

(3) encourages North Korea to permit reunions between Korean Americans and their relatives still living in North Korea;

(4) calls on the Department of State to further prioritize efforts to reunite Korean Americans with their divided family members;

(5) acknowledges the efforts of the American Red Cross to open channels of communication between Korean Americans and their family members who remain in North Korea;

(6) encourages the Government of South Korea to include United States citizens in future family reunions planned with North Korea; and

(7) praises humanitarian efforts to reunite all individuals of Korean descent with their relatives and engender a lasting peace on the Korean Peninsula.

SENATE RESOLUTION 588—RECOGNIZING THAT ACCESS TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS FOR PATIENTS IN RURAL AREAS OF THE UNITED STATES IS ESSENTIAL TO THE SURVIVAL AND SUCCESS OF COMMUNITIES IN THE UNITED STATES

Mr. MORAN (for himself, Ms. KLOBUCHAR, Mr. HOEVEN, Mr. BOOZMAN, Mr. ENZI, Mr. GRASSLEY, Mr. THUNE, Mr. WICKER, Mr. CRAPO, Mr. HELLER, Mr. COCHRAN, Ms. HEITKAMP, Mr. TESTER, Ms. BALDWIN, Mr. JOHNSON of South Dakota, Mr. DONNELLY, Mr. DURBIN, Mr. FRANKEN, and Ms. HIRONO) submitted the following resolution; which was considered and agreed to:

S. RES. 588

Whereas access to quality health care services determines whether individuals in the United States can remain in the communities they call home and whether their children will return to those communities to raise families of their own;

Whereas more than 60,000,000 individuals in rural areas of the United States rely on rural hospitals and other providers as critical access points to health care;

Whereas rural areas of the United States need quality health care services to attract and retain business and industry;

Whereas, to ensure that communities in the United States survive and flourish, Congress must address the unique health care needs of individuals in rural areas of the United States;

Whereas individuals in rural areas of the United States are, per capita, older, poorer, and sicker than individuals in urban areas of the United States;

Whereas, according to the Department of Health and Human Services, “rural areas have higher rates of poverty, chronic disease, and uninsurance, and millions of rural Americans have limited access to a primary care provider”;

Whereas, according to the Department of Agriculture, individuals in rural areas of the United States have higher rates of age-adjusted mortality, disability, and chronic disease than individuals in urban areas of the United States;

Whereas the 20 percent of the population of the United States that lives in rural areas is scattered over 90 percent of the landmass of the United States;

Whereas the geography and weather of rural areas of the United States can make accessing health care difficult, and cultural, social, and language barriers compound rural health challenges;

Whereas individuals in rural areas of the United States are more likely to be uninsured and less likely to receive coverage through an employer than individuals in urban areas of the United States;

Whereas access to health care continues to be a major challenge in rural areas of the United States, as—

(1) 77 percent of the 2,050 rural counties in the United States are designated as primary care Health Professional Shortage Areas (commonly referred to as “HPSAs”);

(2) rural areas of the United States have fewer than half as many primary care physicians per 100,000 people as urban areas of the United States; and

(3) more than 50 percent of patients in rural areas of the United States travel at least 20 miles to receive specialty medical care, compared to only 6 percent of patients in urban areas of the United States;

Whereas, because rural hospitals and other providers face unique challenges in administering care to patients, Congress has traditionally supported those providers by implementing—

(1) specific programs to address rural hospital closures that occurred in the 1980s by providing financial support to hospitals that are geographically isolated and in which Medicare patients make up a significant percentage of hospital inpatient days or discharges; and

(2) a program established in 1997 to support limited-service hospitals that, being located in rural areas of the United States that cannot support a full-service hospital, are critical access points to health care for rural patients;

Whereas hospitals in rural areas of the United States achieve high levels of performance, according to standards for quality, patient satisfaction, and operational efficiency, for the types of care most relevant to rural communities;

Whereas, in addition to the vital care that rural health care providers provide to patients, rural health care providers are critical to the local economies of their communities and are one of the largest types of employers in rural areas of the United States where, on average, 14 percent of total employment is attributed to the health sector;

Whereas a hospital in a rural area of the United States is typically one of the top 2 largest employers in that area;

Whereas 1 primary care physician in a rural community annually generates approximately \$1,500,000 in total revenue, and 1 general surgeon in a rural community annually generates approximately \$2,700,000 in total revenue;

Whereas the average Critical Access Hospital, a limited-service rural health care facility, creates 107 jobs and generates \$4,800,000 in annual payroll, and the wages, salaries, and benefits provided by a Critical Access Hospital can amount to 20 percent of the output of a rural community’s economy;

Whereas hospitals in rural communities play a vital role in caring for the residents of those communities and preserving the special way of life that communities in the United States foster; and

Whereas the closure of a hospital in a rural community often results in severe economic decline in the community and the departure of physicians, nurses, pharmacists, and other health providers from the community, and forces patients to travel long distances for care or to delay receiving care, leading to decreased health outcomes, higher costs, and added burden to patients: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes that access to hospitals and other health care providers for patients in rural areas of the United States is essential

to the survival and success of communities in the United States;

(2) recognizes that preserving and strengthening access to quality health care in rural areas of the United States is crucial to the success and prosperity of the United States;

(3) recognizes that strengthening access to hospitals and other health care providers for patients in rural areas of the United States makes Medicare more cost-effective and improves health outcomes for patients;

(4) recognizes that, in addition to the vital care that rural health care providers provide to patients, rural health care providers are integral to the local economies and are one of the largest types of employers in rural areas of the United States; and

(5) celebrates the many dedicated medical professionals across the United States who work hard each day to deliver quality care to the nearly 1 in 5 people in the United States living in rural areas, because the dedication and professionalism of those medical professionals preserves the special way of life and sense of community enjoyed and cherished by individuals in rural areas of the United States.

SENATE RESOLUTION 589—HONORING THE LIFE OF THOMAS M. MENINO, MAYOR OF BOSTON, MASSACHUSETTS, FROM 1993 TO 2014

Ms. WARREN (for herself and Mr. MARKEY) submitted the following resolution; which was considered and agreed to:

S. RES. 589

Whereas Thomas Menino was born on December 27, 1942, in Readville, in the Hyde Park neighborhood of Boston where he lived his entire life;

Whereas Thomas Menino was a devoted husband, a loving father, and an adoring grandfather;

Whereas Thomas Menino was elected to the Boston City Council in 1983 to represent District 5, including the Hyde Park neighborhood where he lived;

Whereas Thomas Menino served as City Council president and became acting mayor of Boston in July 1993;

Whereas Thomas Menino was elected as the 53rd Mayor of Boston in November 1993, the first Italian-American mayor of the city of Boston;

Whereas Mayor Menino subsequently was elected to 4 additional terms, serving an unprecedented 20 years as Mayor of Boston;

Whereas Mayor Menino took pride in being known as the “Urban Mechanic”, focusing on the nuts and bolts issues that kept the city moving forward, from fixing potholes to cleaning up public parks;

Whereas Mayor Menino oversaw a period of growth and urban renewal in Boston, and worked to make Boston a city of safe, livable neighborhoods;

Whereas Mayor Menino led the resurgence of neighborhoods in Boston, from the waterfront and the innovation district of the waterfront to Dudley Square in Roxbury, creating a city with unbounded innovative potential;

Whereas Mayor Menino committed himself to being the “Education Mayor”, using his political will and courage to improve education for all the children in the city;

Whereas Mayor Menino was a powerful advocate for research institutions in Boston, including the world-class hospitals and universities in the city;