

be disproportionately impacted by the outpatient PPS as proposed.

The bill would improve Medicare payments to rural health clinics and allow HCFA to institute a prospective payment system. Medicare currently pays Rural Health Clinics for their reasonable costs up to a per-encounter cap of \$60.40. The equivalent cap for Federally Qualified Health Center services, which was set using more recent data and a different methodology, is significantly higher (\$80.62). S. 980 updates the methodology used to calculate the per-encounter cap, which will improve payments to rural health clinics.

There are provisions in the legislation to enhance choice of health plans in rural areas. The payment formula for Medicare+Choice plans, as revised in the Balanced Budget Act of 1997 (BBA), contains substantial changes designed to lessen the variance in payments to health plans among geographic areas over time. Today, Medicare payments vary county to county by more than 350% because they had been tied to historical charges. This is not a true reflection of the cost of delivering health care and in fact penalizes rural areas with historically poor access to quality care. Therefore, S.980 adjusts the payment formulas for Medicare+Choice plans to help rural areas attract private health plans.

Attracting health professionals to rural areas, and having them remain in the those communities, has been an ongoing problem. But access to high quality medical care is improved when there is an adequate supply of practitioners who remain in the community. S. 980 improves the likelihood of attracting and retaining health care professionals in rural areas. S. 980 increases payments to practitioners serving in Health Professional Shortage Areas (HPSAs) and assists rural communities with recruiting efforts. Specifically a 10% bonus will be paid to physician assistants and nurse practitioners for outpatient services provided in these areas. Our bill also assists with recruitment of health professionals to serve rural areas. Currently a community is not allowed to recruit and hire a practitioner until the one being replaced has left. No longer would a community have to lose the practitioner, before the recruitment process could begin. In addition, tuition benefits provided as scholarships through the National Health Service Corps, would not be treated as taxable income. These changes help ensure that trained health care professionals are accessible to seniors and individuals with disabilities living in rural areas.

The bill also makes changes to assist with training of physicians in rural hospitals. S.980 would allow rural hospitals to get credit for residents who spend time training outside a hospital and in rural health clinics. It would also allow hospitals with only one residency program to add up to three residents to their limit. BBA froze the re-

imbursement for residents at 1996 levels. This was detrimental to rural areas. These changes will allow for the training of more physicians in rural areas

Mr. President, I am pleased that S. 980 would enhance telemedicine and telehealth. Under the Balanced Budget Act of 1997, Medicare has begun to pay for telemedicine consultations for patients living in rural areas that are designated as Health Professional Shortage Areas (HPSAs). The Promoting Health in Rural Areas Act would: (1) allow anything currently covered by Medicare to be reimbursed; (2) expand eligibility for telemedicine reimbursement to include all rural areas; and (3) state definitively that the referring physician need not be present at the time of the telehealth service, and clarify that any health care practitioner, acting on instructions from the referring physician or practitioner, may present the patient to the consulting physician.

In addition, the bill would formally authorize an existing group of Cabinet level and private sector members and instruct them to focus on identifying, monitoring, and coordinating federal telehealth projects. The provisions also authorize the development a grant/loan program for telemedicine activities in rural areas.

Mr. President, this bill was developed by the Senate Rural Health Caucus, of which I am a member. I am proud of the provisions directed towards rural health care providers and the benefits they will have for the citizens of rural communities.

This bill sends a strong message to rural America: Washington cares about your problems and wants to help ensure access to quality health care. This is accomplished by strengthening the Medicare program and by making the newest technology available to rural areas.

#### MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

#### EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

#### REPORT OF THE ANNUAL REPORT OF THE NATIONAL INSTITUTE OF BUILDING SCIENCES FOR FISCAL YEAR 1997—MESSAGE FROM THE PRESIDENT—PM 28

The PRESIDING OFFICER laid before the Senate the following message from the President of the United

States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs.

*To the Congress of the United States:*

In accordance with the requirements of section 809 of the Housing and Community Development Act of 1974, as amended (12 U.S.C. 1701j-2(j)), I transmit herewith the annual report of the National Institute of Building Sciences for fiscal year 1997.

WILLIAM J. CLINTON.  
THE WHITE HOUSE, May 13, 1999.

#### MESSAGES FROM THE HOUSE

At 2:08 p.m., a message from the House of Representatives, delivered by Mr. Hays, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 775. An act to establish procedures for civil actions brought for damages relating to the failure of any device or system to process or otherwise deal with the transition from the year 1999 to the year 2000, and for other purposes.

#### MEASURES REFERRED

The following bill was referred the Committee on Armed Services, pursuant to section 3(b) of Senate Resolution 400, Ninety-fourth Congress, for a period not to exceed thirty days of session:

S. 1009. A bill to authorize appropriations for fiscal year 2000 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

#### MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times and placed on the calendar:

H.R. 775. An act to establish procedures for civil actions brought for damages relating to the failure of any device or system to process or otherwise deal with the transition from the year 1999 to the year 2000, and for other purposes.

#### EXECUTIVE REPORTS OF COMMITTEE

The following executive reports of committees were submitted:

By Mr. HELMS, for the Committee on Foreign Relations:

Treaty Doc. 105-1(A) Amended Mines Protocol (Exec. Rept. 106-2).

#### TEXT OF THE COMMITTEE-RECOMMENDED RESOLUTION OF ADVICE AND CONSENT

*Resolved (two-thirds of the Senators present concurring therein),*

#### SECTION 1. SENATE ADVICE AND CONSENT SUBJECT TO A RESERVATION, UNDERSTANDINGS, AND CONDITIONS.

The Senate advises and consents to the ratification of the Amended Mines Protocol (as defined in section 5 of this resolution), subject to the reservation in section 2, the