

The PRESIDING OFFICER. The distinguished Senator from Wyoming is recognized.

Mr. THOMAS. Mr. President, I ask unanimous consent to speak for 15 minutes.

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

RURAL HEALTH CARE

Mr. THOMAS. Mr. President, I wanted to come in this morning when we had a break in regular business to talk about something that is very important to me and to Wyoming. As a matter of fact, it is also important in States such as Kansas. I am speaking about promoting health in rural areas.

I am joining with several colleagues in introducing a bill promoting health in rural areas, a bill designed to increase access to quality health care services in rural areas. Rural health care has been a priority of mine since I have been in the House and Senate. As cochair of the Rural Health Care Caucus, I am pleased that health care in rural areas is an issue that we can address in a bipartisan way.

So I am very pleased to work with colleagues, including the Presiding Officer, Senator ROBERTS; Senator GRASSLEY; Senator HARKIN; Senator BAUCUS; Senator DASCHLE; Senator CONRAD, and Senator COLLINS, to craft this bill. It is always a pleasure to work with people who have similar issues, and certainly we do in rural areas.

This bill provides some incentives, regulatory relief and Medicare payment equity, needed to ensure rural families have access to quality health care, the kind of health care that they deserve. Those of us who come from low-population areas have unique problems. We talk about education, we talk about schools, and we talk about the delivery of health care. Quite frankly, it is different in Greybull, WY, than it is in Philadelphia. So when we have national programs such as Medicare, it is important that we recognize some of the problems that exist in rural areas are unique and, indeed, need to be dealt with differently—problems such as the lack of physicians and health care providers in rural areas, and the idea that Medicare reimbursement has actually been unfair and unequal and not uniform throughout the country.

I recall last year when we were talking about Medicare payments to HMOs, the payments that were available in some places in the east were \$700 a month. In the Midwest, it was \$250 a month under the same kind of program. So there is some unfairness there. Certainly, we have experienced limited access to mental health. I think this is particularly true for young people. In rural areas, you simply don't have the kinds of rural health care access that is necessary and should be provided.

One of the techniques that will be used increasingly, I am sure, in rural health care is telemedicine, where you can go from a family practitioner to a specialty on telemedicine and get at least many of the same quality kinds of health care advantages.

Many of these problems were explored last summer when we held a forum in Casper, WY. We brought in people interested in health care, not only providers and patients but others. Many ideas were talked about there, such as how we can strengthen health care in Wyoming. We came up with a consensus in a number of these areas, and this bill contains many of those recommendations. I am pleased about that.

Here are some of the solutions. One of the things we discovered in our health care seminar is that in big cities you have all the different kinds of specialists and different techniques for health care, but you don't have them in small towns. So it is necessary, then, to have a network so you can tie it in. Small towns aren't often able to have a fully qualified hospital that will receive payments for Medicare from HCFA. So we had to arrange to have what we call "acute care hospitals" that can provide a lesser but equally important service, so that people could have emergency care, for example, and then be transported to another place, or the full service hospital. So you need a network there.

We need assistance in recruiting physicians, as you can imagine. It is difficult sometimes to bring in doctors—particularly specialists—to low-population areas. So these are some of the problems that we talked about.

This bill ensures rural health care representation on the Medicare Payment Advisory Commission. There is an advisory commission that has oversight responsibilities, and there is no assurance that there would be anyone there with a background and experience in a rural area. These are the things we have done. Specifically, it increases the reimbursement rates for hospitals and clinics.

Medicare reimbursement rates have been unfair and inadequate. Health care costs have been undervalued. You should receive the same kind of value care there as somewhere else. The cost of living is somewhat less, perhaps, but not to the extent that the payments have been made different.

We think one of the results of that, of course, is the difficulty to get providers to come there. Their reimbursement is less than it is in Florida or other places for doing the same thing. So we revised the rates.

The bill increases payments to sole community hospitals and, of course, that is what we have. My first recollection in talking about this is when the Presiding Officer was in the House and we talked in Kansas about having a

special program for small town hospitals, and that happened and has worked well. Recruiting and maintaining providers, of course, is a problem. In Wyoming, we have 22 underserved areas. That means there is less than one primary care physician for every 3,500 people living in those areas. It is also appropriate, of course, to advocate for other professionals, such as nurse practitioners and physician assistants. In many areas, those are the types of professionals that will be in small towns.

Telemedicine, of course, can be the salvation of rural America, and it is moving quickly.

This bill expands the number of telemedicine services reimbursed by Medicare, which will be very useful in establishing a well-coordinated network of physicians, midlevel practitioners, hospitals and clinics. This is especially important if you have a nurse practitioner or physician assistant, for instance, in a small town and they need advice from a specialist. They can do that using telemedicine.

Mental health. As you can imagine, access to mental health care is quite limited in rural areas. So this bill expands and ensures coverage by Medicare for mental health types of things. I mentioned the MEDPAC. Two years ago, Congress established the Medical Payment Advisory Commission, designed to make policy recommendations in part A and part B of Medicare. Unfortunately, on the current 15-member board, only one member is from a rural area. This bill requires that at least two be on the board to give adequate input.

In conclusion, I am very pleased with this bill to promote better health care in rural areas. It provides assistance to many rural communities that have trouble getting the quality health care that people receive in bigger cities. This is designed to do that. It is possible that we can debate it this year. The Rural Health Care Caucus will be working, and perhaps it will be part of a broader health care effort. This is a good start, and I am pleased to be a part of it.

ACCIDENTAL BOMBING OF THE CHINESE EMBASSY IN BELGRADE

Mr. THOMAS. Mr. President, as chairman of the Subcommittee on the East Asia and Pacific Affairs, I have been very much interested in the unfortunate bombing of the Chinese embassy in Belgrade over the weekend.

Clearly, in my opinion, this was a tragic mistake. It has been suggested by some that it was done on purpose. I don't believe that. I think it was a mistake—one for which there is no excuse. It boggles the mind to think that someone could make such a mistake. It is my hope that the matter will be thoroughly investigated and that a proper explanation will be made.