survey data sources to be used in these calculations.

THE INEQUITABLE FRONTIER STATES PROVISION

Unfortunately, the more accurate calculation of practice expense costs that was intended to be achieved by Section 3102(b) has been jeopardized by a special interest provision that was added to PPACA behind closed doors during the Senate floor consideration of health reform. The ''frontier states'' provision addresses geographic disparities but helps just five states at the expense of the other 45. It improves Medicare reimbursement in the so-called frontier states by establishing a permanent 1.0 floor for the PE GPCI as well as for the hospital wage index, effective January 1, 2011. A frontier state is defined as one with 50 percent or more frontier counties, defined as counties with a population per square mile of less than six. The frontier states provision ensures that higher Medicare physician payments resulting from a higher PE GPCI adjustment go to just five states in 2011—Montana, Wyoming, North Dakota, South Dakota, and Nevada.

Iowa provides some of the highest quality care in the country but it does not meet the definition of a frontier state. Yet Medicare reimbursement for hospitals and physicians is lower in Iowa than in most of these so-called frontier states. Medicare also pays much lower rates in other rural states that do not meet the definition of a frontier state.

The frontier states provision is even more egregious because taxpayers in all 50 states will help pay the estimated $2 billion cost for a provision that benefits just five states. That amount is the Congressional Budget Office cost estimate of the frontier states provision for the next ten years. A practice expense floor for rural states may be warranted but it should not be an adjustment for just a few select states. This automatic pay increase for frontier state physicians could result in reduced access for Medicare beneficiaries in nearby rural states that do not have the 1.0 PE floor if physicians migrate to those rural areas where Medicare payment has been significantly increased.

Last spring I introduced legislation, the Medicare Rural Health Care Equity Act of 2010, to eliminate the special Medicare reimbursement rates for frontier states. It is imperative to reduce unwarranted geographic disparities and base physician practice expense costs on actual or reliable survey data, not by legislative fiat that improves physician payments for just a few states. Although legislative action would be required to make changes in this regard, I urge the IOM to review this situation and provide recommendations to HHS on whether specific factors should be considered to determine physician practice costs in frontier states if such a floor did not exist.

CONCLUSION

The practice expense geographic adjustment factor has a significant impact on the health care workforce in rural areas, because it plays a major role in the ability to recruit and retain physicians in rural areas who see more patients and work longer hours for correspondingly lower pay. This in turn can result in Medicare beneficiaries in rural areas having reduced access to physicians and other health care practitioners. Twenty percent of the population lives in rural America yet only nine percent of physicians practice there. Shortages of primary care and specialty physicians currently exist in many rural areas yet unwarranted geographic payment disparities make it difficult to improve access for rural Medicare beneficiaries and other patient populations.

The existing inaccurate geographic adjustments by CMS result in unwarranted and unduly low rural reimbursement rates. More current, relevant, and accurate data sources exist and should be used by CMS to make geographic adjustments to Medicare payments, especially in the area of physician practice expense. The current geographic disparities in payment are not based on actual or reliable data, and they put rural Medicare beneficiaries at risk. I urge the committee to recommend that CMS use actual practice cost data rather than the current inaccurate proxies to ensure that Medicare payment reflects true geographic differences in physician practice costs.

START TREATY

Mr. COBURN. Mr. President, the Constitution of the United States is an amazing document. Every day I appreciate the foresight of our Founding Fathers who knew that future Presidents, of any political philosophy, would seek to expand their power and try to impose their will over the legislative branch, the branch closest to the citizens of the United States.

For this reason they added an important clause in article 2, section 2 that says ''He shall have Power, by and with the Advice and Consent of the Senate, to make Treaties, provided two thirds of the Senators present concur;''

Negotiators for the Strategic Arms Reduction Treaty on both sides know the terms of our Constitution, which predates both the Russian Federation and the Soviet Union it replaced.

However, as the Senate considered the Strategic Arms Reduction Treaty, or the START treaty, supporters of the treaty seemed to say that the Senate should abandon its role of advice and just focus on consent. It was repeated many times that any change, no matter how minor or no matter how much it improved the treaty, would be considered a treaty-killer as further negotiation with Russia was inexplicably taken off the table as an option.

The reasonable amendments offered by Republican Senators were all rebuffed. The supporters of the treaty repeated many times how reasonable the amendments were but that the treaty was not the appropriate time to be debating such matters. Authors of amendments involving ensuring a robust missile defense, improving verification to prevent Russia from cheating, and merely mentioning the existence of tactical nuclear weapons were all told that another day is the best time to discuss those matters. However, one of the greatest threats to United States national security is the acquisition of a tactical nuclear weapon by a terrorist organization. Since Russia has a preponderance of the world's tactical nuclear weapons, how can it be that a treaty dealing with nuclear weapons control is not the time to discuss this issue?

Supporters of the START treaty say that after it is ratified the President will be able to go and negotiate further agreements with the Russians on matters important to the United States' interest such as the tactical nuclear weapons. However, both opponents and supporters of the treaty know that there is no intention of this administration to pursue follow-on nuclear agreements with the Russian Federation. There are several reasons for this. We now have no leverage with the Russian Federation since they have already gotten a treaty favorable to their interests. Further, we will be pressing the Russians on other issues impacting our national security such as sanctions on Iran. Supporters of the treaty believe that Russia will be more amenable to our requests when history shows that Russia will act in their interest and are not concerned with existential threats to our national security.

Finally, one of the purposes of any arms treaty is to clarify and inform signatories to the treaty about capabilities and intentions of each side. However, the new START treaty neither clarifies nor informs anyone about the United States' capability and intentions with regards to a national missile defense program. It is clear that the negotiators wanted to avoid this difficult topic knowing that Russia opposes the concept of the United States being able to defend itself from a rogue missile attack. However, by avoiding the topic completely, Russia is forced to consider the mixed messages of the Obama administration withdrawing missile defense capability from Poland and statements by administration officials and Congress calling for a robust four-phase missile defense program. The treaty as written can only cause further instability and confusion on the critical issue of missile defense between the United States and the Russian Federation. Clarifying amendments from Republican Senators regarding missile defense and the United States' intention to deploy technologies against all four phases of ballistic missile flight would have helped the treaty, not killed it. Instead, the lone statement on missile defense in the preamble of the treaty clearly implies that the United States should limit its missile defense in an attempt to limit the need for offensive missiles. The United States has no intention of doing so as it is a national security threat for us to ignore the dangers posed by North Korea and Iran in this area.

Because of these many reasons, I voted against the new Start treaty. While it did pass over my objections, I hope that future Senators will not use the debate we just held in this lame-duck session of Congress as precedent to abdicate their constitutional role for international agreements.

REMEMBERING SENATOR CHARLES SUMNER

• Mr. BROWN of Massachusetts. Mr. President, today I rise to celebrate the bicentennial, January 6, 2011, of the birth of U.S. Senator Charles Sumner, who so ably represented the Commonwealth of Massachusetts in this body