

lasting economic impact. It is important to leave behind a record that you are proud of, but it is also maybe even more important to leave behind many fond memories of that work, fond memories of colleagues with whom you were able to spend time and, of course, fond memories of the friendships you were able to form, both with members of your own party and with those on the other side of the aisle.

Perhaps what I am most proud of overall is that the pieces of legislation I was able to sponsor and pass, whether it was the Internet tax ban, civil liberties protection that we added under the PATRIOT Act, the Wilderness Act that protects 25,000 acres of the White Mountain National Forest, were all bipartisan pieces of legislation. That means a lot to me.

I think it will serve me well in any future endeavors I undertake in public service. I thank Senator MCCONNELL, the Republican leader.

Mr. MCCONNELL. Madam President, let me just say to my friend from New Hampshire, it has been a real privilege to serve with somebody of your intellect and ability. I know you are going to be a huge success. You have, as we discussed, a lot of your life left. I know you are going to be a huge success in the coming years, and I am looking forward to seeing more of you in the future.

The PRESIDING OFFICER. The Senator from Maryland.

UNANIMOUS-CONSENT REQUEST—
S. 3684

Ms. MIKULSKI. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of a bill I have at the desk which is the text of title VII of S. 3689 regarding the auto sales tax deduction, and further that the bill be read a third time and passed, and the motion to reconsider be laid upon the table, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. SUNUNU. I object.

The PRESIDING OFFICER. Objection is heard.

Ms. MIKULSKI. It is my understanding I still have the floor?

The PRESIDING OFFICER. The Senator has the floor.

Ms. MIKULSKI. Boy, am I sorry that is the last act of JOHN SUNUNU in the Senate. I hope it is not the last thing. I feel so badly about people objecting to me bringing this up. Mine is a bipartisan bill that I thought maybe I would win, maybe I would lose, but at least we could bring it up and debate it and discuss it and vote on it.

My bill was a straight-forward bill. My bill was to help save jobs in the automobile industry, from manufacturing, sales to service, to the little people who are the bookkeepers in our communities.

My bill would give a tax deduction to someone who would buy a car in these

6 weeks and they would be able to take a deduction of interest and sales tax. The total cost of my bill was \$8 billion. But the cost of not doing my bill is going to be horrific. It is going to be absolutely horrific. I cannot get over how these economic conservatives have their ostrich heads in the quicksand of our economy.

You know what is going to happen when our automobile industry goes down. Well, let them go. Well, I will tell you, we are going to lose \$156 billion over the next 3 years in lost taxes, unemployment, and health care assistance.

We are facing the possibility that 3 million people could lose their jobs. But oh, no, we object. We object to debate. We object to discussion. We object to taking our ideas and putting them into the sunshine and being able to do what I thought you do in a democracy, vote ideas up or down.

If I lose my bill in a vote, that is the way democracy works. But to move it through a parliamentary maneuver of something called, "I object," I object to the objection. I have no idea why anyone would object to bringing up an idea that has bipartisan support to see if we could stimulate demand in the automobile industry.

Well, I tell you what. Senator BARB MIKULSKI is not the only one who objects. The American people object. And that is what they did when they walked into that voting booth on November 4 and voted for change. They said: Yes, we can. They were objecting to what goes on in this institution and what has been going on in the White House for the last 8 years.

They said: I object. And they voted. They objected and then they voted. And they object by their vote. There is a reason a political tsunami hit this institution. It is because of this continual way of throwing sand in the gears of democracy. So they said: I object. That is what the people said.

So we can go through these parliamentary shenanigans. We can delay what we could do in the next 48 hours to get our economy going. But, oh, no.

We are going to do it. The question is, are we going to do it today or are we going to do it 8 weeks from today? The longer we wait, the deeper and more prolonged the recession will be. Right now we could begin to not only turn the page but begin to turn the economy around.

So those are the rules of the Senate. I signed up for the Senate, so I take the rules as they are. But I will tell you, I stand with the American people. I object. And I object to the objection. I am going to keep fighting this until we leave. It is my view we shouldn't leave until we pass legislation to get this economy going. If we cannot do it this week, come back next week because the real turkeys will not be in our oven. The real turkeys will be close at hand.

I yield the floor.

UNANIMOUS-CONSENT REQUEST—
S. 3656

Mr. SCHUMER. Madam President, I inform the Republican leader, I had arranged to do a unanimous-consent request when the Senator from Iowa could be on the floor.

I ask unanimous consent the Finance Committee be discharged from further consideration of S. 3656, the Senate proceed to its immediate consideration, the bill be read a third time and passed, and the motion to reconsider be laid upon the table, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. GRASSLEY. Madam President, I reserve the right to object.

The PRESIDING OFFICER. The Senator is recognized.

Mr. GRASSLEY. Madam President, throughout the years, the Committee on Finance has worked to safeguard and improve the programs under its jurisdiction, including the Medicare and Medicaid Programs. The Finance Committee has a unique expertise on these programs and is the only committee in a position to assess the possible effects of individual changes on all Social Security programs as a whole. Accordingly, it is essential that any legislative proposals impacting these programs be considered by the full Senate only after the Finance Committee conducts a thorough analysis of the issues involved and the potential solutions.

I would like to bring up one example of how this bill needs scrutiny. There is a provision buried in here that would allow California to escape its responsibilities to ensure that illegal aliens are not getting Medicaid benefits to which they are not entitled. Do the American people support giving Medicaid to illegal aliens? I don't think so. Simply bypassing the committee process with legislation on complex issues runs contrary to how this body should function. In fact, as my friend from New York is aware, Congress already had extensive debate and enacted a Medicare bill already earlier this year. That bill was authored by the chairman of the Finance Committee. So the Senate and the full Congress have already had extensive Medicare debate this year. The Senator from New York, as a member of the Finance Committee, had ample opportunity to raise the issues earlier this year that he now raises in a bill he wants to bring up right now. So regardless of the merits of the Senator's proposal, I believe that ship has set sail.

I have a more extensive statement on the provisions themselves. Some of them, I want the Senator from New York to understand, I actually support, and I oppose some, obviously. Perhaps we can work together on some of these issues where we agree, if the Senator is interested. Today, however, I am forced to object to the Senator's consent request.

Notwithstanding the significant jurisdictional and process issues I just

raised, I would also like to note that there are several provisions in the bill I strongly support. However, there are several provisions in this bill that I oppose at this time and do not believe the Finance Committee has given proper consideration through hearings and investigations.

One of the provisions in S. 3656 that I support would delay implementing provisions of a proposed CMS rule that would change conditions of participation for rural health clinics and decertify rural health clinics that are no longer in nonurbanized areas. It would also delay proposed changes to the existing payment methodology for rural health clinics and federally qualified health centers. While I am very concerned about the proposed CMS rule and its impact on rural health centers, RHCs, unfortunately I cannot support this legislation which is within the jurisdiction of the Finance Committee but which has not been given any consideration by the committee.

The CMS proposed rule would impose new location requirements for RHCs and require that clinics be located in a nonurbanized area, as defined by the U.S. Census Bureau, as well as meet shortage area designation requirements. Only new RHCs applying for the program are currently required to meet these criteria but the CMS proposal would extend these requirements to already certified RHCs. According to CMS, about 500 of the approximately 3,700 RHCs operating today may not meet these requirements.

Iowa is currently in the throes of a growing shortage of physicians, especially in the more rural areas of the State, due to inequitable geographic adjustments in physician payment that result in Iowa physicians receiving some of the lowest Medicare reimbursement in the country even though they provide some of the highest quality care. These geographic payment disparities, which discriminate against rural areas, have further exacerbated the problems of rural access to care.

The CMS proposed rule could have a severe adverse impact on a number of rural health clinics in Iowa, including many located in counties that have been declared disaster areas from the severe flooding Iowa suffered earlier this year. Rural clinics in Iowa also could be severely impacted by the CMS proposed payment changes since RHC costs in Iowa and other States are already higher than the existing Medicare reimbursement cap. If the CMS rule is finalized as proposed, rural health clinics in Iowa and elsewhere may be forced to close their doors, even though they have served rural populations very well for many years, leaving Iowa with fewer physicians and some patients with little access to primary care and other critical medical services.

This bill would prevent the application of a CMS policy to phase-out a payment adjustment for indirect medical education, IME, under the Medi-

care capital Inpatient Prospective Payment System, IPPS. Currently, teaching hospitals receive this upward payment adjustment under the capital IPPS. CMS announced in the fiscal year 2008, Medicare Hospital IPPS Final Rule that they would begin to phase out the IME adjustment for capital IPPS in fiscal year 2009.

As the former chair and currently the ranking member of the Senate Finance Committee, it has long been one of my priorities to ensure Medicare payments are both accurate and equitable. I question whether this bill would further this goal, which many of us share.

The appropriateness of the IME capital IPPS adjustment has been analyzed not only by CMS, but also the Medicare Payment Advisory Commission, MedPAC, which advises Congress on Medicare payment issues. CMS has documented relatively high and continued positive margins for teaching hospitals under the capital IPPS compared to nonteaching hospitals. In fact, from 1998 through 2006, teaching hospitals had an aggregate capital IPPS margin of 11.2 percent while nonteaching hospitals had an aggregate capital IPPS margin of -0.8 percent.

Based on these figures, many, including myself, question the appropriateness of this payment adjustment. This is a case in point of why legislative proposals such as this must first go through the committee process.

S. 3656 puts a moratorium on a CMS rule regarding Medicaid payments for hospital outpatient services. Early this year, Congress placed moratoriums on six other CMS Medicaid regulations. Just as I opposed those moratoriums, I strongly oppose this one as well. The Finance Committee has not held the first hearing as to why this action is necessary. We have not considered whether payments currently being made are not consistent with the statute. Medicaid is a critical program for children, pregnant women, the disabled, and the elderly. We have a responsibility to the people who depend on the program to make sure that funds are being appropriately spent. This moratorium is not consistent with that responsibility.

This bill also intervenes in a dispute by CMS and the State of California. The State of California has been seeking approval of an extension of their family planning waiver for 6 years. For 6 years, CMS has been pushing California to improve their collection of Social Security numbers and citizenship documentation for women enrolled in the program. This bill essentially requires CMS to approve of the extension of California's waiver without requiring California to do anything further to improve their process of ensuring people who receive benefits are actually eligible for those benefits.

I would also like to point out that a comprehensive Medicare bill written by the Chairman of the Finance Committee was passed by the Senate this

summer. One can presume that the proposals in this bill were considered and rejected for inclusion in that Medicare bill.

I understand that legislation is often the art of compromise. We can't always get everything we want in every bill and keep everything we dislike out. It is a balance. However, I think both in terms of process and policy, this bill does not sufficiently achieve a balance I think is necessary and I must, therefore, object to its consideration.

The PRESIDING OFFICER. Objection is heard.

The Senator from New York.

Mr. SCHUMER. Madam President, I introduced this bill in October in response to overwhelming concerns New York health care providers have about three devastating health regulations that the Bush administration is pushing.

My bill would put a 6-month delay on the Medicare Hospital Capital IME payment policy to teaching hospitals, a 6-month delay on the now-final Medicaid Outpatient Clinic regulation, and a 6-month delay on the Medicare Hospice rule—three regulations that affect the heart and soul of our health care system—the facilities and health providers that take care of all Americans, rich or poor, rural or urban.

Given the urgent challenges we face in our economic health, now is not the time to be cutting hospitals or clinics that serve our physical health. We should be making health care more effective and efficient—not slashing reimbursement and running these providers out of business.

The new Medicare Hospital Capital Indirect Medical Education, IME, payment policy is a disaster for teaching hospitals. It went into effect on October 1 and will be fully implemented in 2010.

This new policy runs counter to what works in American medicine. The Medicare program has long served the public good by funding the training of new doctors in our academic medical centers and teaching hospitals, using IME payments.

Across the Nation in large and small communities there is a shortage of physicians—from primary care to surgeons. We rely on our Nation's academic medical centers, 13 of which are in my State, and teaching hospitals to train new physicians.

The new policy eliminates critical funding that supports teaching.

The total cost of this new policy to New York's teaching hospitals would be \$62 million when it is fully implemented in 2010. The total for all U.S. hospitals is \$380 million.

Let me illustrate what these cuts mean to New York hospitals: Albany Medical Center Hospital, \$1.2 million; Kaleida Health in Buffalo, \$1.3 million; Montefiore Medical Center, \$3.7 million; Strong Memorial Hospital, \$1.6 million; Stony Brook University Hospital, \$1.6 million; Bassett Hospital in Cooperstown, \$426,000; and Coney Island Hospital, \$565,722.

These facilities are the same ones in my State who provide the lion's share of uncompensated care to the uninsured.

One of the hardest hit hospitals in my State is Mt. Sinai Medical Center in Manhattan. They stand to lose \$4.1 million by 2010.

This lost funding means Mt. Sinai Medical Center will be forced to take cost cutting steps:

First, delay completion of their inpatient electronic medical record rollout; second, they won't be able to expand their already crowded emergency room that provides over 100,000 patient visits a year; and third, they will scale back many free medical screenings and other programs for patients.

These are not the actions we want hospitals to take.

Hospitals need our help. The Medicare Payment Advisory Commission, MedPAC—which is a nonpartisan group—has said that in 2006, hospitals' Medicare margins nationwide were in the red at negative 4.8 percent.

In New York in 2006, rural hospitals were hit the hardest by low Medicare reimbursements with even lower margins of negative 8.2 percent.

After 7 consecutive years of overall negative margins, the hospitals in my State did little better than break even in 2006. It doesn't make sense to me that we would gut a source of training for high-paying jobs in this country at a time when we are bleeding jobs.

This is not just a New York issue. In July, 51 Senators signed a bipartisan letter to the Centers for Medicare and Medicaid Services, CMS, that opposed implementation of the capital IME. We need to pass my bill so that these cuts don't hurt all U.S. hospitals.

Now I want to speak briefly about the Medicaid Outpatient Clinic Regulation that my bill places a 6-month moratorium on.

For months I fought with CMS about this regulation. Unfortunately, they finalized it last week.

But, I am pleased that in the final version free-standing health clinics were saved from massive cuts. There were many clinics in New York that were saved from either closing their doors or saying no to their patients.

I want to talk about Ed, a 62-year-old Buffalo resident, who can only move his head due to his cerebral palsy. With the help of a free-standing clinic in Buffalo, called Aspire, Ed learned to operate his power wheelchair with his chin.

Even more amazing he can operate a computer using his chin. Ed spent 5 years mastering desktop publishing and then formed his own successful business.

If free-standing clinics were included in the final regulation, Ed could not attend Aspire of WNY's wheelchair clinic, where physical, occupational and speech therapists customize all sorts of things for him. Without that service, Aspire tells me that he would be completely immobile and not as independent.

Let me discuss another New Yorker that the Buffalo-based Aspire Clinic helped. In 1998, Aspire wanted a woman named Alice to have a colonoscopy. When she did, it was revealed that she had colon cancer. But luckily they found it in time and she had surgery to remove the cancer and now, 10 years later, she is doing fine.

Alice is just one of hundreds of individuals who receive primary medical care through these essential primary care clinics.

Enable, a Syracuse agency that serves children and adults with disabilities, told my office that they would have to stop providing physical and occupational therapy to more than 300 clients on Medicaid if the Rule had included freestanding clinics.

I wish CMS hadn't made this regulation final, but at least it isn't as bad as it could be. We will know the extent of pain that other clinics and hospital outpatient services may face on December 8, when the rule must be implemented.

Therefore, I hope that the Senate will pass the PATH Act. As we have heard, there are just too many terrible cuts underway in health care, and we need to be doing all we can right now to stop the bleeding.

I understand my colleague has objected. That is unfortunate. To wait another 3 months or 6 months at a time when our economy is in such dire shape will do severe damage to health care throughout the country. In my State of New York, for instance, the new Medicare Hospital Capital Indirect Medical Education payment policy is a disaster for teaching hospitals. It runs counter to what works in American medicine. It affects large and small communities. We have a desperate shortage of physicians, from primary care to surgeons. The country relies on academic medical centers. This clobbers them at a time when it should not have happened. Many of us believe this regulation was not within the purview of CMS to enact. They went ahead and did it. I would hope that maybe my colleague will reconsider. We will return to this issue when we come back in January, but some damage, unfortunately, will be done.

I understand why my colleague has objected. I regret it. There was no time to move in the Finance Committee because this regulation didn't take effect until very recently, having many bad affects. I will work hard and not rest until we overturn the regulation.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

UNANIMOUS-CONSENT REQUEST— S. 3689

Mr. REID. Madam President, with the daunting challenges we face on our road to economic recovery—and that will come; it is a question of when—there is no reason to wait for a new year, a new Congress and a new President. We could vote now. We could take action now. We can't solve our economic challenges with one vote, but we could get started. So I say, why wait. Every day that goes by, thousands of Americans lose their jobs. Thousands of homes are lost. Scores of companies file for bankruptcy. So why don't we staunch the bleeding, stop some of the pain, and begin to turn things around? We have before the Senate a comprehensive economic stimulus plan worked out with the Appropriations Committee, the Finance Committee, and the Agriculture Committee, that we could pass and we should pass. I wish to express my appreciation to the members of the Appropriations, Finance, and Agriculture Committees. They have worked very hard to put this package together under the leadership of Senators BYRD, BAUCUS, and HARKIN.

What do I mean by "comprehensive"? Instead of addressing just one part of our economic crisis, this legislation takes many steps that economists agree we need.

I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 1122, S. 3689; that the bill be read a third time, passed, and the motion to reconsider be laid on the table, and there be no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Arizona.

Mr. KYL. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. REID. Madam President, we have a matter on which the objection was made. I did not cover it all, of course, in that matter. We have significant things in that piece of legislation that were objected to dealing with infrastructure; unemployment benefits; FMAP, which is the matter to give some fiscal relief to our States; and it would give help to the auto industry. So this is the type of issue on which I wish we could move forward. I understand my colleagues. They are not going to accept this.

I think the provision we have dealing with taking the money out of the financial bailout that we have, that the White House has, the Treasury Department has—I have talked on the floor over the last 2 days about that. There is no need to belabor that point. But it is too bad we could not move forward on that basis.

It is my understanding Senators LEVIN and BOND are going to try to come up with some alternative proposal. When they come up with that, I would be happy to see if there is any way we can move procedurally. That is not going to be easy with what is going