

Health Centers and the Provision of Care to the Poor and Uninsured” have all highlighted the importance of the Medicaid DSH program to our health care safety net.

As the Commonwealth Fund report, which was released just this last week, notes: “The Medicaid DSH program has had a beneficial effect on patient access. The average payment rate for Medicaid inpatient services has increased dramatically. Medicaid payments for hospital services were only 76 percent of the cost of providing this care in 1989. By 1994, Medicaid payments had increased to 94 percent of costs.”

Unfortunately, as the Commonwealth Fund report adds, “. . . there are large inequities in how these funds are distributed among states.” In fact, for 15 states, including New Mexico, our federal DSH allotments are not allowed to exceed 1 percent of our state’s Medicaid program costs. In comparison, the average state spends around 9 percent of its Medicaid funding on DSH. This disparity and lack of Medicaid DSH in “extremely low-DSH states” threatens the viability of our safety net providers. In New Mexico, these funds are critical but inadequate to hospitals all across our state, including University Hospital, Eastern New Mexico Regional Hospital, St. Vincent’s Hospital, Espanola Hospital, and others.

In an analysis of the Medicaid DSH program by the Urban Institute, the total amount of federal Medicaid DSH payments in six states was less than \$1 per Medicaid and uninsured individual compared to five states that had DSH spending in excess of \$500 per Medicaid and uninsured individual. That figure was just \$14.91 per Medicaid and uninsured person in New Mexico. Compared to the average expenditure of \$218.96 across the country, such disparities cannot be sustained.

As a result, this bipartisan legislation increases the allowed federal Medicaid DSH allotment in the 15 “extremely low-DSH states” from 1 percent to 3 percent of Medicaid program costs, which remains far less, or just one-third, of the national average. I would add that the legislation does not impact the federal DSH allotments in other states but only seeks greater equity by raising the share of federal funds to “extremely low-DSH states.”

Once again, the Commonwealth Fund recommends such action. As the report finds, “States with small DSH programs are not permitted to increase the relative size of their DSH programs . . . [C]urrent policy simply rewards the programs that acted quickly and more aggressively, without regard to a state’s real need of such funds.” Therefore, the report concludes, “. . . greater equity in the use of federal funds should be established among states.”

Again, this is achieved in our legislation by raising the limits for “extremely low-DSH states” from 1 percent to 3 percent and not by redistrib-

uting or taking money away from other states.

Failure to support these critical hospitals could have a devastating impact not only on the low-income and vulnerable populations who depend on them for care but also on other providers throughout the communities that rely on the safety net to care for patients whom they are unable or unwilling to serve.

As the Institute of Medicine’s report entitled “America’s Health Care Safety Net: Intact But Endangered” states, “Until the nation addresses the underlying problems that make the health care safety net system necessary, it is essential that national, state, and local policy makers protect and perhaps enhance the ability of these institutions and providers to carry out their missions.”

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 776

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Medicaid Safety Net Improvement Act of 2001”.

SEC. 2. INCREASE IN FLOOR FOR TREATMENT AS AN EXTREMELY LOW DSH STATE TO 3 PERCENT IN FISCAL YEAR 2002.

(a) INCREASE IN DSH FLOOR.—Section 1923(f)(5) of the Social Security Act (42 U.S.C. 1396r-4(f)(5)) is amended—

(1) by striking “fiscal year 1999” and inserting “fiscal year 2000”;

(2) by striking “August 31, 2000” and inserting “August 31, 2001”;

(3) by striking “1 percent” each place it appears and inserting “3 percent”;

(4) by striking “fiscal year 2001” and inserting “fiscal year 2002”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) take effect on October 1, 2001, and apply to DSH allotments under title XIX of the Social Security Act for fiscal year 2002 and each fiscal year thereafter.

STATEMENTS ON SUBMITTED RESOLUTIONS

SENATE RESOLUTION 73—TO COMMEND JAMES HAROLD ENGLISH FOR HIS 23 YEARS OF SERVICE TO THE UNITED STATES SENATE

Mr. BYRD (for himself, Mr. STEVENS, Mr. LEAHY, Mr. KOHL, Mr. DASCHLE, Mr. REID, Mr. WARNER, and Mr. GRAMM) submitted the following resolution; which was considered and agreed to:

S. RES. 73

Whereas James Harold English became an employee of the United States Senate in 1973, and has ably and faithfully upheld the high standards and traditions of the staff of the United States Senate;

Whereas James Harold English served as Clerk of the Transportation Appropriations Subcommittee from 1973 to 1980;

Whereas James Harold English served as the Assistant Secretary of the Senate in 1987 and 1988;

Whereas James Harold English has served as Democratic Staff Director of the Appropriations Committee of the United States Senate from 1989 to 2001;

Whereas James Harold English has faithfully discharged the difficult duties and responsibilities of Staff Director and Minority Staff Director of the Appropriations Committee of the United States Senate with great pride, energy, efficiency, dedication, integrity, and professionalism;

Whereas he has earned the respect, affection, and esteem of the United States Senate; and

Whereas James Harold English will retire from the United States Senate on April 30, 2001, with over 30 years of Government Service—23 years with the United States Senate: Now, therefore, be it

Resolved, That the United States Senate—

(1) Commends James Harold English for his exemplary service to the United States Senate and the Nation, and wishes to express its deep appreciation and gratitude for his long, faithful, and outstanding service.

(2) The Secretary of the Senate shall transmit a copy of this resolution to James Harold English.

SENATE RESOLUTION 74—EXPRESSING THE SENSE OF THE SENATE REGARDING CONSIDERATION OF LEGISLATION PROVIDING MEDICARE BENEFICIARIES WITH OUTPATIENT PRESCRIPTION DRUG COVERAGE

Mr. DAYTON (for himself, Ms. STABENOW, Mr. JOHNSON, and Mr. ROCKEFELLER) submitted the following resolution; which was referred to the Committee on Finance.

S. RES. 74

Resolved, That it is the sense of the Senate that, by not later than June 20, 2001, the Senate should consider legislation that provides medicare beneficiaries with outpatient prescription drug coverage.

Mr. DAYTON. Mr. President, today I am introducing a resolution which expresses the sense of the Senate that the Senate will consider legislation providing prescription drug coverage for senior citizens by June 20, 2001. The resolution does not specify what form of coverage will be considered; rather, it simply commits us to scheduling consideration of this important legislation, and hopefully its passage, in the near future.

Many of us have promised the senior citizens of our states that Congress would enact this kind of program. As you know, last year the 106th Senate was unable to reach agreement on whether to provide prescription drug coverage directly through Medicare, through subsidized insurance policies, or another mechanism. While these disagreements stymied any one measure’s passage, it appeared that an overwhelming majority of Senators then supported some form of coverage.

I believe it is imperative that we get a program of financial assistance for hard-pressed senior citizens quickly enacted. While I have my own preference for direct, voluntary coverage under Medicare, I am most concerned that some form of financial assistance be provided to desperate senior citizens in