

pass this straightforward civil rights measure.

My home State of Vermont has played a constructive role in America's journey to build a more just society. Vermont added sexual orientation to the list of protected categories in its antidiscrimination in employment law in 1992, and added gender identity protection in 2007. Twenty-one other States have also taken the lead to ban discrimination on the basis of sexual orientation, with 13 of those States also banning discrimination on the basis of gender identity. But it is clear that more still needs to be done. In 30 States, it remains legal to fire someone based on their sexual orientation and in 38 States, to do so based on gender identity. Americans' civil rights should be protected no matter where they live, which is why I am proud to once again cosponsor this bill, as I have every time it has been introduced in the Senate. I believe the passage of this legislation is long overdue and it is a step in the right direction toward creating equality in the workplace.

I urge my fellow Senators to come together to support this important, bipartisan bill without further delay.

By Mr. DURBIN:

S. 1585. A bill to permit pass-through payment for reasonable costs of certified registered nurse anesthetist services in critical access hospitals notwithstanding the reclassification of such hospitals as urban hospitals, including hospitals located in "Lugar counties", and for on-call and standby costs for such services; to the Committee on Finance.

Mr. DURBIN. Mr. President, today I'm introducing the Rural Access to Nurse Anesthesia Services Act to ensure patients in rural communities can access the health care services they need. The bill would restore rural healthcare by making improvements to the Medicare Part A reasonable cost-based, pass-through program for nurse anesthesia services in rural and critical access hospitals.

Throughout the Nation, 1,300 critical access hospitals provide essential health care services to the elderly and medically underserved communities in rural areas. In my State of Illinois, 51 Critical Access Hospitals provide emergency, primary care, and surgery services directly to rural communities, covering over 60 percent of the counties in the State and reaching over 1 million rural residents.

For the majority of Critical Access Hospitals, Certified Registered Nurse Anesthetists are the sole providers of anesthesia services. The nurse anesthetists make it possible for these hospitals to offer surgical, obstetrical, trauma stabilization, interventional diagnostic and pain management capabilities.

Critical Access Hospitals depend on the work of nurse anesthetists to deliver quality care, even while the hospitals are pressed for resources. Be-

cause of the limited availability of nurse anesthetists and fewer patients in their rural communities, Critical Access Hospitals do not have anesthesia in the hospital 24/7. They rely on anesthesia and other surgery staff to be on call and available to the hospital within 15 minutes to cover emergency surgery procedures and obstetric services.

As an incentive to continue serving Medicare beneficiaries in rural areas, critical access hospitals were given permission to use reasonable, cost-based funding for anesthesia services performed by nurse anesthetists. However, recent changes in CMS policy have denied Critical Access Hospitals' claims for tens of thousands of dollars each in annual Medicare funding that they had come to rely on. In Illinois, Critical Access Hospitals lost \$50,000-\$100,000 per hospital.

These hospitals aren't just looking for a handout. Without being able to pay nurse anesthetists, the rural hospitals have to turn away patients whose procedures call for anesthesia. Patients have to travel to the next nearest hospital, which is a terrible option when dealing with trauma stabilization, obstetrical care, or even pain management, particularly for elderly patients.

In addition, despite previously reimbursing Critical Access Hospitals for the costs of having a nurse anesthetist available or on call for emergency services, CMS recently began to deny payments for this service. How is a hospital able to retain the few nurse anesthetists who are available if they can't at least keep them on call?

The Rural Access to Nurse Anesthesia Services Act will enable hospitals to offer the highest quality of care and availability of services to patients of Critical Access Hospitals. For decades, the Medicare Part A reasonable cost based pass-through program has successfully and safely ensured the availability of anesthesia services for Medicare patients in rural areas. Because of the program's success and impact, the Rural Access to Nurse Anesthesia Services Act is supported by the American Association of Nurse Anesthetists and the American Hospital Association. I hope my colleagues will join me in supporting this bill and work to protect anesthesia services for patients in rural communities.

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

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

S. 1585

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

**SECTION 1. MEDICARE PASS-THROUGH PAYMENTS FOR CRNA SERVICES.**

(a) TREATMENT OF CRITICAL ACCESS HOSPITALS AS RURAL IN DETERMINING ELIGIBILITY FOR CRNA PASS-THROUGH PAYMENTS.—Section 9320(k) of the Omnibus Budget Reconciliation Act of 1986 (42 U.S.C. 1395k note),

as added by section 608(c)(2) of the Family Support Act of 1988 and amended by section 6132 of the Omnibus Budget Reconciliation Act of 1989, is amended by adding at the end the following:

“(3) Any facility that qualifies as a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) shall be treated as being located in a rural area for purposes of paragraph (1) regardless of any geographic reclassification of the facility, including such a reclassification of the county in which the facility is located as an urban county (also popularly known as a Lugar county) under section 1886(d)(8)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(8)(B)).”.

(b) TREATMENT OF STANDBY AND ON-CALL COSTS.—Such section 9320(k), as amended by subsection (a), is further amended by adding at the end the following:

“(4) In determining the reasonable costs incurred by a hospital or critical access hospital for the services of a certified registered nurse anesthetist under this subsection, the Secretary shall include standby costs and on-call costs incurred by the hospital or critical access hospital, respectively, with respect to such nurse anesthetist.”.

(c) EFFECTIVE DATES.—

(1) TREATMENT OF CAHS AS RURAL IN DETERMINING CRNA PASS-THROUGH ELIGIBILITY.—The amendment made by subsection (a) shall apply to calendar years beginning on or after the date of the enactment of this Act (regardless of whether the geographic reclassification of a critical access hospital occurred before, on, or after such date).

(2) INCLUSION OF STANDBY COSTS AND ON-CALL COSTS IN DETERMINING REASONABLE COSTS OF CRNA SERVICES.—The amendment made by subsection (b) shall apply to costs incurred in cost reporting periods beginning in fiscal years after fiscal year 2003.

**SUBMITTED RESOLUTIONS**

SENATE RESOLUTION 241—DESIGNATING THE PERIOD BEGINNING ON SEPTEMBER 13, 2009, AND ENDING ON SEPTEMBER 19, 2009, AS “NATIONAL POLYCYSTIC KIDNEY DISEASE AWARENESS WEEK”, AND SUPPORTING THE GOALS AND IDEALS OF A NATIONAL POLYCYSTIC KIDNEY DISEASE AWARENESS WEEK TO RAISE PUBLIC AWARENESS AND UNDERSTANDING OF POLYCYSTIC KIDNEY DISEASE AND THE IMPACT POLYCYSTIC KIDNEY DISEASE HAS ON PATIENTS AND FUTURE GENERATIONS OF THEIR FAMILIES

Mr. KOHL (for himself and Mr. HATCH) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 241

Whereas polycystic kidney disease, known as “PKD”, is 1 of the most prevalent life-threatening genetic diseases in the United States;

Whereas polycystic kidney disease is a severe, dominantly inherited disease that has a devastating impact, in both human and economic terms, affecting equally people of all ages, races, sexes, nationalities, geographic locations, and income levels;

Whereas there are 2 hereditary forms of polycystic kidney disease, with autosomal dominant polycystic kidney disease

(ADPKD) affecting 1 in 500 people worldwide, including 600,000 patients with polycystic kidney disease in the United States, according to prevalence estimates by the National Institutes of Health;

Whereas in families in which 1 or both parents have ADPKD there is a 50-percent chance that the parents will pass the disease to their children;

Whereas autosomal recessive polycystic kidney disease (ARPKD), a rarer form of PKD, affects 1 in 20,000 live births and frequently leads to early death;

Whereas in families in which both parents carry ARPKD there is a 25-percent chance that the parents will pass the disease to their children;

Whereas, in addition to patients directly affected by polycystic kidney disease, countless additional friends, loved ones, family members, colleagues, and caregivers must shoulder the physical, emotional, and financial burdens of polycystic kidney disease;

Whereas polycystic kidney disease, for which there is no treatment or cure, is the leading cause of kidney failure resulting from a genetic disease, and 1 of the 4 leading causes of kidney failure in the United States;

Whereas the vast majority of patients with polycystic kidney disease have kidney failure at the age of 53, on average, causing a severe strain on dialysis and kidney transplantation resources and on the delivery of health care in the United States, as the largest segment of the population of the United States, the baby boomers, continues to age;

Whereas end-stage renal disease is one of the fastest growing components of the Medicare budget, and polycystic kidney disease contributes to the cost with an estimated \$2,000,000,000 budgeted annually for dialysis, kidney transplantation, and related therapies;

Whereas polycystic kidney disease is a systemic disease that causes damage to the kidneys and the cardiovascular, endocrine, hepatic, and gastrointestinal systems;

Whereas polycystic kidney disease instills in patients a fear of an unknown future with a life-threatening genetic disease, and apprehension over possible genetic discrimination;

Whereas the severity of the symptoms of polycystic kidney disease and the limited public awareness of the disease cause many patients to fail to recognize the presence of the disease, to forego regular visits to physicians, and not to receive good health or therapeutic management that would help avoid more severe complications when kidney failure occurs;

Whereas people suffering from chronic, life-threatening diseases, such as polycystic kidney disease, are more frequently predisposed to depression and the resulting consequences of depression because of anxiety over the possible pain, suffering, and premature death that people with polycystic kidney disease may face;

Whereas the Senate and taxpayers of the United States want treatments and cures for disease and hope to see results from investments in research conducted by the National Institutes of Health and from initiatives such as the National Institutes of Health Roadmap to the Future;

Whereas polycystic kidney disease is an example of how collaboration, technological innovation, scientific momentum, and public-private partnerships can—

(1) generate therapeutic interventions that directly benefit the people suffering from polycystic kidney disease;

(2) save billions of Federal dollars under Medicare, Medicaid, and other programs for dialysis, kidney transplants, immunosuppressant drugs, and related therapies; and

(3) allow several thousand openings on the kidney transplant waiting list;

Whereas improvements in diagnostic technology and the expansion of scientific knowledge about polycystic kidney disease have led to the discovery of the 3 primary genes that cause polycystic kidney disease, and the 3 primary protein products of the genes, and to the understanding of cell structures and signaling pathways that cause cyst growth that has produced multiple polycystic kidney disease clinical drug trials;

Whereas there are thousands of volunteers nationwide dedicated to expanding essential research, fostering public awareness and understanding, educating patients and their families about polycystic kidney disease to improve treatment and care, providing appropriate moral support, and encouraging people to become organ donors; and

Whereas volunteers engage in an annual national awareness event held during the third week of September, making that week an appropriate time to recognize National Polycystic Kidney Disease Awareness Week: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the period beginning on September 13, 2009, and ending on September 19, 2009, as “National Polycystic Kidney Disease Awareness Week”;

(2) supports the goals and ideals of a national week to raise public awareness and understanding of polycystic kidney disease;

(3) recognizes the need for additional research into a cure for polycystic kidney disease; and

(4) encourages the people of the United States and interested groups—

(A) to support National Polycystic Kidney Disease Awareness Week through appropriate ceremonies and activities;

(B) to promote public awareness of polycystic kidney disease; and

(C) to foster understanding of the impact of the disease on patients and their families.

Mr. KOHL. Mr. President, I rise today along with Senator HATCH to submit a resolution to increase awareness of Polycystic Kidney Disease, PKD, a common and life threatening genetic illness.

Over 600,000 people have been diagnosed with PKD nationwide. There is no treatment or cure for this devastating disease. Families and friends struggle to fight PKD and provide unwavering support to their suffering loved ones.

But there is hope. The PKD Foundation has led the fight for increased research and patient education. Recent studies have led to the discovery of the genes that cause PKD as well as promising clinical drug trials for treatment. More needs to be done, however, and the Government wants to help.

In order to increase public awareness of this fatal disease, I propose that September 13th through the 19th be designated as National Polycystic Kidney Disease Awareness Week. This week coincides with the annual walk for PKD which takes place every September. In Wisconsin, where over 10,000 patients are living with the disease, residents gather across the State to take part in this very special walk.

Increasing awareness will help all those affected by Polycystic Kidney Disease, and I hope my colleagues will support this important resolution.

Mr. HATCH. Mr. President, I am pleased to submit, along with my colleague, Senator HERB KOHL, a resolu-

tion to designate the week of September 13–19, 2009 as National Polycystic Kidney Disease Awareness Week.

Polycystic kidney disease, or PKD, is a life-threatening, genetic disease of which most Americans are probably unaware. According to the PKD Foundation, PKD affects 600,000 Americans and 12.5 million children and adults worldwide. There is no treatment or cure, but it is our hope that, with this resolution, a National PKD Awareness Week will promote public awareness and education of this devastating disease.

PKD is one of the four leading causes of kidney failure, which also called end-stage renal disease, ESRD, PKD is characterized by the growth of numerous fluid-filled cysts in the kidney, which slowly reduce the kidney function and can eventually lead to kidney failure. Some cysts in individuals with PKD have reportedly grown to the size of a football. When PKD causes kidneys to fail, the patient requires dialysis or kidney transplantation. About one-half of people with the major type of PKD progress to kidney failure.

PKD is of particular interest to me because so many Utahns suffer from this disease. The PKD Foundation claims that approximately 5,000 individuals in Utah live with PKD, and that the incidence of end-stage renal disease in Utah is three times that of the national average. To cure PKD could result in billions of dollars in savings to the military, Medicare, Medicaid and the Veterans Administration for dialysis, transplantation and related treatments.

To promote greater understanding of this destructive genetic disease, Senator KOHL and I have introduced this resolution to designate a National Polycystic Kidney Disease Awareness Week, and I urge our colleagues to support it.

#### SENATE RESOLUTION 242—SUPPORTING THE GOALS AND IDEALS OF “NATIONAL AEROSPACE DAY”

Mr. VOINOVICH (for himself and Mr. NELSON of Florida) submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. RES. 242

Whereas the missions to the moon by the National Aeronautics and Space Administration are recognized around the globe as 1 of the most outstanding achievements of humankind;

Whereas the United States is a leader in the International Space Station, the most advanced human habitation and scientific laboratory ever placed in space;

Whereas the first aircraft flight occurred in the United States, and the United States operates the largest and safest aviation system in the world;

Whereas the United States aerospace industry is a powerful, reliable source of employment, innovation, and export income, directly employing 831,000 people and supporting more than 2,000,000 jobs in related fields;