

When developing the Wage Index mechanism, HCFA decided that 71 percent of a hospital's costs were labor related. This rate also includes a predominant shift to labor-related costs due to purchases of outside services which incorrectly assumes that hospitals purchase services only from within their region and thus pay similar wages for these outside services. In reality, rural hospitals usually purchase services from urban areas and must pay urban wages for these services. However, the purchase of outside services from urban areas which may have a greater labor cost is not reconciled with the prevailing wage rate within the rural area. Hence, rural hospitals are paying urban rates for those services but are not being reimbursed at their urban wage rate. The average percentage of hospital expenditures in Alabama that are labor related is 51 percent—far from the 71 percent used by HCFA. And the annual impact of these formula problems result in a reduction of Alabama hospital payments by HCFA by between 5.5 and 6.5 percent or close to \$46 million a year.

To illustrate the unfairness of the Wage Index formula, you must see the differences in the calculation of the base rate for reimbursement using the Wage Index for both the national average and for a typical Alabama hospital.

National Average:

Take the initial national base rate for a per patient diagnosis of \$3,888.

Multiply it by the national average for percentage of wages to all other costs (71 percent) = \$2760.

Remaining \$1128 is non-labor costs.

Apply National Average Wage Index (1) to wage cost of \$2760 = \$2760.

Add \$2760 to the non-labor portion, \$1128, to get a total payment of \$3888. This is the base rate for Medicare reimbursement per Medicare patient diagnosis.

Compare that to: Stringfellow Memorial Hospital in Anniston, AL:

Take the initial national base rate for a per patient diagnosis of \$3,888.

Multiply it by the national average for percentage of wages to all other costs (71 percent) = \$2760.

Remaining \$1128 is non-labor costs.

Now here's the problem. Instead of applying the national average wage index of 1, for this Alabama hospital, we would use the Montgomery wage index of 0.74.

So, apply the local wage index of (0.74) to wage cost of \$2760 = \$2042.

Add \$2042 to the non-labor portion, \$1128, to get a total payment of \$3170.

Therefore the base rate for per patient diagnosis at Stringfellow Memorial Hospital is \$718 less than the national average. That's nearly 20 percent below the national average.

HCFA has recognized the problem and has addressed it in other areas. In developing the formula for the new Outpatient Perspective Payment Sys-

tem (PPS), which was required by the BBA of 1997, HCFA set the labor component of hospital costs at 60 percent (as compared to the 71 percent in the Inpatient PPS). According to HCFA, in the development of this new Outpatient formula, 60 percent represents the average split of labor and non labor-related costs.

Why then has HCFA not changed the Inpatient PPS formula? Why do we have to do it legislatively?

Senator GRASSLEY has proposed legislation that would correct the faulty wage index formula. His plan would mandate that HCFA apply the wage index adjustment only to each hospital's actual labor costs. This proposal, though it has not been scored, would cost approximately \$230 million the first year.

While I support this proposal, I am also sympathetic to my colleagues whose states are not detrimentally affected by the wage index. For that reason, I would also support other possible solutions to the Wage Index issue.

There are 2 possible options:

(1) We can develop a Wage Index "Floor," possibly set at 0.85 or 0.9. Thus there would be no effect (positive or negative) on hospitals with Wage Indexes above that level.

(2) We can establish a hold-harmless provision and apply the Wage Index adjustment to the share of hospital costs that are actually wage related (51 percent for Alabama), but only for hospitals with a Wage Index below 1.

The bottom line is that something must be done before the reductions in the BBA threaten the access to and quality of health care for our nation's seniors and uninsured. This government must not create a situation in which many of these needed hospitals have to close. We must act quickly or closures will occur.

I would like to thank the Chairman of the Senate Finance Committee, Chairman ROTH, for his efforts to address these concerns, and I look forward to working with him and the members of the Senate Finance Committee as well as the Senate Leadership to get this done.

It is time for this Congress to deal with the unfair wage index and improve it and take a step in the right direction. It is hurting our hospitals in rural America. It is really hurting them in Alabama where 70 percent are operating in the red and as many as 14 might close.

MARSHALL SPACE FLIGHT CENTER'S 40TH ANNIVERSARY

Mr. SESSIONS. Mr. President, today we are celebrating the accomplishments of the men and women of the Marshall Space Flight Center in Huntsville, AL, on the occasion of their 40th anniversary which will be celebrated tomorrow.

In September of 1960, President Dwight Eisenhower dedicated the Marshall Space Flight Center, which soon began making history under the leadership of Dr. Wernher von Braun. From the Mercury-Redstone vehicle that placed America's first astronaut, Alan Shepard, into suborbital space in 1961, to the mammoth Saturn V rocket that launched humans to the moon in 1969, Marshall and its industry partners have successfully engineered history making projects that gave, and continue to give, America the world's premier space program.

We are fortunate to have these dedicated men and women in Huntsville. I will be offering some remarks and hope to speak on the floor again later today. I take this opportunity to express my compliments and those of the American people to the men and women at Marshall Space Flight Center, which began 40 years ago, sent men to the moon, and now is working steadfastly to create a cost-efficient, effective way to send people into space routinely, almost as easily as we fly now across the Atlantic Ocean.

ENERGY

Mr. SESSIONS. Mr. President, I see the Senator from Alaska is here. I will just say this: Senator MURKOWSKI understands the failure of this administration's energy policy. He understands their desperate attempt to blame it on everyone but themselves.

The plain fact is, for almost 8 years, this administration has, through a myriad of ways—the chairman of the Committee on Energy and Natural Resources well knows—reduced American production of energy, leaving us more and more dependent on foreign oil. Now they have gotten together, created their cartel strength again and driven up the price of a barrel of oil in a matter of months from \$13 a barrel to over \$30, maybe \$35. We are feeling it in every aspect of the American Government. It was done not on the basis of a free market supply and demand but because of the political acts of the OPEC nations. This administration needs to do something about it.

I am glad to see Chairman MURKOWSKI here this morning. I know he will be speaking about this important issue.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. MURKOWSKI. Mr. President, may I ask how much time I am allotted under the standing order?

The PRESIDING OFFICER. The Senator may have 13 minutes of the time remaining of the Senator from Alabama.

Mr. MURKOWSKI. I thank the Chair, and I thank my good friend from Alabama.

He indicated that the price of oil had risen. The price of oil yesterday rose to