

during the session of the Senate, on November 12, 2013, at 2:30 p.m., in room 430 of the Dirksen Senate Office Building, to conduct a hearing entitled "Payroll Fraud: Targeting Bad Actors Hurting Workers and Businesses."

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that Nathan Brown, a detailee on my staff, be granted floor privileges for the duration of the consideration of H.R. 3204, the Drug Quality and Security Act.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, I ask unanimous consent that Tatiana Lowell-Campbell and Benjamin Friedman of my staff be granted floor privileges for the duration of today's session.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2013

Ms. WARREN. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 227, S. 1557.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1557) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

There being no objection, the Senate proceeded to consider the bill.

Ms. WARREN. I ask the bill be read a third time and passed, the motion to reconsider be considered made and laid upon the table, with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1557) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1557

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 "Children's Hospital GME Support Reauthorization Act of 2013".

SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by striking "through 2005 and each of fiscal years 2007 through 2011" and inserting "through 2005, each of fiscal years 2007 through 2011, and each of fiscal years 2014 through 2018"; and

(2) in subsection (f)—

(A) in paragraph (1)(A)—

(i) in clause (iii), by striking "and";

(ii) in clause (iv), by striking the period and inserting "; and"; and

(iii) by adding at the end the following:

"(v) for each of fiscal years 2014 through 2013, \$100,000,000."; and

(B) in paragraph (2)—

(i) in subparagraph (C), by striking "and";

(ii) in subparagraph (D), by striking the period and inserting "; and"; and

(iii) by adding at the end the following:

"(E) for each of fiscal years 2014 through 2018, \$200,000,000."

(b) REPORT TO CONGRESS.—Section 340E(b)(3)(D) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is amended by striking "Not later than the end of fiscal year 2011" and inserting "Not later than the end of fiscal year 2018".

SEC. 3. SUPPORT OF GRADUATE MEDICAL EDUCATION PROGRAMS IN CERTAIN HOSPITALS.

Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended by adding at the end the following:

"(h) ADDITIONAL PROVISIONS.—

"(1) IN GENERAL.—The Secretary is authorized to make available up to 25 percent of the total amounts in excess of \$245,000,000 appropriated under paragraphs (1) and (2) of subsection (f), but not to exceed \$7,000,000, for payments to hospitals qualified as described in paragraph (2), for the direct and indirect expenses associated with operating approved graduate medical residency training programs, as described in subsection (a).

"(2) QUALIFIED HOSPITALS.—

"(A) IN GENERAL.—To qualify to receive payments under paragraph (1), a hospital shall be a free-standing hospital—

"(i) with a Medicare payment agreement and that is excluded from the Medicare inpatient hospital prospective payment system pursuant to section 1886(d)(1)(B) of the Social Security Act and its accompanying regulations;

"(ii) whose inpatients are predominantly individuals under 18 years of age;

"(iii) that has an approved medical residency training program as defined in section 1886(h)(5)(A) of the Social Security Act; and

"(iv) that is not otherwise qualified to receive payments under this section or section 1886(h) of the Social Security Act.

"(B) ESTABLISHMENT OF RESIDENCY CAP.—In the case of a freestanding children's hospital that, on the date of enactment of this subsection, meets the requirements of subparagraph (A) but for which the Secretary has not determined an average number of full-time equivalent residents under section 1886(h)(4) of the Social Security Act, the Secretary may establish such number of full-time equivalent residents for the purposes of calculating payments under this subsection.

"(3) PAYMENTS.—Payments to hospitals made under this subsection shall be made in the same manner as payments are made to children's hospitals, as described in subsections (b) through (e).

"(4) PAYMENT AMOUNTS.—The direct and indirect payment amounts under this subsection shall be determined using per resident amounts that are no greater than the per resident amounts used for determining direct and indirect payment amounts under subsection (a).

"(5) REPORTING.—A hospital receiving payments under this subsection shall be subject to the reporting requirements under subsection (b)(3).

"(6) REMAINING FUNDS.—

"(A) IN GENERAL.—If the payments to qualified hospitals under paragraph (1) for a fiscal year are less than the total amount made available under such paragraph for that fiscal year, any remaining amounts for such fiscal year may be made available to all hospitals participating in the program under this subsection or subsection (a).

"(B) QUALITY BONUS SYSTEM.—For purposes of distributing the remaining amounts de-

scribed in subparagraph (A), the Secretary may establish a quality bonus system, whereby the Secretary distributes bonus payments to hospitals participating in the program under this subsection or subsection (a) that meet standards specified by the Secretary, which may include a focus on quality measurement and improvement, interpersonal and communications skills, delivering patient-centered care, and practicing in integrated health systems, including training in community-based settings. In developing such standards, the Secretary shall collaborate with relevant stakeholders, including program accrediting bodies, certifying boards, training programs, health care organizations, health care purchasers, and patient and consumer groups."

THE CALENDAR

Ms. WARREN. Mr. President, I ask unanimous consent the Senate proceed to the consideration of Calendar Nos. 239 and 240, which are post office naming bills en bloc.

There being no objection, the Senate proceeded to consider the bills en bloc.

Mr. SCHUMER. Mr. President, I speak today in strong support of S.1512, a bill to designate the facility of the United States Postal Service located at 1335 Jefferson Road in Rochester, NY, as the "Specialist Theodore Matthew Glende Post Office."

Specialist Glende's story reminds us that no gesture of thanks can adequately reflect the sacrifices made by our troops each and every day. I would like to tell you about one amazing New Yorker. Specialist Glende grew up on Park Avenue in Rochester, NY, graduated from McQuaid Jesuit High School in Brighton, and enrolled in ROTC as soon as he entered Niagara University. Three years into his college career and ROTC training, he learned that upon graduation his rank would be a Lieutenant in the Reserves. But his desire to serve on active duty in the Infantry was such that he left school a year early and enlisted in the Army, determined to work his way up. He served in a unit stationed in Italy, and was deployed to Afghanistan in 2012.

In late July of last year, Specialist Glende and his unit came under attack by enemy forces. Some soldiers were wounded, and while the attack continued to rage around him, Specialist Glende went above and beyond the call of duty to help rescue these wounded soldiers and get them to safety. Tragically, he sacrificed his life in the process. Specialist Glende's family was told that he saved five soldiers from death before he was killed.

The Federal Government should go to any length to salute heroes like Specialist Glende for their courage under fire. Specialist Glende gave his life for our great Nation, and we are now working to ensure that his memory serves as an example of impeccable character and exceptional patriotism.

He was steadfastly loyal and dedicated to his family, his young wife, and his country. I am humbled to be honoring his memory and paying tribute to his brave and heroic sacrifice with