

of consent requests but just a few in number. We have been asked by the White House to hold off on one of those for the next 15 minutes, so we will do that. We have quite a large batch of nominations to clear. We have a hold on them. We thought we had it all worked out, but there is a problem on the other side. That is unfortunate, but that is what seems to happen. I have had a number of conversations with the President's Chief of Staff, and they have had numerous meetings with my people and the President's people. We thought we had everything worked out—and we do on our side—as to what Mr. Bolton wants. But we will wait to see if that can be worked out with the minority, and sometime in the near future.

I have nothing further at this time, Mr. President.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

NOMINATIONS

Mr. MCCONNELL. Mr. President, I am not sure we do have a problem. We are taking a look at it now, and we will be in further consultation with the majority leader.

Mr. REID. Excellent. That is good news.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Pennsylvania is recognized.

KEY PROVISIONS OF H.R. 6331

Mr. CASEY. Mr. President, I rise this morning, prior to our break for the Fourth of July holiday, to talk about Medicare and in particular some of the activity on the floor in the last couple of weeks, but especially last night.

I wanted to highlight some of the provisions of the Medicare Improvements for Patients and Providers Act of 2008 because sometimes, when something gets voted on here, whether it is the bill or a measure to get us to the bill, it can go right by a lot of us and certainly can go right by the American people without enough focus on some of the provisions of the bill and some of the detail. I think it was a real missed opportunity, and I will talk about that

in a moment, but now just some of the highlights.

First of all, with regard to physicians in America, the bill eliminates the pending 10-percent cut in Medicare payments to physicians for the remainder of 2008 and provides a 1.1-percent update in Medicare physician payments for 2009. It provides a 2-percent quality reporting bonus for doctors who report on quality measures through 2010 and provides financial incentives to providers to encourage the use of electronic prescribing technology.

I don't think anyone in America needs to be reminded of how important this is, not just to make sure our Medicare system works well because of the positive impact this could have on doctors, but also anything we can do to encourage the use of information technology or other kinds of technology to make our system more efficient and more safe is critical. So that is one part of the physician section of this bill.

For hospitals in particular and especially in my home State of Pennsylvania, there are so-called section 508 benefits. I will give a quick summary of what that means.

This bill would extend 508 benefits to hospitals so they can continue to pay doctors and other providers in accordance with wages from surrounding areas. For northeastern Pennsylvania especially, this is a critical provision.

Basically, and I am generalizing here, sometimes what happens is you have regions of a State that are categorized or given definitions that don't apply, and the reimbursement level goes down, and therefore the wages are impacted and they have trouble recruiting skilled personnel for positions in those hospitals. So we need a long-term fix for this situation. What this bill would do is continue to extend some help we have given in the past, but we do need a long-term fix, and we are working on that. For now, we need to provide this wage assistance to hospitals—and many hospitals in Pennsylvania have been hit hard by this—so they do not lose critical personnel to surrounding areas. It is a very competitive business, the business of recruiting qualified medical personnel.

That is the physician section.

The second section—and I am going to review just two or three more—the beneficiaries. There is a lot to talk about here, but this bill adds a critical benefit for low-income older citizens, who are among the most vulnerable Medicare beneficiaries. It extends and improves low-income assistance programs for Medicare beneficiaries whose income is below \$14,040. This includes the so-called Qualified Individual Program, which pays Part B premiums for low-income beneficiaries with incomes between \$12,480 and \$14,040. This provision is important to beneficiaries. The bill would increase the amount of assets low-income beneficiaries can have and still qualify for financial help with Medicare costs.

The Presiding Officer knows from his own work in the State of Ohio and the people he represents that as we went through the farm bill, one of the points we focused on with regard to food stamps was that some people who get a benefit from food stamps were adversely affected because things such as childcare expenses—so essential for a family—were being included as part of their assets, and it made it harder for them to get food stamp benefits. The same kind of principle is at stake here, where too often the eligibility determinations for low-income beneficiaries are unfair. This would improve that.

Another area I wish to talk about are pharmacies. The bill requires Medicare to pay pharmacies on time—as they should anyway. Isn't that an interesting provision? These pharmacies have to pay out on prescriptions, and they need reimbursement quickly so they can stay in business. Many of them are the only pharmacies serving their communities in small towns.

When people think of my State, they think of big cities such as Philadelphia or Pittsburgh or Erie or Scranton or Harrisburg or Allentown. But in between, we probably have more small towns than most States in the country. In those smaller communities, that pharmacy is sometimes the only option for many families—and not just rural families but many families who just live in small towns. It is certainly reasonable to expect these pharmacies to be reimbursed within 14 days, and that is what this bill does. It forces the Federal Government to do what it should do, which is to pay pharmacies on time.

Medicare Advantage. That is something we are going to be talking more about, but that is a subject of significant debate in the country. This bill deals with that issue directly. It also deals with rural providers and other beneficiaries.

The bill protects access to care in rural America by extending and building upon expiring provisions, including improving payments for sole community hospitals, critical access hospitals, and ambulances. It extends expiring provisions that preserve payment equity for rural physicians and rural hospitals that run clinical laboratories.

I could go on from there, but I won't. This isn't just about some Medicare concerns we have in our cities, this is about rural America and access to care in rural America. And Pennsylvania has as much of a rural population as virtually any State in the country. We are at least in the top five, at last count.

So all of this is a way to summarize the bill and not do justice necessarily to the detail of the bill. This was a bill that was worked on here, worked on in the Finance Committee for many weeks, and worked on in the House in consultation with the Senate. The chairman of the Finance Committee, MAX BAUCUS, and his team and people