

learned fluent Arabic, served as an Olmsted Scholar in Jordan, served with the United Nations Observer Group Lebanon, and conducted strategic research at Harvard and Stanford Universities. In his generation, there were few officers with this combined set of skills and experiences, and he served as a role model to those who now protect America's interests and fight for security in the Middle East. In the next generation of officers in the years to come, we will need hundreds, if not thousands, more like him.

I am especially pleased that General Abizaïd has chosen to return to near where he grew up by making his new civilian residence in my great State of Nevada. General Abizaïd has said that after retirement he would like to continue to examine how best to reform the national security apparatus of our Government to better address the "long war" that he believes we are fighting against violent extremism, to empower moderates in the region, and to rebuild the power, influence and security of the United States. He has said he may even write a book on these subjects, and I would hope he would do so. He has served the Nation ably and honorably over the last several decades, and while I wish him his fair share of peace, quiet, rest and relaxation not far from the shores of Lake Tahoe, I believe he has years of additional service to the Nation ahead of him. We owe General Abizaïd our thanks and our deep gratitude, and I look forward to working with him in his new chapter.

#### BOB FERRARO RETIREMENT

Mr. REID. Mr. President, I rise today to pay tribute to the longest serving current elected official in southern Nevada, Boulder City, NV—Mayor Robert Stanley "Bob" Ferraro. Later this spring, Bob will retire after 31 years of dedicated public service.

For three decades, Bob has been a civic leader, kind neighbor, and level-headed voice in the politically active and dynamic community he has called home since 1970. For 17 years, Bob served on the Boulder City Council. Later, he was elevated to serve the city as its mayor. In 1999, he became the first mayor directly elected by the people of Boulder City. During each campaign, he proudly knocked on every door in town—a feat he accomplished seven times.

During his time in public service, Bob has presided over Boulder City in an era of unprecedented growth, expanding from 7,800 residents in 1976 to more than 15,000 today. The community Bob calls home is one of those unique places in America that has managed to maintain its distinctive identity in the face of massive change. Throughout the last three decades of unparalleled growth in southern Nevada, Bob Ferraro has stood alongside Boulder City residents to fiercely defend limited growth policies that have preserved this special place.

Located just 20 miles from Las Vegas, Boulder City was built by the Bureau of Reclamation during the Great Depression as a housing complex for workers building nearby Hoover Dam. While the original residents flocked to Boulder City seeking opportunity, modern times have seen generations of families choosing to reside in this city on the shore of Lake Mead for its superb quality of life, access to outdoor recreation, and sense of community.

This sense of community can be attributed, in part, to Bob's hard work. As mayor, Bob encouraged the development of parks and recreation areas throughout Boulder City. These parks affect the lives of all residents, young and old. From youth sports leagues to adult recreational programs, Boulder City's park system has allowed all residents to continue to enjoy the smalltown feel that makes this city unique.

Throughout his time serving the Boulder City community, Bob never forgot that he was a part of the community. He is a past President of the Boulder City Rotary Club and was named the 1980 Rotarian of the Year. He also served as president of the Nevada League of Cities in 1985 and was named Nevada Public Official of the Year in 1986.

His leadership, sincerity, and poise will be missed. I am honored to pay tribute to Bob Ferraro as he prepares to complete his distinguished service to Boulder City and Nevada. I wish him and his wife Connie, his three children, and eight grandchildren much happiness for the future. Southern Nevada is truly a better place because of Bob.

#### NORTHEAST PENNSYLVANIA MEDICARE WAGE INDEX

Mr. SPECTER. Mr. President, for a considerable period of time, there have been a number of counties in Pennsylvania that have been suffering from low Medicare reimbursements, which has caused them great disadvantage in comparison to surrounding areas. I refer specifically to Luzerne, Lackawanna, Wyoming, Lycoming, and Columbia in northeastern Pennsylvania, and there are open disadvantaged counties elsewhere in Pennsylvania. Those counties are surrounded by MSAs, metropolitan statistical areas, with higher Medicare reimbursements in Newark, and New York, to the east; in Allentown to the southeast; and in Harrisburg to the southwest. As a result, a flight of very necessary medical personnel has occurred as northeast Pennsylvania hospitals are not able to provide employees with adequate competitive wages.

Further complicating this issue are the exceptions to the Medicare wage index regulations. Since 1987, exceptions have been created to the wage index program for rural facilities, new facilities, and others. In fact, in 1999, Congress passed legislative reclassi-

fications for specific hospitals to allow selected facilities to move to a new MSA and receive greater Medicare reimbursement. While these reclassifications have improved funding for those hospitals, hospitals that did not receive improved funding are being further disadvantaged.

It has also come to my attention that inpatient rehabilitation facilities are not provided an opportunity to obtain equitable Medicare reimbursement. Inpatient rehabilitation facilities receive adjustments in their Medicare reimbursement due to geographic disadvantages within the Medicare inpatient prospective payment system. This is based on information gathered from other acute care facilities in the MSA, not from their own wage information. Thus, inpatient rehabilitation facilities cannot apply for reclassification to another MSA that reflects their actual labor costs. As such, the facilities are prevented from being eligible for increased funding to assist with wages like acute care facilities, while being forced to compete for employees with those facilities that have had access to increased funding.

I have worked to find a solution to the Medicare wage index disparity in reimbursement for a number of years. During the conference for the fiscal year 2002 Labor, Health and Human Services, and Education Appropriations bill, the conferees agreed that there should be relief for these areas in Pennsylvania that were surrounded by areas with higher MSA ratings. However, at the last minute, there was an objection to including language in the conference report.

To correct this problem I, along with Representatives Sherwood and English, brought the matter forward in the fiscal year 2002 supplemental appropriations bill. The language was included in the House version of the bill, and I filed an amendment to Senate bill. During conference negotiations my amendment was defeated and the provisions were not included.

As part of the fiscal year 2004 Labor, Health and Human Services, and Education appropriations bill, \$7 million was provided for hospitals in northeast Pennsylvania that continued to be disadvantaged by the Medicare area wage index reclassification. The funding was provided as temporary assistance for those facilities.

During the consideration of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, I met with Finance Committee chairman, CHARLES GRASSLEY, and ranking member MAX BAUCUS about the bill provisions, including the need for a solution to the Medicare area wage index reclassification problem in Pennsylvania. Thereafter, section 508 was included in the bill, which provides \$300 million per year for 3 years to increase funding for hospitals nationally to be reclassified to locations with higher Medicare reimbursement rates. The temporary program, which began in April 2004 and