues from all geographical areas—large, small, urban, rural—for including these badly needed rural health care provisions.

However, you would never know that it was Craig Thomas's hard behind-the-scenes work that caused these rural health care provisions to be included in the Medicare bill. Craig Thomas was more concerned with getting the work done rather than taking any credit. So instead of taking individual credit for his hard work and dedication on the Medicare bill, Craig simply applauded the entire Senate Rural Health Care Caucus and patted everybody else on the back—so typical of Craig.

However, Craig knew that while the passage of the Medicare bill was a giant step for rural health, we still have much more work to do to ensure our rural health care system can continue to survive. That is why we are proud and honored to carry on his legacy by introducing the Craig Thomas Rural Hospital and Provider Equity Act.

Craig and his staff have worked extremely hard over the last 6 months, getting this bill together, working with other members of the Rural Health Care Caucus to identify their top priorities. I thank his health staffer, Erin Tuggle, for being such a champion alongside of Craig. I know my staff worked extremely closely with Erin, as many others in the Senate staff have done. I have a great amount of respect for her hard work. Erin, we are proud of you and we thank you for everything you have done on behalf of rural health care.

We had actually planned to introduce this legislation last week with Craig leading the charge, but now Senators CONRAD, HARKIN, and I and the other

members of the Rural Health Care Caucus will do our best to lead in his absence. I have made a personal commitment to making sure we get this bill done and ultimately provide the much needed relief to our rural communities.

The Craig Thomas Rural Hospital and Provider Equity Act recognizes that rural health care providers have very different needs than their urban counterparts and that health care is not one size fits all.

The Craig Thomas Rural Hospital and Provider Equity Act of 2007, makes changes to Medicare regulations for rural hospitals and providers recognizing the difficulty in achieving the same economies of scale as large urban facilities. This legislation equalizes Medicare disproportionate share hospital payments to bring rural hospitals in line with urban facilities. This bill provides additional assistance for small, rural hospitals who have a low volume of patients. Often, these hospitals have trouble making ends meet under the Medicare payment system.

The Craig Thomas Rural Hospital and Provider Equity Act also provides a capital infrastructure loan program to make loans available to help rural facilities improve crumbling buildings and infrastructure. In addition, rural providers can apply to receive planning grants to help assess capital and infrastructure needs.

The bill extends to January 1, 2010, two incentive programs aimed at improving the quality of care by attracting health care providers to health professional shortage areas. The first is the Medicare Incentive Payment Program, which provides 10 percent bonus payments to physicians practicing in shortage areas. The second is the physician fee schedule work geographic adjustment, which brings rural doctors' Medicare fee schedules for wages more in line with urban doctors'.

This bill also recognizes that other providers play a great role in the rural health delivery system. Our bill increases the payment cap for rural health clinics to keep them in line with community health centers, provides a 5-percent add-on payment for rural home health services and provides a 5-percent add-on payment for ground ambulance services in rural areas.

One of the provisions in the bill Senator Thomas particularly championed is a provision to allow marriage and family therapists and licensed professional counselors to bill Medicare for their services and be paid the rate of social workers.

Currently, the Medicare Program only permits psychiatrists, psychologists, social workers, and clinical nurse specialists to bill Medicare for mental health services provided to seniors. However, most rural counties do not have a psychiatrist or a psychologist. Marriage and family therapists and licensed professional counselors are much more likely to practice in a rural setting and are often the only mental health professionals available.